CASE STUDY *By Seth Kahan:*

Sharing Knowledge at the AIDS Competence Programme

The Joint United Nations Program on HIV/AIDS (UNAIDS) and the United Nations Institute for Training and Research (UNITAR) established the AIDS Competence Programme (ACP) in February 2003 to develop the human capacity to respond to HIV/AIDS. Countries, districts, and cities are increasingly taking on the responsibility for confronting the growing threat of HIV/AIDS. The program seeks to provide them with a supportive structure for identifying their unique strengths and working together to achieve greater success.

The program is designed to include many members of society: people from corporations and municipal services as well as people from NGOs and people who live with HIV/AIDS. It enables them to work together to create effective interventions by identifying and drawing on each others' strengths to bring about social transformation. According to an ACP report: "It is about appreciating and revealing local capacity to tackle a local problem. This process is universal; it applies equally to rich and poor cities, to low and high HIV-prevalence communities" (2).

> *"Knowledge is not just captured or shared, it is also created, discovered, distilled, validated, transferred, adopted, adapted and applied. Knowledge is richer than data and information; it's about familiarity gained from experience."*
>
> —Geoff Parcell and Chris Collison, *Learning to Fly (45)*

When Dr. Jean-Louis Lamboray, Principal Coordinator, was setting up the program, he called on Geoff Parcell to provide advice on how to make knowledge sharing work globally. After an initial visit, Parcell was transferred from British Petroleum (BP) to serve as Knowledge Management Advisor. Parcell says, "I had used KM in a business frame where it saves the company money. I hadn't thought of it in the context where it was saving lives."

In 2001 Geoff Parcell distinguished himself by authoring, along with Chris Collison, *Learning to Fly: Practical Lessons From One of the World's Leading Knowledge Companies* (45). The book was a useful introduction to knowledge management based on the authors' experience at British Petroleum. BP (www.bp.com) is one of the world's largest energy businesses, made up of over 100,000 people working in 100 countries across six continents.

WHAT ACP OFFERS INTERESTED COUNTRIES

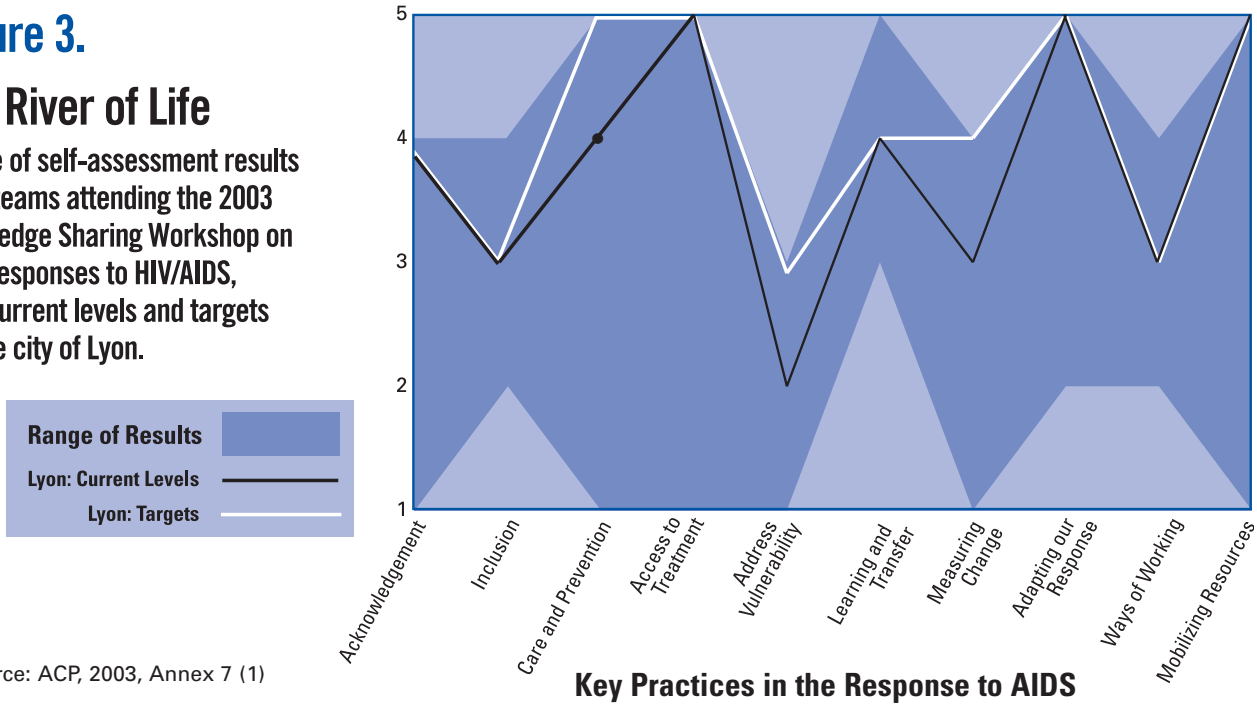
- Support to the establishment and operation of a facilitation team, whose members are able to appreciate existing human capacity to respond to HIV/AIDS. The purpose is to build AIDS competence countrywide through learning from local experience and transfer of lessons learned.
- Experiential training in the self-assessment of AIDS competence for local communities, municipalities, NGOs, businesses, organizations of civil society, and of the public sector.
- Support to the exchange of knowledge through "match-making" between those who have something to share and those who want to learn, and through the synthesis of knowledge generated from global exchanges on key topics.
- Assistance in the use of eWorkspaces (eWs), a collaborative platform for exchange of experiences within and between countries, and to the People Connector (PCO), a "yellow pages" system of all people committed to AIDS competence and willing to share their knowledge.

Source: ACP, 2003 (2)

Figure 3.

The River of Life

Range of self-assessment results from teams attending the 2003 Knowledge Sharing Workshop on City Responses to HIV/AIDS, with current levels and targets for the city of Lyon.



Source: ACP, 2003, Annex 7 (1)

Knowledge-sharing workshop

KM has contributed to ACP's success in developing human capacity. A closer look at one of the program's activities demonstrates how this works. In October 2003 the program sponsored a four-day knowledge-sharing workshop in Lyon, France, on city responses to HIV/AIDS.

Teams attended from thirteen cities, including: Bangkok, Thailand; Curitaba, Brazil; Ethekwini (Durban), South Africa; Gothenburg, Sweden; Barcelona, Spain; Jinja, Uganda; Kinshasa, Democratic Republic of the Congo; Lyon, France; Mumbai, India; Ouagadougou, Burkina Faso; Parma, Italy; Port of Spain, Trinidad and Tobago; and Simferopol, Ukraine. Each of the three-member teams included a representative of the municipal authority, an NGO worker, and a person living with HIV/AIDS. There was also electronic discussion for representatives from other cities that did not send teams to the workshop; this allowed them to stay current with the workshop and ask questions. A summary of each day's events was posted online, and any questions posed were addressed by participants during the course of the workshop.

Sharing knowledge assets. Before the workshop each city engaged in a self-assessment of AIDS competence, using the framework in Table 1 (p. 26). As a result the teams came to the workshop with a good idea of what strengths they had to share and in what areas they could use guidance for improvement.

All of the cities' assessments were combined into a chart called the "River of Life" (see Figure 3). It illustrates the high and low points of the entire group, which form the banks of the "river." By plotting their own levels against this background, teams could see at a glance where they stood relative to the group. As an example, Figure 3 shows the current levels and targets for the city of Lyon.

During the gathering the teams shared knowledge and experience on five topics, which were chosen to reflect participants' priorities. These included:

- Vulnerability: addressing the gender dimension;
- Measuring behavior change to create an AIDS-free generation;
- Mobilization of resources;
- Prevention of HIV/AIDS among youth; and
- Care and access to treatment.

ACP's 2003 end-of-year report describes the process as follows: "Sharing their experience on these topics, [participants] identified the key advice others could use irrespective of context. This advice, supported by examples based on experience, and references for more detail constitute 'knowledge assets', which others can reuse and build on" (2).

TABLE 1. SELF-ASSESSMENT FRAMEWORK FOR AIDS COMPETENCE

KEY PRACTICES	Competence level				
	1 (BASIC)	2	3	4	5 (HIGH)
Acknowledgement and recognition	We know the basic facts about HIV/AIDS, how it spreads and its effects.	We recognize that HIV/AIDS is more than a health problem alone.	We recognize that HIV/AIDS is affecting us as a group/community, and we discuss it amongst ourselves. Some of us get tested.	We acknowledge openly our concerns and challenges of HIV/AIDS. We seek others for mutual support and learning.	We go for testing consciously. We recognize our own strength to deal with the challenges and anticipate a better future.
Inclusion	We don't involve those affected by the problem.	We cooperate with some people who are useful to resolve common issues.	We in our separate groups meet to resolve common issues (e.g., PLWA, youth, women).	Separate groups share common goals and define each member's contribution.	Because we work together on HIV/AIDS, we can address and resolve other challenges facing us.
Care and prevention	We relay externally provided messages about care and prevention.	We look after those unable to care for themselves (sick, orphans, elderly). We discuss the need to change behaviors.	We take action because we need to, and we have a process to care for others long-term.	As a community we initiate care and prevention activities and work in partnership with external services.	Through care we see changes in behavior which improve the quality of life for all.
Access to treatment	Other than existing medicines, treatment is not available to us.	Some of us get access to treatment.	We can get treatment for infections but not ARVs.	We know how and where to access ARVs.	ARV drugs are available to all who need them and are successfully procured and effectively used.
Identify and address vulnerability	We are aware of the general factors of vulnerability and the risks affecting us.	We have identified our areas of vulnerability and risk (e.g., using mapping as a tool).	We have a clear approach to address vulnerability and risk, and we have assessed the impact of the approach.	We implement our approach using accessible resources and capacities.	We are addressing vulnerability in other aspects of the life of our group.
Learning and transfer	We learn from our actions.	We share learning from our successes but not our mistakes. We adopt good practices from outside.	We are willing to try out and adapt what works elsewhere. We share willingly with those who ask.	We learn, share and apply what we learn regularly, and seek people with relevant experience to help us.	We continuously learn how we can respond better to HIV/AIDS and share our learning with those we think will benefit.
Measuring change	We are changing because we believe it is the right thing to do, but do not measure the impact.	We begin consciously to self-measure.	We occasionally measure our own group's change and set targets for improvement.	We measure our change continuously and can demonstrate measurable improvement.	We invite others' ideas about how to measure change and share learning and results.
Adapting our response	We see no need to adapt, because we are doing something useful.	We are changing our response as a result of external influences and groups.	We are aware of the change around us, and we take the decision to adapt because we need to.	We recognize that we continually need to adapt.	We see implications for the future and adapt to meet them.
Ways of working	We wait for others to tell us what to do and provide the resources to do so.	We work as individuals, attempting to control the situation, even when we feel helpless.	We work as teams to solve problems as we recognize them. If someone needs help, we share what we can.	We find our own solutions and access help from others where we can.	We believe in our own and others' capacity to succeed. We share ways of working that help others succeed.
Mobilizing resources	We know what we want to achieve but don't have the means to do it.	We can demonstrate some progress by our own resources.	We have prepared project proposals and identified sources of support.	We access resources to address the problems of our community, because others want to support us.	We use our own resources, access other resources to achieve more, and have planned for the future.

Source: AIDS Competence Programme

Human capacity development. The workshop helped build human capacity by changing attitudes as well as by sharing knowledge assets. Parcell comments: "In the beginning Lyon was in a position of being a generous host. In half an hour they realized that they were learning from everyone, including Ouagadougou. They were learning particularly about early identification of HIV. One of the issues in Lyon was that there were lots of refugees coming in from Eastern Europe and they only find out they're sick when they go to hospitals. So they often don't find out they're HIV positive at all. Ouagadougou has lots of mobile workers. So they have very pragmatic and cheap processes that they use to identify HIV. Lyon was paying close attention, scribbling furiously and learning from Ouagadougou, and other places, what they could do to improve.

"The self-esteem that Ouagadougou gained from being seen to be useful to Lyon was enormous. That's part of what we mean by human capacity development: a belief in self, a realization that, 'Hey, we've got something that not only helps us, but helps other people.' They realize that they don't have to wait until an expert can come and tell them what to do next. They can learn from each other and take action now."

"The process is all about developing human capacity. It relies on a facilitative approach, which starts with a shift in leaders' attitudes, from 'we believe in our own expertise to provide solutions' to 'we believe in people's strengths to respond', from 'we control a disease' to 'we facilitate responses', from 'we respond to need' to 'we reveal strength', and from 'you have a problem' to 'together, you and we have solutions'."

– Final Report on Lyon Workshop ACP, 2003 (1)

Concerns about subjectivity and validity

Much of the program's work is based on self-assessment, and this may raise concerns about the subjectivity of the evaluation. Parcell responds, "What the self-assessment does is give the initiative to the person who wants to learn. Rather like you or I, if we were working with Microsoft products and we didn't know how good we were at Excel or Word. If we had a way of benchmarking how good we were, then we could figure out what we most need. Then we would match up with somebody who is at a higher level and we would start talking to them. At the moment, I may know only my skills on Excel. If somebody leans over my shoulder and sees something they haven't done before, they can say, 'Hey, how do you do that?' The framework actually gives people a way of calibrating where they think they are and then invites them to say, 'I want to learn more about that.'"

Skeptics also may raise questions about the validity of the know-how that program participants share with each other. Because knowledge works in one environment, can participants assume that the same knowledge works across the board? According to Parcell, "The process for validating is amongst the people who practice and use the know-how. If people have experience of using it and they say, 'This is what happened in our situation,' then it is the experience that is being shared rather than a policy. What's important is that we connect the advice to the experience. It may be that someone has an experience which runs counter to the advice. But if we get the community of people who are practicing to discuss and then revise the advice, then I think that is more powerful than a set of experts sitting in an ivory tower somewhere."

Conclusion

While ACP is still in the early stages, there is a sense of clarification and progress. At the end of 2003 project staff concluded: "During 2003 we achieved more than we thought possible .... Our process, our offer, and our strategy are now clear. Countries, cities, organisations and businesses subscribe to it enthusiastically. As new groups join we realise that we have the potential to empower many more actors committed to AIDS competence"(2).

Sources: This case study is based on materials found at the AIDS Competence Programme Web site (http://www.unitar.org/acp)—including quarterly and end-of-year reports, assessment frameworks, trip reports, and workshop reports—and on an interview with Geoff Parcell, ACP Knowledge Management Advisor, conducted by the author.