Guide for Documenting and Sharing "Best Practices" in Health Programmes

World Health Organization
REGIONAL OFFICE FOR Africa

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1. INTRODUCTION

1. One of the five core functions of WHO is "shaping the research agenda, and stimulating the generation, dissemination and application of knowledge". This function underscores the importance of knowledge for formulating health strategies at both national and global levels and for the efficiency of health systems performance. In addition, populations need access to reliable information and knowledge on health risks and how to avoid them. WHO recognizes the importance of knowledge management methods and tools in the performance of this core function in order to improve effectiveness and efficiency.

2. The WHO Regional Committee for Africa at its fifty-sixth Session in 2006 adopted strategic directions and a related resolution on Knowledge Management (KM).[1] The strategic directions seek "to contribute to the improvement of health system performance and outcomes through effective KM in health". The resolution recognizes that KM is all about providing the right knowledge for the right people (policy-makers, practitioners, health systems managers and the general public) and in the right format in order to strengthen health systems and improve health outcomes.

3. One of the specific objectives of the strategic directions is "to maximize the impact of explicit and tacit knowledge, including health research and experiential knowledge, through effective knowledge sharing and application". That will enable countries to benefit tremendously from exchanging experience and hard-won solutions with one another.

4. However, one of the significant barriers to knowledge sharing and reapplication of experience is the limited culture of information and knowledge documentation and sharing. Although relevant knowledge may exist in people's minds, it cannot always be tapped or may exist in formats that hamper people's ability to know it or find it. The foregoing underscores the need for decision makers, health professionals, communities, and indeed WHO staff to be able to find, use and share knowledge on experiences of what works and the lessons learned.

5. In light of the above, the WHO Regional Office for Africa will be disseminating a series of country experiences in the planning, implementation and monitoring of health programmes and services that can be considered as "Best Practices". This document provides guidance to WHO staff, ministries of health and civil society organizations on the process for identifying, documenting and sharing knowledge on these experiences that can contribute to the acceleration and expansion of health sector actions.

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[1] Knowledge management in the WHO African Region: Strategic Directions; and resolution AFR/RC56/16 and AFR/RC56/R8.

2. WHAT IS A "BEST PRACTICE"?

6. A "Best Practice" is commonly defined as "a technique or methodology that, through experience and research, has proven reliably to lead to a desired result.[2] The term is used frequently in areas such as health, government administration, the education system, project management, and others. In the context of health programmes and services, a practical definition of a "Best Practice" is "knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results, and which can be used to develop and implement solutions adapted to similar health problems in other situations and contexts".

7. The use of the word "best" should not be considered in the superlative sense. In other words, the term "Best Practice" is not about "perfection", the "gold standard" or only elements that have been shown to contribute towards making interventions work or successful.[3] Results can be partial and may be related to only one or more components of the practice being considered. Indeed, documenting and applying lessons learned on what does not work and why it does not work is an integral part of "Best Practice" so that the same types of mistakes can be avoided by other programmes and projects.

8. There are several creative and constructive actions by people and organizations in the health sector to improve health outcomes of people. Making knowledge of such actions widely available may prevent the repetition of mistakes and loss of valuable time. Thus, the main rationale for documenting and sharing "Best Practices" is to enable persons and organizations working in the health sector to avoid "re-inventing the wheel"; to "learn in order to improve performance" and; to "avoid the mistakes of others". Documenting and sharing "Best Practices" affords one the opportunity to acquire knowledge about lessons learned and to continue learning about how to improve and adapt strategies and activities through feedback, reflection and analysis in order to implement larger-scale, sustained, and more effective interventions. A commitment to using a "Best Practice" is a commitment to using the body of knowledge and technology at one's disposal to ensure success.

3. EXAMPLES OF "BEST PRACTICES"

9. A "Best Practice" could be related to the implementation of a programme, a project, a policy, a legislation, a strategy, an activity, a manual, etc. Practical examples of areas where "Best Practices" may be documented and shared have been provided in paragraphs 10-12 below.

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[2] http://www.bitpipe.com/tlist/Best-Practices.html.
[3] UNAIDS Best Practice Collection.

10. Strategies like the Integrated Management of Childhood Illness (IMCI) and the Directly-Observed Treatment – Short Course (DOTS) have been implemented in several countries in the Region for some years. These have, in some countries, led to health improvements including in child survival and TB cure rates. The several lessons learned need to be documented and shared.

11. Because of their central position in people's lives, the mass media have unrivalled potential to inform and educate the general public about health issues. There are examples of imaginative and highly successful mass media campaigns for immunization, HIV/AIDS, malaria, and other programmes. The mass media have been used to, among other things, stimulating and leading open discussions on health issues, to encourage leaders to take action, and to keep policy makers and service providers on their toes. These experiences need to be catalogued and shared.

12. Community-based organizations have emerged to provide essential services in HIV-related prevention, care and treatment. They have done so in response to the desperate needs of those affected by the epidemic and to fill gaps in the public sector's provision of these services. As anti-retroviral medicines have become more affordable, community-based organizations have fought for and enabled greater access to treatment, including anti-retroviral therapy.

13. In all the above experiences and others, what is important is to document and share knowledge on what elements of these work or do not work, how they work, and why they work or do not work.

4. WHERE DO "BEST PRACTICES" COME FROM?

14. A "Best Practice" may come from a variety of sources including: WHO staff; ministries of health; civil society organizations; community groups; and individuals.

15. Submissions from any of the above sources are to be sent in electronic form with detailed supporting documents. Some practices may be subjected to formal evaluation. This however is not required in most cases because formal evaluation is often a slow, complicated, expensive and time-consuming process that sometimes costs more than the actual process being evaluated. However, documentation of the outcomes and lessons learned is crucial.

5. PROCEDURES FOR IDENTIFYING AND DOCUMENTING "BEST PRACTICES"

5.1 Criteria for Selection of "Best Practices"

16. Identifying "Best Practices" involves judgement. Such judgements require prior analysis using the following set of criteria: effectiveness, efficiency, relevance, ethical soundness,

sustainability, possibility of duplication, partnership, community involvement, and political commitment.

Effectiveness:	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable.
Efficiency:	The proposed practice must produce results with a reasonable level of resources and time.
Relevance:	The proposed practice must address the priority health problems in the WHO African Region.
Ethical soundness:	The practice must respect the current rules of ethics for dealing with human populations.
Sustainability:	The proposed practice must be implementable over a long period of time without any massive injection of additional resources.
Possibility of duplication:	The proposed practice, as carried out, must be replicable elsewhere in the Region.
Involvement of partnerships:	The proposed practice must involve satisfactory collaboration between several stakeholders.
Community involvement:	The proposed practice must involve participation of the affected communities.
Political commitment	The proposed practice must have support from the relevant national or local authorities.

17. By definition, a "Best Practices" should meet at least the *"effectiveness", "efficiency"* and *"relevance"* criteria in addition to one or more of the other criteria. A "Best Practice" needs not meet all the above criteria. This is because a "Best Practice" can be anything that works to produce results without using inordinate resources, in full or in part, and that can be useful in providing lessons learned.

5.2 Documenting "Best Practices"

18. To ensure readability and a clear presentation of what makes a practice innovative, interesting, informative and, indeed, a "Best Practice", the following format should be used:

(a) Title of the "Best Practice"

This should be concise and reflect the practice being documented.

(b) Introduction

This should provide the context and justification for the practice and address the following issues:

- what is the problem being addressed?
- which population is being affected?
- how is the problem impacting on the population?
- what were the objectives being achieved?

(c) Implementation of the Practice

- what are the main activities carried out?
- when and where were the activities carried out?
- who were the key implementers and collaborators?
- what were the resource implications?

(d) Results of the Practice – Outputs and Outcomes

- what were the concrete results achieved in terms of outputs and outcomes?
- was an assessment of the practice carried out? If yes, what were the results?

(e) Lessons Learnt

- what worked really well – what facilitated this?
- what did not work – why did it not work?

(f) Conclusion

- how have the results benefited the population?
- why may that intervention be considered a "Best Practice"?
- recommendations for those intending to adopt the documented "Best Practice" or how it can help people working on the same issue(s).

(g) Further Reading

- provide a list of references (not more than six) that give additional information on the "Best Practice" for those who may be interested in how the results have benefited the population.

19. The above write-up should not exceed 1500 words. It should be prepared in Microsoft Word, in double-line spacing, using font size 12 (approximately five pages).

20. The contribution can be submitted in any one of the three official languages of the WHO African Region - English, French and Portuguese.

5.3 Submitting a Proposed "Best Practice"

21. A proposed "Best Practice' and its cover page (Annex 1) should be submitted by electronic mail to a dedicated Regional Office e-mail address: **best_practice@afro.who.int.** Copies must be sent to the respective WHO representative (for the national counterparts of the WHO country office staff) or to the Divisional Director (for staff of the WHO Regional Office and Intercountry Support Team).

22. The cover page is to serve as a summary and encourage the one proposing the "Best Practice" to clearly articulate what makes the submission a "Best Practice".

23. Internal mechanisms will be established in the WHO Regional Office for Africa to coordinate the Regional Office's work related to "Best Practices", to assess submissions and to notify contributors (Annex 2).

6. DISSEMINATING AND SHARING "BEST PRACTICES"

24. Three main methods of dissemination will be used. The first method will involve issuing a publication entitled **"African Regional Best Practice Series"**. Each issue of the series will include "Best Practices" that will promote learning and sharing of experience. Each practice will be preceded by a brief introduction to the topic and contain a section called "Further Reading" that will help readers find bibliographies for obtaining more information on the subject.

25. It is expected that the series will inspire Member States to replicate the good works of managers and front-line health workers in the African Region and to scale up their health-sector interventions. Furthermore, the series will demonstrate to both policy makers and donors the valuable contributions of these workers, contribute to the integration of these practices in national and district health plans, and help mobilize resources in support of programmes.

26. The second method will involve the use of the Regional Office Website. A web page will be created on the Regional Office Website to promote and share the "**African Regional Best Practice Series**". This web page will include a summary database on all "Best Practices" published. Full texts of the series will be accessible on the web page. Web links will be established with the health topics of the Regional Office Website. E-mail notification messages will be sent to all Regional Office professional staff each time a "Best Practice" has been added to the Regional Office website.

27. The third method will involve the distribution of CD-ROMs containing "Best Practices" during WHO Regional Committee meetings and intercountry conferences, workshops and meetings. Sets of CD ROMs will be sent directly to WHO country offices for distribution to district health management teams that do not have ready access to the internet.

28. Additional methods for dissemination will be used as appropriate.

7. CONCLUSION

29. The documentation and dissemination of "Best Practices" provides real opportunities for acquiring knowledge about what works and to continue learning about how to improve and adapt strategies and activities through feedback, reflection and analysis in order to implement larger-scale, sustained, and more effective interventions. The staff of the WHO Regional Office for Africa, partner organizations, ministries of health and other stakeholders in Member States of the WHO African Region are encouraged to take advantage of these opportunities and participate fully in the efforts to share "Best Practices" in the health sector.

ANNEX 1: "BEST PRACTICE" SUBMISSION FORM

Please fill out this form by typing your responses in the appropriate box.

Originator of request: **Name:** **Title:** **Postal address:** **Email address:** **Telephone number:** **Names and addresses of contributors:**		
Focal point in the Regional Office (if any):		
Name:	**Unit:**	**Tel:**
Title of Best Practice		
Summary of Best Practice (not more than 5 lines)		
What makes it a Best Practice? (not more than 3 lines)		
Place	**Date**	

ANNEX 2: TERMS OF REFERENCE OF THE WHO REGIONAL OFFICE WORKING GROUP ON "BEST PRACTICES"

- Identify key policy, thematic and programme areas to be covered by the Best Practice Series.
- Suggest and review methodologies for assessing and evaluating Best Practices.
- Propose members of ad hoc selection groups to review individual proposed Best Practices.
- Review and include contributions from divisions, country offices and other partners for inclusion in the **Regional Office Best Practice Collection**.
- Determine and expand dissemination at global, regional and country levels.
- Promote the **African Regional Best Practice Series**.
- Produce annual reports on **the African Regional Best Practice Series**.

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