

Context

Over the years, the civil society organisation (CSO) response to the HIV epidemic in the Caribbean has expanded to provide combination prevention services that include HIV and sexually transmitted infection education, counselling, and testing; condom distribution; and linkage into care. More recently, with scientific evidence demonstrating treatment as prevention and subsequent setting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 global goals and the World Health Organization’s Treat All strategy, CSOs have intensified outreach activities targeting key and vulnerable populations to ensure people are tested and know their HIV status, but more importantly, that those who test positive are linked to treatment.

The Caribbean has significant gaps along the 90-90-90 HIV treatment continuum. To address the service gap, several CSOs with experience delivering HIV prevention services to key populations have asked for the opportunity to also deliver antiretroviral therapy (ART) services. In order to achieve this, national programmes and CSOs need to work closely together to define eligibility criteria and a process to allow CSOs to provide both prevention and ART services.

What are the 90-90-90 goals?

By 2020, 90% of people living with HIV will know their HIV status, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.

Jamaica is the only country in the English-speaking Caribbean to have successfully partnered with a CSO, Jamaica AIDS Support for Life (JASL), to provide ART services. JASL currently operates three of the country’s 36 treatment sites and offers a range of multidisciplinary services to support their clients receiving ART. Their approach to ART service delivery has demonstrated significant favourable treatment outcomes, such as high levels of adherence to and retention on ART and viral suppression.

Because of JASL’s unique history and success reaching and treating key and vulnerable populations, experience providing services, and collaboration with the MOH and other in-country partners, PANCAP and the U.S. Agency for International Development (USAID)—in consultation with other regional partners—worked with JASL and the Jamaica MOH to provide a learning opportunity to other Caribbean countries with the potential capacity to adapt or adopt Jamaica’s best practices and share their own best practices.

The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and Knowledge for Health (K4Health) Partnership held a face-to-face South to South Learning Exchange to JASL with representatives from The Bahamas, Barbados, and Guyana.



Participants of the South to South Learning Exchange.
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The participating country teams were comprised of the National AIDS Programme Manager (NAP) and a CSO representative. The aim of the exchange was to provide participants with the opportunity to learn how Jamaica AIDS Support for Life (JASL) has coordinated and collaborated with the Jamaican Ministry of Health (MOH) and other civil society organisations (CSOs) in delivering comprehensive HIV services, including treatment, to key and vulnerable populations.



The Knowledge Management Approach

Preparations for the South to South Learning Exchange began four months prior to the event with the identification of the host organisation. While JASL's provision of ART services made them the natural choice, their rich history and experience in responding to HIV in Jamaica and, more importantly, their willingness to share this experience with other Caribbean countries all contributed to their choice as **host**.

The strong relationship between JASL and the Jamaica MOH served as a model for **choosing participants** for the exchange. Therefore, country teams were comprised of the NAP manager and a CSO representative. Participating countries were chosen based on the capacity of the MOHs to provide support to CSOs to ensure successful implementation of their programmes, and the maturity and capacity of their lead CSOs to work with all stakeholders in the national response and their readiness and willingness to expand their scope of service provision to include ART service delivery. Identification of countries and CSO representatives was done in consultation with regional stakeholders familiar with the regional HIV response. To facilitate close collaboration and team building between and among country teams and with JASL, participation was limited to three countries. This **small-group approach** facilitated more in-depth discussions, probing, and sharing, and provided a space where each country was comfortable sharing their own experiences.

An **agenda and methodology** was developed collaboratively with JASL. JASL took the lead in outlining the technical areas for sharing and K4Health chose the knowledge exchange techniques that would best meet the needs of the participants. It was important for JASL to lead this process, as they were best placed to decide what to share, how to share it, and the best staff to facilitate sharing. In planning for the agenda and methodology, an intentional effort was made to blend didactic presentations and participatory small group knowledge exchange activities. The aim was to use a variety of knowledge management (KM) techniques in order to provide a mutual learning space where both JASL and visiting participants would have the opportunity to share their experiences, allowing everyone to learn from each other.

A **virtual orientation** meeting was convened with all participants one week prior to the event. This served as a forum for introducing participants to each other, discussing any logistical issues, and outlining preliminary expectations. The objectives and methodology of the event were discussed. A WhatsApp group served as a useful way of communicating with the group before, during, and after the event.

Among the KM techniques, a **visioning board** was used to visually describe the current status of and highlight the strengths and challenges around each 90, or step, of the HIV treatment continuum. The visioning board served as a tool for country teams to structure each morning's **pause and reflect** session, which gave everyone the opportunity to consider what they learned the previous day and briefly discuss what key lessons they learnt that could be applied to their local context. This session also gave them the chance to discuss and share similar experiences from their own programmes, leading to a significant cross-fertilisation of ideas. Country teams also presented on their national responses, described best practices, and focused on a specific challenge they experience in relation to the 90-90-90. A **peer assist** approach was used to further understand the specific challenge and to generate solutions from their peers. While each country's challenges were unique to their own context, the rich knowledge and experiences shared by the other participants led to very practical solutions. The learning exchange included a short **field visit** to observe a community-based sex worker intervention and a day-long **site visit** to JASL's clinic so participants could experience their work first-hand. Participants were able to fully immerse themselves into JASL's model of service delivery, understand how services are organized, and interact with service providers. During the site visit, participants joined JASL clients in a **fishbowl** exercise designed to better understand client perspectives of the services they receive from JASL. The beneficiaries shared their experiences being diagnosed and living with HIV and described how JASL's multidisciplinary support and services had made a considerable difference in their quality of life. Through this exercise, JASL staff had the opportunity to hear how grateful their clients were and how much they care for and rely on the staff. The country teams not only heard the experiences of JASL's beneficiaries, but also saw the value of this KM approach. On the last day, each country team developed an **action plan** comprised of three to four short- to medium-term action items that could be accomplished through joint planning and implementation by the CSO representative and NAP manager. On the final day, the JASL team and participants collaborated on an **after-action review**. The teams overwhelmingly agreed that JASL was an extraordinary example of a best practice and appreciated JASL's willingness to host the exchange. Participants also expressed appreciation for the structured interactive KM approaches used, particularly the field visit and fishbowl exercise.

I had never experienced a fishbowl exercise...it was a closed fishbowl...so we couldn't interject as it was happening...I thought that that allowed the clients to share in a way that they might not have shared otherwise...That was powerful. I had never seen anything like that before." Dr. Dale Babb, Barbados

After Action Review

What worked well?

1. Early planning: Because planning commenced four months prior to the event, there were no major challenges. The planning process took into consideration all administrative, financial, logistic, and technical arrangements

for effective implementation of the learning exchange. Assigning specific roles and responsibilities to individuals and using regular team check-ins and Google docs to monitor flight arrangements, accommodations, per diems, and other tasks, worked well to keep everyone current. Early planning with the host team on logistics and agenda development and with the learning team on expectations for the event also contributed to its success.

2. Close Collaboration with host organisation and other Jamaican CSO partners: As a result of working closely with JASL, a detailed agenda was developed and presenters were given adequate notice of their roles. All logistics and other arrangements (for example, transportation for site visits) were finalised. Other Jamaican CSO partners were kept up to date on the planning process. This has proven to be successful as AIDS Health Care Foundation (AHF) provided significant support in hosting the event.

3. Team communication: In addition to regular email communications, a WhatsApp group served as an effective tool for the team to stay connected before, during, and after the learning exchange. This was useful for keeping the team informed of everyone's arrival in Jamaica, particularly, a participant who experienced several flight delays. WhatsApp was also used to share photographs of the event.

4. Utilisation of participatory approach to learning: Participants agreed that the more participatory approaches of the fishbowl, peer assist, and visioning board allowed them to share their experiences, provide useful insights to their peers on specific issues, and strengthen their relationship with their country team partner and other participating country teams.

5. Providing opportunities for cross-fertilisation of ideas and experiences: Participants appreciated that while the main objective of the learning exchange focused on JASL's work, they also had significant experiences to share that could benefit JASL and other participants. The unique experiences of each country added diversity and richness to the sharing.

6. Discuss follow-up actions and deliverables from participants: At the beginning of the learning event, the proposed follow-up actions and monitoring and evaluation framework were shared and discussed. Understanding what deliverables were expected and when made it easy for participants to deliver on blog posts during the event and to commit to the post-event webinar. Crucially, participants understood why it is important to monitor the impact of this investment and deliver practical action items to implement in their respective programmes.

What did not work well?

1. Logistics: Some countries sent relatively late approvals for participation, which led to late flight bookings and resulted in significant flight delays for one participant. Also, the timing of the event presented some challenges as some of the host country stakeholders and resource staff were away on vacation.

2. Participants' access to materials: Copies of presentations and documents used at JASL's clinic, such as reporting forms and the counselling checklist, were not readily available to share.

3. Time management: Due to unforeseen circumstances, the originally planned five-day event was shortened to four days. However, the agenda was not modified accordingly; this resulted in some degree of exhaustion for the participants. Additionally, because of discussion quality and enthusiasm, many of the sessions went beyond their scheduled time. This compounded the issue.

You got to see the actual system in action. Most times when you go to an [exchange] they just sort of tell you about it, but the fact that we could actually go and visit the St. Ann's location and see the lab and walk through the process and meet their team and really see how their collaboration and efforts play a huge part in each other's success. That was one of the most compelling parts of the whole experience.... I wish that more exchanges like that were possible." Mr. Travis Ferguson, SASH Bahamas

Recommendations

- 1. Plan well in advance of the event:** This will ensure all arrangements are in place in a timely manner. Several factors should be considered: the amount of time needed to gain approval from the host country and organisation, approval from the participating countries MOHs and CSOs, and the number of participants to be included in the event and their countries of origin. Planning should also entail establishing systems to provide any necessary operational support to the host organisations, such as photocopying documents and arranging transportation and meals. In the Caribbean context, consideration should also include seasonal dynamics, such as July–August and December holidays and August–September hurricane season.
- 2. Consider attendee selection criteria:** In identifying countries, organisations, and participants for the South-to-South Learning Exchange, it is important to match the benefits of the exposure to the host organisation’s experiences to the needs of the participating groups. It is also key to establish the readiness and willingness of the attendees to share, learn, and apply the lessons learned from the exchange.
- 3. Engage partners in the host country:** By involving in-country partners in the planning process, they are more likely to provide support when needed.
- 4. Develop mechanisms for communication with participants and host organisation:** In addition to group email communications, other communication platforms—such as WhatsApp—can be effective tools for the facilitating team, host(s), and participants to stay connected as a group before, during, and after the learning exchange.
- 5. Invest early in joint planning of the agenda and sessions with host organisation:** By working together to develop the agenda, the facilitation team and host organisation can decide on the best methodology for sharing knowledge and ensure presenters are given adequate notice of their roles. The final agenda should include adequate time for post-presentation discussions and opportunities for participants to reflect on the learning.
- 6. Provide opportunities for participating countries to share:** There will be greater diversity and richness to the learning exchange experience when each country is given the opportunity to share about their national programmes.
- 7. Use KM approaches that are highly participatory:** More participatory approaches will facilitate greater sharing among participants, provide more in-depth and useful insights on specific issues, and strengthen relationships between country team members and among all participants.
- 8. Conduct an after-action review with participants:** Through this process, recommendations will be collected to improve future learning exchanges.
- 9. Discuss follow-up actions:** Clear communication with participants about what deliverables are expected, by whom, and when, makes it easier for them to meet these commitments in a timely manner. This should be done as early as possible in the planning phase, possibly at the orientation meeting, so that participants can be prepared.

For additional information, visit the PANCAP website: www.pancap.org
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