

## From “Bench to Trench”: Accelerating Knowledge Transfer

One of the singular characteristics of the 21<sup>st</sup> Century is the accelerating pace at which new information and knowledge is being generated as result of biomedical and communication revolutions. These developments in life, computational and communication sciences are leading to new therapies to treat diseases, methodologies to innovate and new platforms to deliver information, services and products. This is of particular interest in the arena of health where new discoveries are made routinely in academic and private sector laboratories and offer an enormous potential to improve human health through prevention and treatment.

The challenge, however, is how to translate this knowledge to influence, and even change, health policy and practice. There are a variety of reasons why knowledge transfer (KT) has been challenging. These include:

- The complexity and scale of the problem of disease burden in any given country precludes ready-made formulae or solutions. Local cultures, customs and structures vary enough to deter adaptation.
- Moreover, the unequal burden of disease, health inequalities, requires a creative and flexible models of KT where adaptation is even a bigger challenge.
- The large number of actors ranging from government, academic, health and community-based organizations with differential capacity for learning and cultures makes it difficult for information and innovations to flow through different sectors.
- The communications revolution has made it difficult to use a command and control approach that characterized early medical and public health delivery, as patients and publics have become more critical consumers leading to complex adaptations patterns.

There is, however, a tremendous interest globally to promote “evidence-based” practice and policy, and develop models that successfully translate knowledge. For institutions of higher education, KT should of considerable interest for reasons of both substance and process. From a substantive perspective, colleges and universities have an incredible opportunity to emerge as centers of innovation as well as translation –hubs that can rally, coordinate and mobilize different actors within their respective regional areas of influence. From a process perspective, the interest should be on how to develop human capital with people who are nimble, collaborative and are open to learning, processing AND using evidence.

There is no one model to facilitate and accelerate knowledge transfer and improve health. There are, however, some interesting models that are focusing on some key characteristics: intersectoral mobilization, creation of learning collaboratives, and development and deployment of tools to facilitate learning. The attached articles introduce some of these ideas.

Our session will focus on lessons learned from our experiences and how this may or may not be applicable to India. We will focus our discussion around the following questions:

- What are the models that you are using or have used in past?
- How can these models be adapted –localized and customized, to Indian conditions?
- How does one mobilize different sectors and motivate them to work on problems in a collaborative way?
- How do we create learning teams to promote and accelerate KT?
- What core competencies are needed to train future workforce to access, manage, and utilize the information that is being generated?