

## **Developing a regional knowledge centre in HIV/AIDS in Latin America and the Caribbean: a knowledge audit**

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### **Introduction**

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally-based organisations working to support community action on AIDS. The Alliance has over 600 people world-wide, currently working in over 30 countries threatened by emerging HIV epidemics as well as those already heavily affected.

These national partners help local community groups and other non-governmental organisations (NGOs) to take action on HIV and AIDS, and are supported by technical expertise, policy work and fundraising carried out at the UK-based international secretariat and across the Alliance. In addition to community and country-based programmes, the Alliance also has extensive regional programmes and works on a range of international activities such as support for South–South cooperation, operations research, training and good practice development, as well policy analysis and advocacy.

To make a real difference, the Alliance focuses on integrated responses to HIV/AIDS that combine preventing HIV infection, facilitating access to treatment, care and support, and lessening the impact of AIDS. Emphasis is placed on the importance of working with people who are most likely to affect or be affected by the spread of HIV/AIDS. These are often people from marginalised groups who are the most vulnerable and the hardest to reach.

### **International HIV/AIDS Alliance in the LAC Region**

#### **Background**

Since 2005, the International HIV/AIDS Alliance's Latin American and Caribbean (LAC) programme has focused on supporting horizontal and South-South collaborations based on the premise that there exists a high level of technical ability in the region and communities worked with. In addition to the expertise of many people in civil society, there also exists a considerable accumulation of knowledge of HIV expressed in manuals, tools, virtual data bases and in the experiences of those very organisations and networks working on the theme.

Despite this depth of existing knowledge, it was discovered that very often the location or even existence of distinct types of knowledge was unknown which meant that processes were inevitably being duplicated unnecessarily. Moreover, ignorance of the existence or location of various experiences, resources or information about HIV meant that such knowledge was not being used to improve the HIV programmes. Furthermore, access and use of knowledge of HIV/AIDS for the design, management and evaluation of HIV/AIDS programmes in Latin America and the Caribbean is limited.

### **Regional conference**

A regional conference was organised in October 2006 in Argentina to review the proposal and assess the needs of developing a regional knowledge centre. The conference was assisted by representatives from Alliance's linking organisations from Peru, Bolivia, Ecuador and Mexico<sup>1</sup>, from regional community networks such as the International Community of Women living with HIV/AIDS (ICW), the Latin America and Caribbean Network of Sex Workers (REDTRASEX), the Latin American Network of People Living with HIV (REDLA+), the Association for the Integral Health and Citizens of Latin America (ASICAL), the United Nations Joint Programme on HIV/AIDS (UNAIDS), the STD/AIDS National Coordination of the Ministry of Health in Brazil (ICCT) in Brazil and the Alliance Secretariat.

Discussions and participatory group work during the conference identified that access and use of knowledge of HIV/AIDS for the design, management and evaluation of HIV/AIDS programmes in Latin America and Caribbean is limited. The regional conference also identified a number of objectives to be fulfilled by the Knowledge Management Centre, as highlighted below.

During the final day of the regional conference, a group of advisors composed of the participants was formed to oversee the development and implementation of the project. The main role of this advisory group will be to guide the work strategies of the centre and to form work groups that are able to put into operation concrete activities that meet each specific objective.

### **Objectives of LAC regional knowledge centre**

The objective of the Knowledge Management Centre is to promote the access and efficient use of knowledge of HIV/AIDS so as to improve the design, management and evaluation of programmes in Latin America and the Caribbean.

The focus is on strengthening the ability to manage knowledge within the organisations working with HIV. Initially this level of work will largely be carried out with the Alliance's partner networks and organisations in the region. Specific objectives include:

- Promote the recognition of the value of knowledge management and its translation to the programme and to strengthen the internal mechanisms and abilities to manage knowledge.

- Facilitate information on appropriate and available resources relating to HIV/AIDS in Latin America and the Caribbean in a systematic and sustainable manner.
- Facilitate specific spaces for promotion, collaboration, training, interchange of experiences and lessons learned in HIV/AIDS in Latin America and the Caribbean in a way that is systematic, sustainable and documented.

The services of the Knowledge Management Centre are designed to benefit all actors in civil society working with HIV/AIDS in the region. The Knowledge Management Centre will seek to ensure that not only will it be possible to know where in the region knowledge and information on HIV can be found but also that those persons and organisations who need the information will be able to access it as and when needed. Knowledge of HIV is not only found in specific tools and individuals but also in training at organisational level that is often not even documented. To this end it is important to create spaces where it is possible to interchange experiences and lessons learned.

## **Knowledge audit**

To ensure that development of the Knowledge Centre adds value and does not duplicate what already exists in the region, the first activity for developing the Knowledge Management Centre was an audit that investigated what knowledge of HIV/AIDS exists in the region and what the gaps are.

The results of the audit are the basis for further defining the objectives and activities of the KM Centre. The objectives of the knowledge audit comprise:

- Identify the sources and types of knowledge of HIV/AIDS that exists in the region;
- Prepare an overview of most important stakeholders in the HIV/AIDS knowledge system;
- Identify gaps in capacity and systems of knowledge management at organisational level between the Alliance's partners in Latin America and the Caribbean; and
- Make recommendations with a view to a HIV/AIDS knowledge centre in the LAC region.

## **Knowledge audit process**

A term of reference document was developed and a call for proposals was sent out via the Knowledge Management for Development (KM4Dev) Community of Practice in early July 2007, in order to find a consultant who would be able to conduct the knowledge audit. After reviewing a number of expressions of interest, Swiss Resource Centre and Consultancies for Development (Skat Consulting) from Switzerland was chosen and was asked to develop a proposal outlining the methodology to be followed, the work plan and budget for this consultancy.

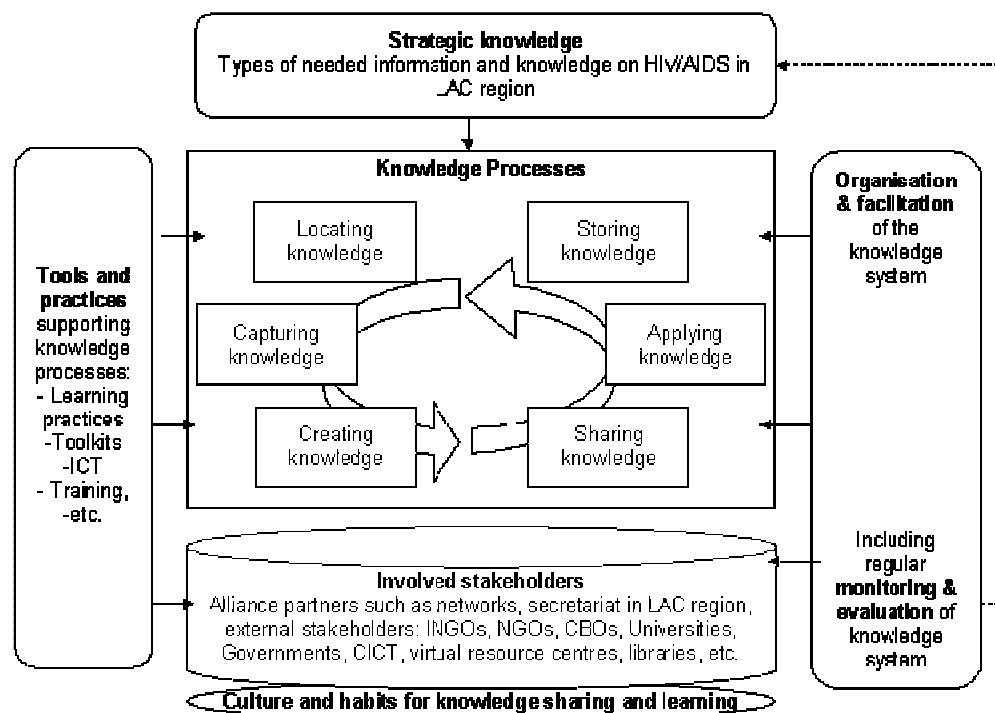
Due to the vast scope of this consultancy and the need to define the delivery of timeframe, after review and discussions, the scope was narrowed further by defining the key target audiences and limiting the audit to particular countries where the

International HIV/AIDS Alliance has presence and strategic interest. The consultancy was carried out over a two month period by one full-time consultant from Skat Consulting.

### Knowledge Management Framework for the audit

Based on Probst, Raub and Rohmardt, 1999 Knowledge Management Model, Skat developed a *systemic knowledge management framework* to be applied in different projects of the development cooperation. This framework was used as conceptual basis for the audit and considers all relevant aspects that make knowledge systems work in a sustainable way. It allows for systematic analysis of the HIV/AIDS knowledge system in the LAC Region.

The following graph gives an overview of the various elements of the knowledge management framework. Each element is also briefly described below.



**Figure 1: Knowledge management framework for the audit**

Source: Egger, U., Skat Consulting

- **Strategic knowledge:** the types of information and knowledge on which the knowledge system is focusing
- **Knowledge processes:** the six knowledge processes, which together make sure a knowledge system is working:
  - Locating knowledge: finding the right information and knowledge
  - Capturing knowledge: gathering the relevant information and knowledge
  - Creating knowledge: generating new knowledge
  - Sharing knowledge: disseminating information and knowledge

- Applying knowledge: using available information and knowledge
- Storing knowledge: securing available resources in knowledge repositories and making it available for the present and future use
- **Tools and practices:** the instruments used in and for the knowledge system
  - Paper-based tools: publications, toolkits, manuals guidelines, newsletters, etc.
  - Electronic tools: websites, CD ROM, mailing lists, directories, electronic newsletters, intranets, etc.
  - Face-to-face events: workshops, conferences, seminars, trainings
  - Practices for knowledge sharing and learning: communication modes, peer assists, after-action reviews, participatory meetings, workshop methodologies, etc.
- **Stakeholders:** all people, key populations, organisations, institutions and networks that are relevant for the knowledge system (directly or indirectly related)
- **Culture:** underlying culture and habits that support or hinder knowledge sharing and learning within the system
- **Organisation:** facilitation and management of the knowledge system, available resources (funding, time), infrastructure, monitoring and evaluation

### Methodology for the audit

Considering the systemic framework of the knowledge audit it was recommended to use various methods of information and knowledge collection and analysis. The triangulation of these methods allowed getting a more comprehensive and accurate picture of the HIV/AIDS knowledge system in the LAC Region.

For collecting information and knowledge for the audit the following stakeholders were considered:

- Alliance partner organisations (linking organisations and country offices) in the LAC region.
- Key Populations: The International HIV/AIDS Alliance works with populations most key to the epidemic in the region (people living with HIV/AIDS, men who have sex with men, orphans and vulnerable children and sex workers). It is the knowledge generated by and for these key populations that is audited in the region, particularly in the context of universal access to prevention, care and treatment, as signed to by all UN member states at the UN General Assembly special session on HIV/AIDS in May 2006.
- Regional Networks in HIV/AIDS.
- Alliance Secretariat based in Brighton, UK.
- Stakeholders external to Alliance family: international NGOs, NGOs, CBOs, universities, governments etc.

The data collection tools used comprised:

- Desk research was conducted to review key documents (reports, strategy papers).
- Meetings were held with Secretariat in Brighton and with key resource persons/organisations/networks/communities in the LAC Region.
- Phone interviews (half-structured) were conducted with key informants in the region including key members of the LAC KMC Advisory Group (based on questionnaire).
- Face to face interviews were carried out with different stakeholders in three countries: Brazil, Peru and Trinidad and Tobago. These countries were selected considering the knowledge and information available at different institutional and organizational levels: governments, civil society, international cooperation, NGOs, community-based organisations (CBOs) key populations and others.
- Additional consultations were done by e-mail and through phone calls with Alliance partner organizations, linking organisations (LOs) and Country Office (CO) staff.

For the analysis phase:

- Desk research helped to analyze knowledge use and requirement; identify connections and learning exchanges: what knowledge currently exists; what knowledge is missing; who needs the knowledge and how it is disseminated and used.
- Discussion and reflection with HIV/AIDS Alliance team accompanying the knowledge audit.
- Follow-up questions with relevant key stakeholders and workshop for sharing results and information of the audit.
- Knowledge Mapping: preparation of overviews of themes and thematic expertise/skills; and key resources in the region (taxonomy for development of virtual portal).
- Knowledge flow charts: preparation of charts giving an overview of knowledge exchanges, losses or inputs.

## **Knowledge audit findings**

The knowledge audit was carried out from August to September 2007. A total of 53 representatives of 25 different institutions and organizations working in 11 different countries in LAC were interviewed. From the 25 institutions, 78% represent civil society, 12% government institutions, 12% international NGOs and 8% multilateral organisations (UNAIDS). Out of 44 interviews, 21 were individual face-to-face and 17 were telephone interviews. Only 6 (on average 2–3 people) group interviews were conducted. Furthermore, 7 resource centres were visited in Brazil, Peru and Trinidad & Tobago. The findings detailed below reflect the analysis of the different interviews and desk research carried out by the consultant.

### **Strategic knowledge**

*What types of knowledge (explicit and tacit) about HIV/AIDS are available in the LAC Region? What kind of knowledge is missing?*

Based on the information collected in the Audit the knowledge system on HIV/AIDS in the LAC region could be categorised in the following thematic groups:

- Scientific and epidemiological;
- Prevention, care and treatment;
- Policy and advocacy; and
- Organisational management

The knowledge system on HIV/AIDS functions around these topics and stakeholders are keen on identifying an array of sub – topics that relate to any one of the four. In the analysis of the knowledge process, it will be showed, how these types of knowledge and information play a role in the knowledge system and what the knowledge gaps are.

### **Locating Knowledge**

*Are the relevant stakeholders aware of available knowledge and resources in the LAC Region?*

In general, interviewed stakeholders mentioned that there is a large amount of information on HIV/AIDS available in the region. However, there seems to be a consensus that the information available is **neither**: reliable: information in many countries is not accurate or updated; **nor** useful: information is too general, superficial and not adapted to the reality of the countries. Many stakeholders attribute this situation to the fact that the region is lacking capacities and skills in terms of information creation and analysis.

In that sense, there is a generalised perception that there is some information and knowledge that is still missing. For example, most actors interviewed agree that scientific and epidemiological data is still poor or not reliable in most LAC countries, with some exception as Brazil and some Caribbean countries. There also seems to be a need for qualitative behavioural surveillance on key populations, being the most mentioned groups: teenagers, drug users, sex workers, children, women, bi-sexual men, indigenous populations and old people.

Additionally, most interviewees agree that in the region there is an evident knowledge and sufficient information on methodologies for prevention, care and treatment; however, knowledge of treatment on specific key populations is not widely spread out: intergenerational treatment, treatment to women, sex workers, drug users, and teenagers, for example. Furthermore, there seems to be a lack of statistical information on how many people get treatment and have access to medicines such as Highly Active Anti-Retroviral Therapy (HAART). Also, it has been mentioned that there is a lack of knowledge in pre - and post - test counselling; that medical or health workers are not necessarily informed as to how to provide a holistic treatment to people living with HIV/AIDS; and referral systems seem to still be very weak in the region.



Data show as well, that there is a lot of information and knowledge on advocacy mostly in Latin American countries and less so in the Caribbean. There seems to be a strong capacity for networking and basic organizations are developing the know-how on human rights and anti – discrimination advocacy. However, there is a wide spread need for learning more about country laws, conflict resolution techniques, leadership skills and social control. Another issue concerning advocacy, is that there is still a need to sensitize the general population, whose knowledge on HIV/AIDS – related issues is still limited.

Finally, most stakeholders assert that there is a lack of knowledge and information on strategic project management. Organisations seem to lack capacities for project planning, monitoring and evaluation, systematization of lessons learned and mass communication. Likewise, there is not sufficient information on the impact of interventions on HIV/AIDS; and little is known about funding disbursed and spent on HIV/AIDS programmes in the different countries.

Thus, in spite of the large amount of information and knowledge existing, stakeholders think that the quality of information needs to be improved and that there are still some evident gaps in specific and specialised topics related to HIV/AIDS.

### **Capturing knowledge**

*What are the existing and potential sources of knowledge? How is information and knowledge captured?*

Stakeholders mentioned the Internet as one of the main tools for capturing knowledge and information. However, some limitations are perceived. Firstly, people need to learn how to better use the Internet:

*Time is wasted trying to find the right things on the Internet.*

*People get lost while searching for useful things.*

Secondly, information on the Internet is neither classified nor organised, which makes it harder to find the appropriate and needed information. In that regard, most of the people interviewed mentioned the need of a ‘pointer’ that compiles existing information and guides users to it. Thirdly, the Internet is mainly available in capital cities and some people and organisations still have difficulties in getting a proper connection. For that reason, many people still value the role of physical resource centres where they can have access to printed documents and physical material. It is through clippings, bulletins and brochures that they learn about the existing information and where to find it. Some people also mentioned, that they already have identified their sources and providers of information, may them be peer organisations, donor agencies, universities or foreign resource centres. Finally, it became evident, that the different regional and local networks are important sources of knowledge and information in the LAC region. They many times serve as “pointer” of where to find knowledge, keep members informed and allow for peer exchange.



*Do the stakeholders know where to go for expertise in a specific area?*

Stakeholders mentioned face-to-face interactions as the best means to get better expertise on some topics related to HIV/AIDS. For example, conferences and forums have been frequently mentioned. Some people addressed, however, the need to improve the quality of the conferences and workshops:

*For it is expensive to organise them and people do not have the time to waste.*

Still, many people agree, that the value added of conferences and forums is that people learn from each other on 'hallways' or during 'informal activities'. At local levels, face-to-face interactions have proved to be a very useful source of knowledge, for example: internships, staff exchanges, in situ training courses and specialised workshops. Thus, many stakeholders have recommended encouraging these kinds of activities at regional levels as well.

As conclusion, it is important to highlight that stakeholders are managing to capture knowledge and gain expertise in some topics; however there is a need for clear pointers that guide stakeholders to relevant information in a short and concise manner in order for them to save time wasted in surfing on the internet. Furthermore, these pointers should not only virtual but also physical, may them be clippings, brochures or bulletins. Given the fact that face-to-face interactions are still important, they can also be used as knowledge pointers where participants learn where and how to access directly to knowledge and information.

### **Creating knowledge**

*How is knowledge generated in the LAC Region?*

Corresponding to the fact that there is a large amount of information, interviewed stakeholders agree that there is also a lot of material being produced in the region on HIV/AIDS. However, interviewees feel that much of what is being produced on the one hand, lacks relevance, and on the other hand, already exists in other countries. People attribute this situation to: a lack of organisation and planning of publications:

*Institutions are not prioritising what to produce and much is being produced as a reaction rather than based on a plan;*

and lack of articulation and coordination among institutions and initiatives. Furthermore, people assert that what is being produced needs to be based on scientific evidence; therefore the need to strengthen research-based publications is evident. Finally, many participants observe that what is being produced still has a local component and that there is a need to produce more information and generate more knowledge as a region.

*What are the capacities for innovation that exist in the LAC Region?*

Most of the actors interviewed agree that the LAC Region is highly innovative and that human resources and organisations are carrying out innovative activities. However, in many cases, innovation is hindered because of lack of resources. For example, many civil society representatives feel that ideas and publications have to follow suit donor requests and many donor agencies do not support innovative ideas. Thus, some of their creative ideas stay as ideas only. Another aspect that tends to hamper innovation is the lack of time and qualified staff to produce innovative information and to generate quality knowledge in the region.

As conclusion, a lot seems to be produced, but not much has the expected quality. Further funding and better planning and coordination are needed to generate innovative knowledge and information. Finally, the fact that most of what is being done stays at a local level does not allow for innovative activities to take place as a region.

### **Sharing knowledge**

*What is the knowledge flow between the relevant stakeholders in the LAC Region?*

In general, there is a common understanding that 'there is a strong need to improve exchange of information and knowledge' within the LAC region. According to many actors, inter – country exchange is still limited, even though there are some important efforts that are contributing to regional knowledge exchange<sup>ii</sup>.

Firstly, language seems to be one of the most evident barriers for information and knowledge sharing, especially among Brazil, Spanish speaking Latin America and the Caribbean. Even if languages such as Spanish and Portuguese are similar, people prefer to read and discuss issues in their own language. Furthermore, few people have learned a second language, so reading or understanding documents in other languages requires some effort. That also means that documents are mainly produced in local languages, especially in Portuguese, Spanish and English, which tends to limit exchange of knowledge and information with other countries. Translations tend to be time consuming and expensive, so only few documents are being translated.

Secondly, distance and poor logistics are aspects that also limit knowledge sharing and information exchange in the LAC region. The geographic extension of the region is big; and the means of transportation from one country to the other are limited and expensive, especially from the Caribbean countries to South America. For example, one person mentioned that it took him more than 10 hours to fly from Port of Spain to Argentina to attend a three-day meeting. Furthermore, delivery of physical documents takes a long time and it is expensive because of rigid customs and clearing house regulations in the countries. Thirdly, the different ways of working, the different socio-political contexts and the different legal frameworks are additional reasons why countries hesitate to share knowledge and information with each other. Some people mentioned as well, that there is little exchange among governments and there is no comparable information between nations.

*How is available information and knowledge shared, from top-down (organisations, networks) and bottom-up (communities, key populations, beneficiaries)?*

It is observed that there is poor information and knowledge exchange among government institutions: Ministries of health, education, justice, gender, social development and other decision-makers should coordinate activities and encourage information and knowledge sharing within most of LAC countries. Furthermore, there is a strong need to encourage information and knowledge exchange between government institutions and civil society. The only exception was found in Brazil, where there are initiatives that support dialogue among civil society and the Ministry of Health. Similarly, there is a need to strengthen knowledge sharing among: NGOs, CBOs and health workers.

Even though, most institutions and organisations tend to distribute the information and publications they produce to partners (donors and other organisations), many of them address the fact that in order to distribute more information, a good communications strategy and distribution technology is needed. Furthermore, many organisations are competing for funding and seem to be afraid of 'loosing their niche'. This assumption tends to hinder knowledge sharing among peer institutions and organisations.

It has been observed, as well, that some organisations are starting to implement internal mechanisms for knowledge sharing among projects and staff members but not without problems. On the one hand, staff members seem to be overloaded with activities and little time for reflection and knowledge sharing is available. On the other hand, many organisations depend on highly fluctuating personnel: volunteers or part-time staff, which hinders the effective capitalisation of knowledge. Additionally, in other organisations some leaders or directors do not consider knowledge management as a priority and they do not share information with staff members and keep knowledge and information centralised.

Furthermore, interviewees assert that there is a need to strengthen knowledge sharing among key populations. On the one hand, there seem to be a fragmentation of civil society and key populations are failing to share knowledge with other affected groups. Among the reasons mentioned are: a) different groups have different needs; b) lack of effective and systematic information sharing mechanisms.

Finally, the knowledge and information sharing mechanisms with the general population is still weak and effective and attractive communication strategies need to be developed to reach the masses.

**Table 1: Main constrains for knowledge sharing among different actors**

Types of sharing	Main constraints
Among countries: especially between Brazil, Spanish speaking Latin America and the Caribbean	Language barriers Logistics and long distances Cultural and institutional differences
Among government institutions: health, education, justice, gender, social development, and others	Lack of good communication strategy Weak information and knowledge exchange mechanisms Leadership unwilling to share
Among organisations: NGOs and CBOs	Lack of good communication strategy Weak information and knowledge exchange mechanisms Afraid to loose their 'niche' Leadership unwilling to share
Among key populations	Weak information and knowledge exchange mechanisms Different issues at stake
With the general population	Lack of good communication strategy

### *What are constraints for knowledge sharing?*

As a summary, Table 1 shows the constraints for knowledge sharing.

### **Applying knowledge**

#### *How is available knowledge applied? If not, why?*

According to interviewed stakeholders information and knowledge available is not being used. This assertion is based on the fact that there is no evidence that the knowledge available is neither having an impact on decision – making nor on populations’ behavioural change. Consequently, most actors agree that there is a need to develop methods for monitoring and evaluating how different stakeholders are using knowledge. These results correspond to the fact that the information and knowledge available seems to be neither useful nor reliable (see locating knowledge). Additionally, stakeholders are afraid that organisations are not using the available information because there is “no reading culture” and illiteracy also plays a role, especially among key populations. Furthermore, stakeholders mentioned that since most staff is concerned about project implementation and day-to-day activities, they do not find appropriate time and space for reading and reflecting upon what has been learned.

### **Storing knowledge**

#### *What are relevant knowledge repositories in the LAC region? Is the knowledge stored in a way that is accessible to all stakeholders?*

Interviewees mentioned different types of information and knowledge repositories: Web pages, databases, resource centres and libraries. Most organisations are investing in setting up an Internet site where information and documentation is being stored. Additionally, most of them have resource centres where they collect and store physical materials. In both cases, funding is needed to proper maintenance and promotion of such repositories. Annex 3 shows a list of the various web sites that store information on HIV/AIDS for the LAC Region (Total of 122). The sites listed are those that interviewed stakeholders use regularly. All of them have significant and relevant information that is worth note taking.

In terms of ‘tacit knowledge’ repositories, most actors agree that there is a need for strengthening the capacities for systematization and documentation of experiences and lessons learned, in a way that leads to further learning. They addressed some important issues that make systematization difficult in the LAC region: 1) there seems to be little time and resources to document lessons learned; 2) only few organisations have developed a system or method for innovative systematization, the majority do not have the necessary know-how; 3) it is an ‘oral culture, thus, it becomes rather difficult to write-up experiences; 4) existing formats are not useful, since many tend to be quantitative and geared to evaluating progress instead of learning; and 5) for many organisations systematization of lessons learned is not a priority. Thus, knowledge is not being stored in a way that leads to further learning.

### **Tools and practices**

Different types of tools and practices were identified as important for the knowledge system in the LAC Region: virtual (Internet, e-mails and chats), face-to-face

(seminars, conferences and workshops) and printed documents (bulletins, journals and reports).

LAC stakeholders perceive many advantages to face-to-face interactions and consider them as effective tools for knowledge creation and sharing since they: a) help strengthening relationships; b) allow for in-depth exchange and learning; and c) allow for collective innovation. The biggest disadvantage was that in many cases big conferences are not well organised; thus becoming a “waste of money and time”. On the other hand, even if virtual tools have been frequently mentioned and are practical ways to exchange knowledge and information, according to interviewees, they seem to have important disadvantages: a) they are not available for everyone and everywhere; b) technological problems; and c) lack of capacities for using them as knowledge sources. The least preferred are printed documents; only some stakeholder mentioned the importance of printed material. The majority feel that printed documents are not read or used. Mainly researchers and people, who do not have access to the Internet, seem to still place a value to printed documents. Additionally, many people value the role of resource centres where audio-visual materials are available.

Finally, it is also important to mention that very few interviewed stakeholders know about other knowledge management tools: Communities of Practice, Story Telling, Peer assists, Yellow pages and others.

### **Stakeholders**

*Which are the most important stakeholders, allies, collaborators and potential champions in the HIV/AIDS knowledge system in the LAC region?*

In the LAC Region, there is wide variety of stakeholders in the HIV/AIDS knowledge system. Based on the audit interviews the following were identified<sup>1</sup> (a comprehensive list of stakeholders is detailed in Annex 2):

- 34 Local NGOs;
- 31 Networks;
- 19 International Cooperation and Donor Agencies;
- 17 International NGOs;
- 17 Government Institutions;
- 11 Universities and Research Centres; and
- 8 CBOs.

All these actors were mentioned by interviewees and seem to play an important role in the knowledge system; however, their activities seem to be fragmented and not coordinated. Many of the interviewees agree that it will be important to map all the activities that these organisations are doing in order to know better ‘who’ is doing ‘what’ and ‘where’.

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<sup>1</sup> It is important to consider that in this list were included only those institutions/organisations that were mentioned by interviewees. In some cases, some institutions were mentioned more than once.

## **Culture**

As mentioned in different parts of the report, there are some cultural issues that tend to have an effect on the knowledge system in the LAC Region. On the one hand, there is a strong perception that the region lacks a 'give and take' culture. Organisations are not used to sharing information with others, but they tend to see each other as competitors and rivals. Similarly, many people observe that the 'learning culture' is limited in many organisations. People are not used to reading and they are mainly implementing projects, so they are not aware of the importance of learning 'before, during and after' the implementation. On the other hand, people see themselves as different from others and there seems to be no sense of 'region'. Almost no interviewee has addressed common problems and issues as a region; on the contrary, culture and historical differences among countries are often mentioned. Finally, many stakeholders consider that LAC countries are still conservative and not opened to learning about HIV/AIDS related issues.

## **Organisation**

The audit was able to detect some organisational/institutional constraints that affect the knowledge system. On the one hand, work overload and lack of time seem to be aspects that hinder staff members to engage in knowledge locating (lack of time to search for information), knowledge creating (lack of time to reflect), knowledge sharing (lack of time to participate actively in exchange); and knowledge storage (lack of time to document lessons learnt). Other organisational/institutional aspects that become evident are: a) centralised leadership (leaders do not encourage knowledge sharing and learning; b) highly fluctuating personnel; and c) lack of skilled human resources.

## **Conclusions**

Using a knowledge management theoretical framework, the knowledge audit was able to identify important sources of knowledge, as well as the most important gaps that exist in the HIV/AIDS knowledge system in the LAC region. In the process, a list of important stakeholders has been identified and based on the Audit findings recommendations were presented with a view of establishing a Knowledge Management Centre (KMC) in HIV/AIDS for the Region.

The knowledge audit itself was a learning process for all involved stakeholders, and the ideas for the development of the Knowledge Management Centre were redefined and strengthened during the process. In addition, it has been essential to ensure ownership and commitment among all stakeholders that are involved in the KMC. The study defined possible models and key processes for learning in the region, making suggestions for thematic working groups and knowledge initiatives. Recommendations and suggestions of a variety of KM techniques, mechanisms and tools that can be implemented by LAC KMC were made and will be taken into account during the implementation phase of the project.



Experience has shown that knowledge management centres are only successful if they are integrated in a network of committed partners. For this reason, the LAC KMC Advisory Group has used the Knowledge Audit not only to compile information, but also to raise awareness for the importance of knowledge sharing and strengthening relationships among stakeholders.

It is hoped that the Knowledge Management Centre in HIV/AIDS contributes to enhancing and strengthening the existent knowledge system so that better and sustainable project programming on HIV/AIDS takes place.

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## Abstract

In the Latin America and Caribbean (LAC) region there exists a high level of technical ability and knowledge in HIV/AIDS programming and implementation. Despite this depth of existing knowledge, it was discovered that very often the location or even existence of distinct types of knowledge was unknown which meant that processes were inevitably being duplicated unnecessarily. Moreover, ignorance of the existence or location of various experiences, resources or information about HIV meant that such knowledge was not being used to improve the HIV programmes.

In this context, in 2007 the International HIV/AIDS Alliance conducted a Knowledge Audit in order to investigate what sources and types of knowledge of HIV/AIDS exists in the region and assess the gaps in capacity and systems. Various qualitative and participatory methods of data collection were used in the study, such as individual interviews, focus group discussions, field visits and workshops. In total 53 representatives of 25 different institutions and organizations working in 11 different countries in LAC were interviewed. Amongst its key findings, the audit highlighted the need to improve access to information on HIV/AIDS prevention, care and treatment, and the need to build the capacity of various stakeholders in knowledge management. It also highlighted the need for donor agencies and international NGOs to support this process and promote south to south cooperation in the region.

In light of the findings and recommendations of the Knowledge Audit, the International HIV/AIDS Alliance will launch a series of implementations in 2008,



including the development of a knowledge management portal in Spanish accessible for civil society.

### **About the authors**

*Javier Hourcade Bellocq* is the International HIV/AIDS Alliance Latin American and the Caribbean Regional Representative. He is a Board Member of the Global Fund to Fight AIDS, TB and Malaria for the communities living and affected by the diseases and Co-chair of the Leadership Programme Committee of the upcoming International AIDS Conference to take place in Mexico in August 2008. He has been working on HIV/AIDS for the last 20 years with main focus in Latin America and the Caribbean region, running programmes at the community level. He has been advising various organisations such as UN Agencies, Scientific Organizations, Networks and NGOs. He has also been working closely with communities providing training, advice and developing toolkits in many Latin American countries. He is currently leading the development of the Alliance LAC Knowledge Management Centre in HIV/AIDS.  
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<sup>i</sup> Vía Libre, [www.vialibre.org.pe](http://www.vialibre.org.pe), Perú; Instituto para el Desarrollo, [www.idhbolivia.org](http://www.idhbolivia.org), Bolivia; Corporación Kimirina, <http://www.kimirina.org>, Ecuador; Colectivo Sol, México; Caribbean HIV/AIDS Alliance

<sup>ii</sup> The most mentioned examples are: The International Centre for Technical Cooperation on HIV/AIDS of the Ministry of Health in Brazil; Pan-Caribbean Partnership Against HIV/AIDS; Global Fund, the International HIV/AIDS Alliance and many of the regional networks: Accion en Sida, LACASSO REDLA+ and REDTRASEX.