From WHO guidance to provider practice: Knowledge translation in action and actuality

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Managing Partner: EngenderHealth; Associated Partners: FHI; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Some musings on “knowledge”

- Information is not knowledge.
- Knowledge of what is does not open the door directly to what should be.
- Not everything that can be counted counts, and not everything that counts can be counted.
  
  *Albert Einstein*

- Mastering the generation of good changes is not the same as mastering the use of good changes.
  
  *Donald Berwick*
If the only tool in your toolkit is a hammer, everything tends to look like a nail.  

Abraham Maslow

If you send out a chicken farmer, you get a chicken project.

Language conditions thought.

Roy Jacobstein
Musings on change

We are all “change agents”:

- All PH interventions require others to change

Scientific / empirical / proven findings about change process

Change takes time and repetition of effort

- scurvy, Semmelweis, heart attacks, Coke, PP FP

Using this knowledge can lead to:

- More strategic programming
- Better practices
- More realistic expectations and timeframes

May seem obvious, but hardly mentioned at Global Symposium
In PP FP (as in HSR) an “elevator speech” is needed
FP (& peri- & post-partum) service systems are complex, & so are the barriers to improved access, quality & use.

**ENGERDEHEALTH’S FP PROGRAMMING MODEL**

**SUPPLY**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served.

**DEMAND**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care.

**ENABLELING ENVIRONMENT**
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors.

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**Barriers to effective RH/FP/PP services**

- Location & structure of services
- Knowledge
- Process
- Inappropriate eligibility criteria
- MANY OTHER BARRIERS
- Socio-cultural norms
- Provider factors
- Poor CPI
“Knowledge translation” (Research-to-practice): the ideal process

- Actual provision of FP methods and RH services (more access & quality)
- Revised national guidelines
- Revised service policies & standards
- New WHO guidance
- New scientific or programmatic findings; “evidence”
- “Improved” Service provider practices

Research / Knowledge generation
WHO’s evidence-based guidance ("Four Cornerstones"): Medical Eligibility for Contraceptive Use (MEC)

- Covers 19 FP methods & 120 medical conditions
- Makes ~ 1700 recommendations on who can use various contraceptive methods
- Informs national guidelines, policies and standards with best available evidence
- Gives guidance to programs & providers for clients with medical problems or other conditions
- Asks, “In the presence of a given condition or characteristic, e.g., STIs or HIV/ AIDS, can a FP method be used?… and with what degree of caution or restriction?”, as reflected in four classification categories or gradations based on risks vs. benefits
WHO’s MEC classification categories

<table>
<thead>
<tr>
<th>Classification Category</th>
<th>With Clinical Judgment</th>
<th>With Limited Clinical Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction: Use method in any circumstances</td>
<td>Yes Use the method</td>
</tr>
<tr>
<td>2</td>
<td>Generally use: benefits generally outweigh risks</td>
<td>Yes Use the method</td>
</tr>
<tr>
<td>3</td>
<td>Generally do not use: risks outweigh benefits</td>
<td>No Do not use the method</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk: method not to be used</td>
<td>No Do not use the method</td>
</tr>
</tbody>
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Influencing practice:
National guidelines; training and reference tools
Influencing practice: further spread of knowledge & new practice via demand creation & modeling

Strength, engagement, support
Yet what often happens:

- Researchers publish new findings
- Experts devise new guidelines
- Policymakers issue new policies
- Programs introduce “improved services”

... And nothing much changes for a variety of reasons ...
“Knowledge translation”: The rational scientific model and the empty vessel syndrome

- It’s “our” knowledge, but “their” translation
- … and their “boat of truths” is full
- Didn’t hear this much at Symposium (client and provider perspective)
Perceived: It’s in the eye of the “changee”
Perceived benefit: Is our new practice going to be more like the cell phone or more like vasectomy?
Framing and reframing: UHC = Health for All

What will be new (and done differently) in PP FP?
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