Following the Knowledge Trail: How is Health Knowledge Used in Low-Income Countries after Participant Exposure to Global Conferences?

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Background
- Insufficient use of research evidence affects quality of care and health outcomes.
- The health burden of insufficient use particularly affects low-income countries.
- There were 330,000 maternal deaths in 2015, most in low-income countries and preventable.
- Little is known about evidence knowledge uptake along the trail from widespread dissemination by global organizations to local settings.
- Insights can be gained by exploring barriers and facilitators to knowledge use and sharing locally after exposure to knowledge at global conferences.

Objectives
- Use a mixed methods study design to:
  1. Determine whether knowledge gained through global health conferences is shared and used to improve policy and practice in low-income countries.
  2. Identify barriers and facilitators to knowledge sharing and use by conference attendees working in low-income countries to improve health.

Methods
- All conference attendees were invited to complete an online survey 9 months after the conference.
- Attendees were then invited to participate in a focus group or interview.

Results

- **Top Types of Respondent's Work**: 42-55% Program Development/Management, 11-26% Health/Medical Service Delivery, 8-23% Research Evaluation

- **Top Ways Knowledge Was Used**: 55-65% Program Design, 50-71% Improve Service Quality, 46-68% Advocate for Policy Change

- **Top Recipients of Shared Knowledge**: 85-94% Members of Own Organization, 52-75% Professionals Known in Other Organizations, 41-43% Working Groups

- **Data Analysis**
  - **Inductive and deductive coding**: Applied Theoretical Domains Framework (TDF) (2015 study only)
  - Framework synthesizes psychological theory to explore behavior influences
  - Thematic analysis used on transcripts, survey text
  - Descriptive statistics calculated (characteristics and knowledge useSharing)

- **Theoretical Domains Framework (Cane et al. 2012)**
  1. Knowledge
  2. Skills
  3. Social/Professional Role & Identity
  4. Beliefs about Capabilities
  5. Optimism
  6. Beliefs About Consequences
  7. Reinforcement
  8. Intentions
  9. Goals
  10. Memory, Attention, & Processing
  11. Environmental Context and Resources
  12. Social Influences
  13. Emotion
  14. Behavioral Regulation

- **Themes of Barriers and Facilitators to Knowledge Uptake**
  - Opportunity for Interpersonal Sharing
  - Fit of Knowledge to Action Within Social/Professional Role
  - Fit of Knowledge to Decision-Making Culture in Country

Conclusions
- **Global health organizations rely upon knowledge recipients for local action.**
  - Dissemination often reaches knowledge intermediaries first who share with their networks.
  - Dissemination approaches should be designed to support: Interpersonal sharing of knowledge
  - South-to-south exchange of implementation successes
  - Adaptability of knowledge to fit professional roles and local contexts

References


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