

In this month's *Bulletin*

Linking the past to the future

In their editorial (p. 590), Yvo Nuyens & Mary Ann D Lansang introduce this month's special theme issue on knowledge translation in global health. The authors stress the importance of translating knowledge, such as research findings, into national and international policy and action. They highlight several lessons learnt from initiatives aimed at closing the gap between knowledge and action.

BRAC and social entrepreneurs

In an editorial (p. 591), William Drayton et al. look at how social entrepreneurs have had a dramatic impact on the health sector. The authors define social entrepreneurs as individuals with ideas for vastly improving systems, in this case the health-care system. They give the example of Fazle Abed, the founder of BRAC (formerly Bangladesh Rural Advancement Committee), as a social entrepreneur who has made a significant contribution to improving public health. In a *Lessons from the Field* paper (pp. 677–681), A Mushtaque R Chowdhury et al. describe how BRAC extended its development model to Afghanistan through knowledge translation. In the *Perspectives* section (pp. 682–683), Jon E Rohde reviews the successes of BRAC, from its founding in 1971 to the present day.

Best practices at WHO (pp. 594–596)

In this month's interview, three WHO experts identify some of the best practices that enabled effective implementation of public health programmes.

Promising strategies

Jessika van Kammen et al. (pp. 608–612) describe the promising strategy of knowledge brokering and a recent example of its successful application to knowledge translation in the Netherlands. The article also discusses the potential benefits of knowledge brokering in the developing world. Paul

M Emerson et al. (pp. 613–619) describe how the WHO-endorsed SAFE strategy, which is based on evidence obtained from operational research, has helped to improve the control and treatment of trachoma.

Linking local knowledge with global action (pp. 629–635)

In their *Policy and Practice* article, Lorrae van Kerkhoff & Nicole Szlezák examine how the Global Fund to Fight AIDS, Tuberculosis and Malaria has affected the ways in which knowledge is used to combat these three diseases. They illustrate how local knowledge is already being linked to global action and also suggest methods for improving this process.

Conceptual frameworks

John N Lavis et al. (pp. 620–628) propose a framework for assessing efforts in countries to link research and action. They describe the four elements of this framework in their article, and suggest how it can be applied to policy-making within the health-care system. S Ebener et al. (pp. 636–642) examine the possibility of integrating knowledge mapping into the knowledge translation process. In their article (pp. 597–602), Réjean Landry et al. provide a conceptual framework using the example of a knowledge-value chain and its application in public health organizations. In another article (pp. 643–651), Peter Tugwell et al. propose the approach of an evidence-based framework for equity-oriented knowledge translation, using two examples of effective implementation of this framework. Somsak Chunharas's paper (pp. 652–657) describes an integrated approach to translating knowledge in management and provision of health-care services. It also highlights the complexity of knowledge translation at this level of the health system.

Leading a change process

In their *Round Table* base paper (pp. 658–661), Claire Bahamon et al. call for successful practices in health service

delivery to be scaled up so that larger populations can benefit from them. These authors discuss some of the factors that help to bring about change and describe the five phases that constitute a successful change process. In the commentaries on the above article (pp. 662–663), Pierre Barker & Joe McCannon argue that a structured improvement process is needed if a change in health service delivery is to be sustained. Pramilla Senanayake adds that the problems of corruption and lack of transparency in developing countries significantly hinder the development of the health sector. In the third commentary, Carolyn Clancy argues that to achieve sustained improvement in health service delivery, knowledge needs to be put into practice.

Policy into practice in Thailand, Viet Nam, Kenya and Nigeria

In a *Policy and Practice* article (pp. 603–607), Visanu Thamlikitkul discusses the need to translate biomedical research findings into practice in local settings to improve the quality and efficiency of clinical health care. This is illustrated by four case studies in a hospital in Bangkok. In a *Lessons from the Field* article (pp. 664–668), T Harpham & T Tuan use a case study of mental health care in Viet Nam to illustrate how evidence can be used to influence policy. Lori S. Ashford et al. (pp. 669–672) propose a model for the purpose of demonstrating how scientific evidence can be used in the policy-making process, and then illustrate the model's use in a case study in Kenya. Frank O Richards Jr et al. (pp. 673–676) studied the integration of mass drug administration programmes in Nigeria, as exemplified by the safe oral anthelmintic drugs used to treat onchocerciasis, lymphatic filariasis, and schistosomiasis, three common diseases of the region. They found that greater implementation of evidence-based policies was needed. ■