



Scaling Up in Global Health: Bridging the “Know-Do” Gap

Reading: Chronic Infectious Disease and the Future of Health Care Delivery,
Paul Farmer

Discussion Guide

Goal: Understand PIH’s approach to scaling up global health delivery and explore ways to bridge the “know-do” gap.

Sample Discussion Questions

1. What is the “know-do,” or delivery, gap? Why does this gap exist? What are barriers to bridging this gap and scaling up in global health and how can we overcome them?
2. How do tuberculosis and AIDS offer two different stories about funding and translation of discoveries into large-scale delivery? What can the lessons learned from combating these two diseases teach us about how to further the movement for global health equity?
3. How can advocacy contribute to securing funding and ultimately achieving scale?

Key Quotes

“Simultaneously, rising life expectancy and rapid social change have led to an increasing burden of chronic diseases for which we have effective therapies but inadequate innovation for delivering them efficiently to the neediest people—the so-called know-do, or delivery gap” (2424).

“The global AIDS debate, in the years between development and delivery, was really about funding; claims that treating a chronic infection with a multidrug regimen was impossible in poor settings were invalid. And in 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) changed the equation not only for millions of people dying of untreated HIV disease, but also for global health” (2429).

“Bridging the delivery gap is important for the future of clinical medicine and public health globally. The success of global AIDS efforts offers one reason for optimism about future endeavors to improve care for other diseases. We are likely to face precisely the same delivery challenges whenever new diagnostic tests and therapeutic agents are developed for any chronic communicable infection” (2433).

Lesson Plan

Goal: Understand PIH’s approach to scaling up global health delivery and explore ways to bridge the “know-do” gap.

Warm Up: At PIH, we often talk about “global health delivery.” This work revolves around the idea that we have effective therapies but inadequate means of delivering them to the poor. Together list different therapies or treatments that are easily accessible to some, but might be inaccessible to those who live in poverty or low resource settings.

Diagnostic: In global health, what barriers exist for delivering known technologies to the poor in a large-scale way?

Teaching Bit: The “know-do gap” is a gap between what we know and how we take action (do things) with this knowledge. In this piece, Farmer provides five fundamental lessons derived from the history of tuberculosis control that can be applied to HIV disease. By examining these lessons, we see a clear argument and steps to bridge the gap:

1. **Drug resistance is here to stay**, but the rate of its emergence can be slowed.
2. **The development of robust delivery platforms will lead to improved clinical outcomes** if what is being delivered is clinically effective.
3. **It is our responsibility to ensure patients maintain access to care**, thus care for patients who do not require inpatient care should shift from hospitals to clinics and community-based care.
4. **We must quickly acquire and develop effective therapeutic innovations**, thus they need to be linked more rapidly to equitable delivery, which requires new financing mechanisms.
5. **We must believe this is possible:** It is not clear that any disease is helpfully termed “untreatable.”

Guided Practice: As a group, discuss these three questions. Suggested responses are listed here:

- Why is there a know-do gap?
The text states: “many care providers wanted to apply their knowledge to bridging the know-do gap, but there were no funding mechanisms to bridge a gap that spanned both borders and sharp disparities in infection risk, disease progression, and access to care” (2425). The gap exists largely due to a lack of funding of delivery.
- What are key barriers to bridging the know-do gap?
Conventional wisdom is a huge barrier. Citing a finite number of resources and cost-effectiveness, many deem chronic infectious diseases “untreatable” in resource poor settings. However, in reality untreatable “really means difficult or costly to treat,” highlighting “delivery, rather than clinical, failures” (2426, 2433).
- How can we overcome these barriers?
It is important to recognize that many of the barriers to bridging this gap are socially constructed and can be overcome by challenging the status quo. Financing can be stabilized through advocacy, which will certainly play a critical role in securing public funding streams.

Independent Practice: The text states, “tuberculosis and AIDS offer two very different stories about funding and translation of discoveries into large-scale delivery” (2432). In pairs, discuss how these two stories differed, and how they were similar. Then, discuss what this can teach us about how to further the movement for global health equity.

Tuberculosis	Both	HIV/AIDS
<ul style="list-style-type: none">• Began treating a small handful of patients for TB specifically• Resistance to treat poor patients was extremely high• Ineffective therapies were embraced because of cost	<ul style="list-style-type: none">• Neither disease had a magic bullet and treatment required some development• Complex combination therapy was required to treat both diseases• Innovative initiatives proved what was possible, leading to activism and advances in policies that would help secure funding	<ul style="list-style-type: none">• AIDS activism played a huge role in challenging the status quo• A large spike in funding for ART led to interest in treating HIV disease• The Global Fund, PEPFAR and other funding flowed to AIDS, TB and, importantly, primary care

Assessment: Instrumental funding streams like PEPFAR and the Global Fund provided the means for substantial investments in robust delivery platforms. How can PIH Engage work to secure the necessary resources for bridging the “know-do” gap and achieving scale in global health?

Closer: In the absence of robust delivery platforms, the “know-do” gap will persist, as “we are likely to face precisely the same delivery challenges whenever new diagnostic tests and therapeutic agents are developed for any chronic communicable infection” (2433). Have each person hypothesize a new issue that might be a part of the “know-do” gap.