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Presentation Title

A CASE STUDY
of
Collaboration in HIV& AIDS Policy and Practice:
Awareness &Training in
Caribbean and African Communities
through the Global Development Learning Network

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ABSTRACT

Between 2003 and 2005, The University of Technology, Jamaica hosted a series of global development dialogues on issues related to HIV and AIDS among African and Caribbean countries including Ghana, Kenya, Uganda, Tanzania, St. Lucia, Barbados and Jamaica. These dialogues were facilitated through interactive videoconferencing using the World Bank's Global Development Learning Network (GDLN).

In discrete development dialogues, participants shared country perspectives on issues ranging as widely as national strategies for HIV education, gender and HIV, policy development, stigma and discrimination, and strategies for caring for AIDS orphans. This case study will explore the lessons learnt in facilitating these global videoconferencing dialogues, celebrate the successes and identify the challenges of the experiences of participants and presenters shared across the various cultures.

Since the phenomenon of using development dialogues for sharing knowledge and experience across cultures for teaching and learning, peer mentoring, consultation, advice and guidance, feedback and facilitating communities of practice in relation to HIV and AIDS, the recommendations in this presentation will be of interest to future organizers and facilitators of HIV and AIDS development dialogues. Beyond the process issues, the paper will highlight the outcomes and better practices adopted.

INTRODUCTION

Between 2004 and 2005, The University of Technology, Jamaica hosted a series of global development dialogues on issues related to HIV and AIDS among African and Caribbean countries including Ghana, Kenya, Uganda, Tanzania, St. Lucia, Barbados and Jamaica. These dialogues were facilitated through interactive videoconferencing using the World Bank's Global Development Learning Network (GDLN).

The overall aim of these dialogues was to connect Jamaican institutions working in HIV-AIDS with similar agencies/institutions in Africa who had been working longer in addressing HIV and AIDS through strategic development and effective implementation of policies and standardisation of procedures. Over thirty persons were able to connect across the globe in each session held over a 12 month period, reflecting sustained and successful outreach in training and increased awareness about selected HIV and AIDS issues.

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Background of The Global Development Learning Network

The GDLN (http://www.gdln.org) is a world-wide partnership of learning centres (GDLN Affiliates) that offer the use of advanced information and communication technologies to connect people working in development around the world. By applying tools and services developed in the field of distance learning to overcome the barriers of space and time, GDLN Affiliates enable organizations, teams and individuals around the world to communicate, share knowledge and learn from each others' experiences.

Within the Caribbean GDLN is serving to enhance global competitiveness by providing an infrastructure for the upgrading and diversifying of the skills and knowledge of human resources through greater collaboration and connectivity via technology.

In 2004, UTech was officially awarded an affiliate status in the World Bank's Global Development Learning Network (GDLN), making it part of the global collaboration of multi-channel ICT network of

distance learning centers with a mandate to facilitate dialogues on development issues. UTech is also the first centre in the English-speaking Caribbean to be recognized as a GDLN affiliate, and has continued to represent this language grouping within the GDLN's Latin American and the Caribbean division.

The first African-Caribbean videoconferences on HIV and AIDS began were organised as part of UTech's annual HIV and AIDS public education initiatives and were facilitated through the GDLN collaboration.

Overview of the HIV/AIDS Development Dialogues

The idea of a series of videoconferences on HIV and AIDS issues was agreed on at an annual meeting of the GDLN in 2004. The Tanzanian and Jamaican representatives agreed to coordinate a series of videoconferences for the year 2004-2005 so that the Caribbean could benefit from successful experiences and strategies of African countries that had made significant strides in addressing HIV and AIDS issues. The objective of the videoconferences was to build on the shared experiences of the two regions. It was initially agreed that the two GDLN centres – in Tanzania and Jamaica would each organise the countries in their sphere of influence, with the connections facilitated through the World Bank in Washington.

The Jamaican participants in the African/Caribbean development dialogues included the Ministry of Education, Ministry of Health, non-governmental organisations, faith-based organisations, Jamaican universities, international agencies like the Pan American Health Organization, UNAIDS, UNICEF, UNESCO, and the Canadian High Commission. The World Bank facilitated funding for the dialogues from donor countries like Germany and the Netherlands for these pioneer GDLN dialogues. Of note are recent indications that significant funding is still available from a variety of funding sources to support such videoconferences.

The Tanzanian GDLN Centre invited Uganda, Ghana and Kenya to join the dialogues because each had a functioning GDLN facility. Jamaica invited St. Lucia because of its videoconferencing facilities and. Barbados because of its active HIV and AIDS programme.. Each site had gatherings of 10 to 25 persons, meaning that each event had at least 50 an as many as 130 potential participants.

One immediate learning from the initial videoconference was that providing adequate "air time" for discussion among seven sites in any single video conference session was impossible; the sher number of participants worked against any significant exchange among participants. However, when the two organosers attempted to reduce the number of sites, no site was willing to iwthdraw, recognising the importance of the events.   The compromise was to retain the number of sites for the next videoconference, but stringently limit the presentation time for each site.   This modification was effective in controlling presentation time, but participants were still frustrated by the limited question time. Nevertheless, evaluation forms administered at the Jamaican site indicated a highly positive response to the videoconferences, even with limitations of "air time"..

The topics chosen were those primarily of interest to Jamaica.   In the period 2004-2005, the African/Caribbean videoconferences addressed the following topics: HIV/AIDS Public Awareness Methods: Proven strategies that influence behaviour change; Gender and HIV/AIDS; Caring for HIV/AIDS Orphans: Challenges and Strategies; HIV/AIDS Policy Development; National strategies for HIV/AIDS education.

Of note is the fact that because of their participation in the African/Caribbean videoconferences, PAHO organised and funded two Caribbean-Latin American conferences on World AIDS Days during this same period . The foci were on Mainstreaming Disability Issues into HIV Programmes in the Caribbean (2004); and Combating HIV/AIDS related stigma and discrimination in Latin America (2005). The first dialogue involved Barbados, St. Kitts & Nevis, St. Lucia, Trinidad & Tobago and Jamaica, with PAHO representatives in USA – Washington DC. The second dialogue involved Brazil, Chile, Columbia, Costa Rica, Dominican Republic, Mexico, and Jamaica with PAHO representatives in USA – Washington DC.

Despite the stringent limitations on presenters' time and careful prior organisation of the events, when the dialogues coincided with the emergence of a significant HIV and AIDS issue, they were hijacked to discuss the unscheduled issue. For example, in the important dialogue on HIV/AIDS orphans, the discussion shifted to the decision of the World Trade Organization (WTO), to prevent India from exporting generic HIV drugs to other developing countries The dialogue that resulted proved very important to participants, and demonstrated that even with a carefully scheduled set of presentations, the videoconference structure could tolerate a shift to an urgent topic of discussion if participants wanted that change.

The first videoconference in 2004 also demonstrated that theboth the African partners in the dialogue learned much from the interchange of ideas. and description of HIV and AIDS projects in the Caribbean. For example, Jamaica and Barbados were more advanced in policy development than others had realised. The African/Caribbean development dialogues of mutual benefit to all participants. In the end, participants agreed there was the need for a long-term commitment to behaviour change, and that behaviour patterns on a large scale are not affected by mere dialogue (talk and lectures), and that there was no quick or easy fix to stigma and discrimination, or for dealing with orphans..

OUTCOMES

The development dialogues have emerged as a dynamic phenomenon for sharing knowledge and experience across cultures, for teaching and learning, peer mentoring, consultation, advice and guidance, feedback and facilitating communities of practice in relation to HIV and AIDS. The recommendations in this presentation should be of great interest to future organizers and facilitators of HIV and AIDS development dialogues.

General Outcomes

The African/Caribbean videoconferencing project (2004-2005) was designed as a pilot, which expanded, based on the decisions of the partners to continue them. Each conference led to future consultations, with the scheduled topics being of immediate relevance to the participating countries. The general outcomes from the sharing of knowledge and experience across continents and regions through videoconferencing to increase awareness and training to fight HIV and AIDS included the following:
1. Wider dissemination of information among stakeholders resulting in increased awareness on the topic of HIV and AIDS;
2. Diverse range of materials/ideas produced - especially for the University students who got involved – to widen their curriculum & community involvement;
3. Positive impact on access to learning for several stakeholders such as
    a. Primary target group of 17-24 year olds who are at-risk who needed health care and got involved in their own awareness training about the challenges and potential strategies for mitigating risks
    b. Management agencies of government and non-government organizations, who increased their focus and priorities on developing effective strategies based on successful experiences shared
4. Expanding access for those with limited facilities by using diverse modes of technology (blend of face-to-face, audio & visual formats via interactive videoconferencing) to help communicate information to those with low levels of education, for whom text-rich ODL may not be appropriate;
5. Creation of a support network among participating countries and agencies to develop action plans for strengthening and improving HIV and AIDS care
6. Development of an effective methodology (best practice) for facilitating videoconferences in terms of
    a. content preparation by circulating discussion questions in advance to focus comments and limiting the number of presenters in the time allocated to increase the level of spontaneous interactions
    b. technical coordination at the satellite centres including the incorporation of a rehearsal session with the World Bank Distance Learning Centre which provided the bridging facility

   c. event moderation/facilitation techniques for defining roles and responsibilities within a particular script and soliciting questions from participants

Specific Positive Outcomes

The more specific outcomes pertaining to the HIV and AIDS issues included the following factors:
1. The Jamaican participants were able to directly apply some of lessons learnt from Uganda. For example, the strategy to solicit the involvement of heads/leaders of government in talking about HIV and AIDS and addressing particular issues, to reduce stigma and discrimination
2. There was increased awareness of the effectiveness of Uganda's public education strategy, which had reduced the infection rate from double digits to 6%,.
3. Participants within each session have indicated that the experience intensified their efforts by providing them with additional data to inform strategies and develop a synergy among disparate organizations gathered in one room.

4. Global connections for live case studies were effectively facilitated. In particular, there was the Kenyan presentation on the development of a village for families infected and affected by HIV and AIDS
5. Closer linkages were created among the participating HIV and AIDS support organizations in Jamaica, including private and public health agencies, faith-based organizations, other non-government organizations, researchers and international agencies
6. Support groups for networking were created among health care practitioners and HIV and AIDS persons at risk; this networking has continued to-date. .

7. The invitation of persons from a diversity of organisations addressing the challenges of HIV and AIDS created the opportunity for the infected (in agencies like JN+) to speak directly with researchers and policy makers and enrich the dialogues with lived experience.
8. Learning from the experiences of other countries, Jamaica launched a coordinated an intensive campaign for the testing of people in the most at-risk age group, In particular, the University of Technology Jamaica launched   campaigns offering free HIV testing for its student population & staff members.
9. The participation of donor agencies in the dialogues resulted in the adjustment of national programmes to incorporate strategies that worked elsewhere. For example, ILO and UNESCO developed a workplace policy for the Caribbean, as a result of discussions in the early videoconferences.

10. With the involvement of key government ministers in the development dialogues, Jamaica found that it was able to accelerate its process of policy development and addressing strategic issues.

11. The African experience of identifying celebrities as spokespersons to spread the message of support and prevention to the age-groups most affected informed Jamaica's organising Artists against AIDS to strengthen the edutainment voices directed to the youth.
12. Many of the public education strategies implemented by UTech for engaging persons in the target group most at risk for infection (17 – 24 years) were identified during the global dialogues. For example, UTech pioneered a song competition, and implemented the rapid testing clinics based on the African example. Even the first initiative by UTech in the form of a graffiti competition was launched as a complement to the first videoconference held in 2004.

In summary. the main lesson of the African/Caribbean HIV/AIDS development dialogues is that positive and sustained outcomes require a basket of diverse strategies and multi-stakeholder interest groups. For most Jamaican cases shared, the successful experiences resulted from teamwork among government ministries (Health), social coordinators, the non-government organizations, faith-based organizations, international agencies and HIV-infected persons. Of significance was the strengthening of networks in Jamaica (JN+) and the wider Caribbean (CN+).

Challenges experienced in facilitating HIV/AIDS development dialogues

1. The sessions were timebound, meaning that all participants were not able to get "air time." . One strategy implemented very early was to provide paper for participants to submit their questions in writing, and these questions were addressed in order of frequency, priority and relevance

2. The sessions experienced technological glitches – dropped audio, and even dropped signals. . The challenge of linking videoconference facilities at multiple sites, requires preliminary technological rehearsal prior to the event itself. to test the technology prior to the actual link..

3. There is still much to do to address HIV and AIDS challenges. However, there is an international commitment with accompanying fiunds committed for the support of these HIV-AIDS initiatives. The issues of the cost of drugs, stigma & discrimination, employment opportunkities for HIV positive persons and facilitating testing of at-risk groups continue to be critical.

4. Interestingly, the HIV/AIDS initiatives that were coordinated by the University of Technology, Jamaica had no international donor support except for the global videoconferencing dialogues funded by the World Bank and its partners. Otherwise, it was strictly private sector support and community goodwill.

FUTURE DIRECTIONS

The main lesson from the dialogue experiences was that greater networking at the national level resulted from them. For Jamaica, there are no short term solutions to the long-term challenges of HIV and AIDS stigma & discrimination. Of importance was the realization that those countries that had been developing focused programmes and policies for much longer were not much farther ahead in changing public perception and support. However, there was much to learn about what did not work and how to develop creative alternatives.

One creative proposal under consideration for the University of Technology, Jamaica (UTech) is the prototype of the mobile health clinic, which emerged out of the discussions on ways of reaching people that are reluctant to be identified. This proposal has already attracted the interest of PAHO and UNAIDS who will fund the prototype if the Jamaican Ministry of Health is interested. UTech will therefore have to continue to coordinate the efforts of all stakeholders.

The HIV/AIDS development dialogues have been in hiatus for the past year. The strategic plan for the year ahead is to re-engage in dialogue with other Caribbean countries and to expand the global connections beyond Africa, and to topics including HIV-AIDS and Tourism, Peer mentoring, communities of practice.