Editorial

Dear readers,

It is with great satisfaction that I write this editorial for the Revista da Escola de Enfermagem da USP (Journal of the USP School of Nursing), a markedly important and strategic means of communication in the field of health. Included in a perspective of dissemination and sharing of knowledge and information, this journal supports a culture of integration, participation, and inter-relationship among professionals as well as among the cognitive, technical, ethical, and social knowledge in the field of health. Undoubtedly, this inter-relationship not only increases the flow and exchange of knowledge but also adds value to the quality of professionals within the field.

It is from this perspective that I write, since I was requested to write about the theme of knowledge management. This is a current issue that cannot be separated from the democratic management of modern societies, because communication and information, which are intrinsic to knowledge management, are currently considered as direct productive forces.

Knowledge management – Brief evaluation

Knowledge management is an integrated method of creating, sharing, and implementing knowledge to increase efficiency, improve social quality and effectiveness, and contribute toward the attainment of institutional or organizational objectives. It encompasses the management of information, documents and data, as well as information technology. It also comprises dynamic articulation among people, content, and communication by means of decisions, roles, flows, rules, norms, and procedures – both in paper and in electronic format – in order to organize the institution’s expertise. In other words, it seeks to implement a decentralized and shared production cycle of goods and services, with an equal distribution of responsibility among those involved.

Knowledge management is directly linked to the strategic objectives of an organization and is considerably broader than information management. Therefore, it is essential to understand that a knowledge management project is not the same as a computer project; it is not amenable to outsourcing and should be implemented across all sectors of an organization.

Thus, knowledge management is mandatorily a dynamic process; it requires an interdisciplinary methodology capable of linking a series of activities; of causing convergence among the sectors of an organization; and of taking into consideration interfaces in the fields of technology, communication, education, and cultural dissemination.

Given this, it is an important strategic resource for people as well as institutions, and it is also one of the great contemporary challenges!

Contextualization of the issue

The advent of a society of information, knowledge, and economy of knowledge has created a society in which the inter-relationship between knowledge and information technology has enabled an increase in the flow and exchange of information, thus adding value to interpersonal relationships and workers’ skills. The results of the transition from an industrial society to a society of knowledge are worth highlighting. For example, an increase in the speed and volume of information exchange, which was enabled because of technological development, has transformed everyday life and given rise to new codes and behaviors, which in turn induce changes in people and organizations with regard to their values, habits, and customs, such as their patterns of consumption, relationships, interactions, cooperation, and competition.

It is equally important to highlight the interdependence among knowledge, information, and communication. Certain studies indicate that communication is the key element in knowledge management: effective communication is crucial for any knowledge management program, since it is responsible for knowledge interaction, exchange, and sharing.

Information, which can be conveyed by different media such as spoken and visual language, is widely used as an instrument of management.

Thus, government and non-government sectors are increasingly using information and communication technologies to fulfill the precepts of accountability and organizational transparency.

In Brazilian public administration, documents of the Ministry of Health (MOH) indicate that knowledge management is being implemented with a focus on maximizing citizenship, social welfare, transparency, compliance of political commitments, democracy, quality of life of the population, and effective implementation of public resources.

Thus, because knowledge management is cross-sectional, it is consistent with National Health System (NHS) guidelines, as it improves information visibility, which increases participation and social control.

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Thus, in line with the NHS principles and the strategic objectives of the MOH, knowledge management is an interdisciplinary methodology that aims to meet the interests of the population and the MOH\(^5\). Its implementation requires considerable reflection as well as the production of methodologies focusing on specific features of the health sector. It should be viewed as a strategic, long-term public policy aiming at a participatory democracy, keeping the citizen as its main focus as a collaborator and an active participant\(^6\).

**Knowledge management according to PAHO/WHO**

The Pan American Health Organization (PAHO) is an international public health agency with more than 100 years of experience in working to improve health conditions in countries in the Americas\(^7\). By means of international cooperation, it aims to improve policies and public health services through technology transfer as well as diffusion of knowledge and experiences produced by its member states. This effort is focused on attaining common goals such as multilateral health initiatives defined by governments that are part of PAHO/WHO\(^8\).

Thus, PAHO’s mission is to lead strategic collaborative efforts among member states and other partners to promote equity in health, combat disease, and improve and lengthen the quality of lives of people in the Americas.

With this in mind, PAHO undertook a management model based on the principle that public health information should be clear and accessible to society as a whole. To achieve sustainable human development, it should incorporate several processes, strategies, and tools; organize and disseminate knowledge and health information to support countries in the region in overcoming barriers of space and time; and create a network of support and inclusion that would enable the flow of knowledge and information, the exchange of experiences, and technical cooperation\(^9\).

Thus, our model is based on three pillars linked to the principle of universal health: primary care, health promotion, and social protection. With regard to the tools and methodologies focused on improving public health in the Americas, the Director of PAHO, Dr. Carissa Etienne, surmised, Together, let’s explore the alliances that would enable us to use these evolving technologies, such as social networking and e-Health, in order to involve all our direct partners as well as the organization itself.

**Knowledge management in the context of technical cooperation with the MOH in Brazil – The More Doctors Program**

The More Doctors Program, announced by the MOH in July 2013, aims to overcome the shortage of professionals working for the NHS\(^9\). The program integrates a broad agreement for improvements of services to users and includes investments in hospital and health unit infrastructures. In addition, it involves taking more doctors to regions where there are shortages of professionals.

As part of the strategies for its implementation, a Term of Technical Cooperation was signed between the Brazilian government, represented by the MOH, and PAHO/WHO. This facilitated the development of actions linked to PAHO’s Technical Cooperation Program for the participation of Cuban doctors in the Brazilian More Doctors Program. Within the framework of this cooperation (specifically the Third Adjustment Term), there is a proposal for an activity related to the implementation of strategies and knowledge management tools. This operation requires an articulated structure that favors the development of different processes applied to knowledge management.

The project’s Work Plan is being prepared jointly by PAHO/WHO, PAHO/BRA, and the MOH. It focuses on managing and exchanging knowledge, information, and experiences; supporting the implementation of infrastructures; and enabling access to information. The short-term perspectives include the following: to map the flow and characteristics of the information being provided by the professionals hired by the program; to refer to and integrate knowledge management processes that are already being developed by PAHO/WHO and the MOH; to develop knowledge management tools that are both integrated and complementary to those already being addressed by the program; to promote training focused on the access and use of information resources in ABS; to strengthen the existing information and knowledge networks; to support international technical cooperation with the objective of exchanging knowledge and information management experiences; and to encourage the reporting and recording of experiences related to the program’s development.

**And in conclusion...**

Since its establishment in 1902, PAHO has developed actions that are congruous with the principles and values of knowledge management. It has achieved this by gathering information and knowledge, encouraging the sharing of experiences among countries, developing and disseminating studies, and implementing state-of-the-art technologies to share information and promote collective knowledge throughout the Americas.

Our aim is to encourage the creation of a culture of information and knowledge exchange through shared experiences; dissemination of successful practices; and gathering, processing, and delivering high-quality information to various actors in the field of health, such as managers, professional groups, communities, and users.

We understand, however, that the management of knowledge and information is a collective job. After all, The challenge of not missing the train of history belongs to us all!
References


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Dr. Joaquim Molina is Cuban. He is a Dentistry graduate from the Instituto Superior de Ciências Médicas in Havana, Cuba. In 1988, he earned his Master’s degree as a Specialist in Theory and Administration of Public Health from the Escola de Saúde Pública at the same institution. He later specialized in Epidemiology at the Semmelweis University in Budapest, Hungary. In 1989–1990, he participated in the International Health Training Program of the Pan American Health Organization. Furthermore, he has served in Cuba’s Ministry of Public Health as an officer of the National Dental Association. Subsequently, he served as a coordinator of the International Technical Cooperation. At the Pan American Health Organization/World Health Organization (PAHO/WHO), he was a consultant for the Health Services Program in Washington as well as for the Systems Development and Health Services in PAHO/WHO in Nicaragua and Mexico. Moreover, he served as a Representative in Mexico and as a Representative in Guatemala and Panama. In March 2012, he was nominated as the Representative in Brazil.