



## Regions of expertise

### How Knowledge Hubs are boosting HIV prevention, treatment and care across whole regions

#### Context

Many saw it coming, an unprecedented wave of funding; but in the first years of the new millennium, few countries had the capacity to channel this money effectively into badly needed services for HIV prevention, treatment and care. To address this weakness, in 2003 German BACKUP Initiative, run by German Technical Cooperation (GTZ), launched a two-year, €4.2 million initiative in partnership with the World Health Organization (WHO) that would provide seed money and technical assistance (TA) for regional HIV Knowledge Hubs, serving Africa, eastern Europe and central Asia.

The Knowledge Hubs represented a bold new model. The prevailing approach of capacity building focused on individual nations, where foreign consultants provided bursts of training and TA that did not always meet WHO standards, or prove sustainable. By contrast, the Hubs were to be based in the regions they served, and to work with ministries of health and other partners to develop pools of regional experts, who could provide WHO-certified training and TA in sessions serving multiple countries with shared languages, and similar health and education systems and public-health challenges.

In eastern Europe and central Asia, the focus of this report, this proved to be a timely innovation. As well as the Russian language, countries of the former Soviet Union and Warsaw Pact, had much in common: fast-growing HIV and TB epidemics, driven by injecting drug use, sex work and poverty; inadequate tools for understanding these epidemics; ineffective prevention services; and very few health workers with the know-how to provide patients with HIV antiretroviral therapy.

#### Approach

After a series of WHO missions to meet with governments, partners and other stakeholders, it was agreed to establish three Hubs at respected institutions in the region: the Knowledge Hub for Capacity Development in HIV/AIDS Surveillance at the Andrija Štampar School of Public Health, in Zagreb, Croatia; the Harm Reduction Knowledge Hub for Europe and Central Asia, at the Eurasian Harm Reduction Network, in Vilnius, Lithuania; and the Regional Knowledge Hub for HIV

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Here a nurse-trainee (standing) learns about case management in a patient consultation during a 2006 training by the HIV Care and Treatment Knowledge Hub.

Care and Treatment in Eurasia, based originally at Ukraine's National Medical Academy of Post-graduate Education (NMAPE) in Kiev (in 2009, the Hub relocated to St. Petersburg, Russian Federation).

The Hub concept was flexible, and each developed a structure suited to its function; but they shared basic characteristics. All had small secretariats, modest budgets and aimed to assist

#### German HIV Practice Collection

This Collection describes programmes supported by German Development Cooperation assessed as "promising or good practice" by experts from German development organizations and two international peer reviewers with expertise in the particular field. Each report tells the story, in plain language, of a particular programme and is published in a short (four-page) and full version, often with links to related tools and reading at [www.german-practice-collection.org](http://www.german-practice-collection.org). This Collection aims to stimulate dialogue, so please tell us what you think and rate them, at this address: [www.german-practice-collection.org](http://www.german-practice-collection.org). Managing Editor ([ghpc@gtz.de](mailto:ghpc@gtz.de))

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countries in strengthening health-sector responses to HIV, swiftly and sustainably, by tapping rich new sources of support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and elsewhere. They were, therefore, expected to be demand-driven (by GFATM Country Coordinating Mechanisms and Principal Recipients) and geared to help in implementing grants and programmes. They shared basic principles – notably, working with key governmental and non-governmental agencies and encouraging sustainable, regional and local ownership of comprehensive HIV prevention and treatment programmes. As well, all Hubs offered four basic services: technical training, direct technical assistance, support for technical networks and adaptation of WHO and UNAIDS guidelines.

## Results

### Capacity Development in HIV Surveillance



Founded in late 2003, the Knowledge Hub for Capacity Development in HIV/AIDS Surveillance uses expert trainers from the faculty at the Andrija Štampar School of Public Health, the University

of Zagreb's School of Medicine and academic institutions world-wide, including Global Health Sciences (University of California at San Francisco) and the London School of Hygiene and Tropical Medicine. Some of these trainers also collaborate extensively with the Hub in research. With no more than 3.5 full-time staff, the HIV Surveillance Hub has, therefore, been able to conduct first-ever surveys of HIV among most-at-risk populations in eastern Europe and the Eastern Mediterranean; and as of early 2010, it had developed and delivered 42 training courses in aspects of second generation surveillance methods – the WHO *gold standard* – for 1006 participants from 70 countries.

Its training of trainers has also mobilized hundreds of graduates in southeast Europe, Ukraine and elsewhere to train many others back home. In some countries, the Hub has helped establish HIV surveillance systems; in others, it has boosted their quality, strengthening prevention. For example, according to Boban Mugoša, vice-chair of Montenegro's Country Coordinating Mechanism, thanks to assistance from the Hub, his country's "HIV surveillance system was raised from the dust and now is at the level comparable to those in developed countries."



This Knowledge Hub workshop in Zagreb on protocols for HIV surveillance attracted epidemiologists and other public health professionals from Ethiopia, Kenya, Rwanda, Sierra Leone, Tanzania and Uganda.

### Harm Reduction



The Harm Reduction Knowledge Hub for Europe and Central Asia (HRKH) was established in 2004 by non-gov-

ernmental organizations led by AIDS Foundation East-West, the International Harm Reduction Development Programme (Open Society Institute) and the Central and Eastern Europe Harm Reduction Network (now the Eurasian Harm Reduction Network or EHRN), with support from WHO/GTZ. As of 2009, EHRN had 300 institutional and individual members in 29 countries, and the Hub has built on this extensive network. With just 1.2 full-time staff, therefore, it has become a respected agent of change, based on its advocacy, training and TA throughout a region where some governments continue to ignore the solid evidence for harm reduction.

As of October 2009, the Harm Reduction Hub had given 35 training courses, reaching more than 600 participants in 19 countries. These were based on nine WHO-certified curricula developed by the Hub with leading clinicians in the region. Topics include services for female drug users, needle exchange programmes, overdose, and opioid substitution treatment (a widely used module, developed in partnership with Emilis Subata, Director of the Vilnius Centre for Addictive Disorders, a pioneer of OST in eastern Europe). Two recent advanced seminars, featuring distinguished authorities on contemporary issues – beyond the usual package of harm reduction services – attracted paying participants and scholarship holders from GFATM, UN agencies and NGOs. An independent five-year evaluation done in 2009 concluded that the Hub "has a unique regional perspective: it knows where the best-practice sites are ... about changing tendencies in the region (and) ... who can contribute to which issue."

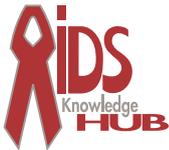


WHO-certified training curricula offered by the Harm Reduction Knowledge Hub cover outreach and needle-syringe programmes, such as those offered by social workers to sex workers via this Blue Bus in Vilnius, Lithuania.



Courses offered by the HIV Care and Treatment Hub, now based in St Petersburg, use adult-learning techniques and mobilize multi-disciplinary teams of specialist physicians, nurses and social workers.

### HIV Care and Treatment



The Regional Knowledge Hub for HIV Care and Treatment in Eurasia opened in January 2004, based on a memorandum of understanding between the American International Health Alliance (AIHA), Ukraine’s Ministry of Health,

the National Medical Academy of Post Graduate Education (NMAPE) and the Ukrainian National AIDS Centre. Beginning in Ukraine in 2004, then fanning outwards, the Hub has become an established regional resource for building clinical capacity. According to an independent five-year evaluation (2009), this has enabled former Soviet countries to scale up effective, high-quality care and treatment for people living with HIV. With just five full-time staff, the Hub helped ministries of health develop effective capacity building strategies and trained more than 5 000 providers of HIV care and treatment from 10 countries. As a result, its graduates are providing treatment to more than 50 000 people, region-wide.

Some of the Hub’s training curricula have also been certified by medical-training institutions in Russia and Ukraine. It has also mobilized strong regional networks of expert clinician trainers and HIV care and treatment providers. (In Ukraine, these clinicians have now taken over most of the Hub’s training duties, allowing the Hub to shift its base to St. Petersburg). “Through the Knowledge Hub we speedily disseminate comprehensive and – this is very important – correct, evidence-based information about HIV infection and antiretroviral treatment,” according to one of its distinguished trainers, Vladimir Mousatov, Deputy Chief (Medical Affairs) at the Bodkin Infectious Diseases Hospital, St. Petersburg.

### Lessons learnt

#### Proximity, sensitivity to regional needs pays dividends

The Hubs are familiar with the regions they serve, tailor their training and assistance to the needs of ministries of health, practitioners, academic institutions and other national and local stakeholders. This model works well in eastern Europe and central Asia where most countries have much in common. Multi-country training can, therefore, be done efficiently at the regional level, and have spill-over effects, as policy-makers are more inclined to introduce new laws and practices if these have been shown to work in neighbouring countries.

#### Partnerships, communities and cooperation

Through training and TA, the Hubs also provide regular opportunities for decision-makers, health-care professionals, NGOs, networks of people living with HIV and representatives of most-at-risk populations, etc. to communicate with one another and international experts in support of comprehensive, evidence-based responses to HIV and associated diseases. “This is better than cooking in your soup,” says Gabriele Riedner of WHO (EMRO).

#### Flawed business model

Countries often underestimate capacity-development needs; so, many GFATM proposals for grants do not allow for Hub services. Furthermore, GFATM proposals for regional mechanisms must clearly demonstrate added value over national ones, and Hub fees seldom cover the range of administrative work required to provide training; so, the original business model proposed for the Hubs (in which they were quickly to become self-sustaining) is not realistic. Only stable, long-term

funding for core operations, therefore, will allow the Hubs to overcome these challenges and achieve their full potential.

### Global agencies can help Hubs reach their potential

The Global Fund to fight AIDS, Tuberculosis and Malaria could strengthen the promising Knowledge Hub model by allowing strong regional proposals for training and technical assistance to compete for grants on a more even footing with national proposals. Furthermore, the Knowledge Hubs have the potential to become strong partners for UNAIDS and its efforts to strengthen HIV-related regional capacity development.

### Peer review

The German HIV Practice Collection has established criteria that German-supported initiatives must meet to qualify for documentation. According to peer reviewers, the approach of the regional HIV Knowledge Hubs described here qualifies as a “promising practice” to the extent that it is effective, transferable, innovative, subject to monitoring and evaluation, cost effective and gender sensitive. For the remaining two criteria, the reviewers note:

**Participation and empowerment:** The major success of the Care and Treatment Hub in empowering local health professionals, authorities and NGOs to take over responsibility for training and technical assistance in Ukraine, for example, is helping the country address arguably the most severe HIV epidemic in the region. And while this success prompted the Hub to relocate to the Russian Federation, it has already demonstrated its ability to engage with national institutions and strengthen their ability to train and retain the skilled cadres they need to deal with this country’s major HIV epidemic.

**Sustainability:** The Hubs have developed pools of regional experts able to conduct training and provide technical assistance and encouraged the institutionalization of training curricula: for example, HIV Care and Treatment Hub courses certified by major Russian medical training institutions.

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