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Believing in the human capacity to respond to HIV and malaria: sharing experiences on a human level for global impact

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Constellation for AIDS Competence

We truly felt like global citizens. The International Knowledge Fair, organised by the Constellation for AIDS Competence, took place in February 2009 in Chiang Mai, Thailand and brought together 76 participants from 13 countries. They shared experiences relating to HIV/AIDS at a human level. No long speeches, no Power Point. The focus was facilitated learning and sharing of experiences. Stories told in Tamil language were translated into English, Thai and Bahasa. The story of a young woman dying at a busy bus stop reached many in one afternoon. And so did other experiences of strong community responses. Language or borders were secondary aspects. The event demonstrates how Knowledge Management together with a specific mindset can connect community responses to HIV. This article shows that for knowledge to flow, people require a facilitative, non-hierarchical environment where they share on an equal basis. It addresses the importance of local ownership of HIV and how it is a prerequisite for effective exchanges between communities. It shows that as outsiders, we must change our mindset from expert to facilitator. Finally, a practical example of the Chiang Mai Knowledge Fair shows how to prepare community members to share their experience and produce valuable new knowledge.

Introduction

For knowledge to flow, people require a facilitative, non-hierarchical environment where they share on an equal basis. 76 participants from 13 countries came together for the International Knowledge Fair in Chiang Mai, Thailand, in February 2009, organised by the Constellation for AIDS Competence.[1] They shared and learned from experiences relating to HIV at a human level in a manner that was both supportive and appreciative. No long speeches, no PowerPoint. It demonstrated powerfully how Knowledge Management together with a specific way of thinking can ignite and transfer community responses to HIV.

In this digital world people in the development sector struggle to absorb all the information available to them, and yet they often do not feel knowledgeable. There is no lack of available information, but finding out what is important and how to share it is more challenging. As Chris Collison and Geoff Parcell (2004, p. 229) state

> [t]rue 'knowledge' is bound up in the context of the person telling the story, and you can't separate one from the other. So what's needed is a way to represent knowledge in a way that makes sense to others without losing too much of that context. But even that's not enough, how many stories are you prepared to read before you feel that you've learned enough?

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This is exactly the challenge that the Constellation for AIDS Competence, a development NGO based in Chiang Mai, Thailand, faces. The Constellation connects communities to respond to HIV, Malaria and other challenges in over 20 countries.

In this paper, we will discuss how Knowledge Management (KM) techniques can aid the sharing and transfer of local responses between communities. Every day, millions of communities respond locally to HIV and Malaria. They often use specific, innovative solutions for common challenges. How can it be shared and used, so that other communities improve on their HIV or Malaria Competence? How can communities, NGOs and other users quickly find the information they need without suffering 'information overload'. How to keep the knowledge interesting to read without falling back on only concepts? The Constellation addresses this by organising Knowledge Fairs and developing Knowledge Assets.

However, before exploring these specific KM techniques and tools, we have to explore the underlying beliefs and mindsets that are prerequisites for such events to be successful. Hence, this paper is divided in three sections.

First, we show the importance of local ownership of HIV/ Malaria and how it is a first prerequisite for effective exchanges between communities to take place. Secondly, to stimulate this local ownership, we must change our mindset as an outsider from expert to facilitator. This shift is crucial for a community-based KM approach to be effective. Thirdly, we see a practical example how the facilitation of a community-based Chiang Mai Knowledge Fair led to the production and transfer of new knowledge.

Local ownership is crucial

Local responses are a key element to effective responses to HIV and Malaria and if we look carefully we can find examples from a number of countries around the world. The following examples illustrate what happens if people take local ownership of HIV and/ or Malaria. They take charge of the issue, respond locally and effectively share and learn with others.

Thailand

Phayao is a province of some 500,000 people in northern Thailand. During the 1990s, UNAIDS became aware of the success of the province of Phayao in dealing with the HIV/ AIDS epidemic. The seroprevalence of HIV among conscripts into the army dropped from 18% to less than one percent over the course of a decade.

The Phayao AIDS Action Center carried out the study in which they were supported by three expert groups. An epidemiological team produced a statistical analysis that demonstrated the progress of HIV/AIDS in the province over a 10-year period. Economic and social teams investigated the practical consequences of local response in communities throughout the province. This is a thorough, well researched and well documented project that studied the importance of local ownership on HIV and the resulting responses over a long period. The UNAIDS report states that

> [p]robably the most important question that comes from this progress is: What main lesson did Phayao Province learn over this period of time? The outcome of the battle against AIDS is decided within the community. People, not institutions, ultimately decide whether to adapt their sexual, economic and social behaviour to the advent of AIDS. Governmental and non-governmental organizations can only influence, either constraining or facilitating, people's

> responses to AIDS. Hence, their single most important role is to strengthen the capacity of people to assess how AIDS affects their lives, to act if needed, and to learn from their actions. (UNAIDS 2000, p. 8)

Uganda

Many studies have tried to explain the success of Uganda in their response to HIV in the 1990s. Stoneburner and Low-beer (2004) acknowledge the importance of local discussions on HIV on a community level. Local discussions are one of the clearest indicators of local ownership of the issue.

Also, a joint World Bank/ UNAIDS Seminar (2004) on 'Lessons from Global Best Practices' invited the main representatives from Thailand, Uganda, Senegal and Brazil to investigate the factors for success. There were many explanatory factors such as government commitment, implementation mechanisms and funds. However, one of the most distinctive elements was highlighted by Dr Elizabeth Madraa, former Program Manager of the STD/AIDS Control Program in the Uganda Ministry of Health when she stated that

> [e]ven when the political commitment is there, community mobilization for action and social mobilization is still key. If you want anything to succeed, involve the community, support the community, mobilize the community. And then you can see things moving. (Madraa quoted in World Bank/UNAIDS 2004, p. 44)

The same paper shows the importance of horizontal cooperation and sharing. 'The country experiences analyzed today show how much we have in common and the extent to which we can exchange precious information' (World Bank/UNAIDS 2004, p. 46). Already the potential to connect horizontally local responses to HIV was being recognised.

Togo

Since 2005, Togo, The Gambia and eight other West African countries have been experimenting with, and integrating into their existing strategies, an approach to stimulate local ownership called 'Malaria Competence'[2] and its main tool, the self assessment. An external evaluation by Roll Back Malaria Partnership and MACEPA (2008, p. 46) concludes that

> [i]t is possible to conclude that the Malaria Competence process is very likely to foster a strong sense of community ownership. The self-assessment process led to a surge in community-led initiatives to create greater community awareness around malaria. The National Malaria Control Programme in The Gambia believes that the Malaria Competence approach is instrumental in building sustainable community responses to malaria control.

Three years after the implementation, Roll Back Malaria asked the Constellation to carry out a field investigation in Togo and the Gambia, two countries (one anglophone and one francophone) that had used the approach particularly effectively (Legastelois and Forth 2009, p. 4). The assessment team concluded that

> What we have seen and witnessed is that when communities take ownership of the Competence approach and use its Self Assessment tool, they get involved much more in the struggle against malaria, they change their attitude and they undertake actions that significantly reduce the morbidity and mortality associated with malaria

Communities at the centre of health

The above stories are not an exception. Similar conclusions can be observed in thousands of communities that progress on HIV, Malaria, or other community challenges. In each of the cases, we observe that once people take charge of the issue, they respond and the learning and sharing between communities can become effective. In our experience, local ownership of the issue being discussed was the first prerequisite for success at the Chiang Mai Knowledge Fair.

If we want to fully use the potential of KM in health we must place community ownership at the centre. Progress can be made if more communities have access to the right knowledge *they* need and if we as actors truly see our role as facilitators that connect community responses to HIV, Malaria and other issues. Communities have the capacity to respond effectively and own most of the local knowledge so we must consider the way we facilitate learning and sharing between groups. The next section elaborates more on this shift in mindset.

A shift in mindset

The Constellation for AIDS Competence

We have shown that local ownership was key to the response in some areas and how it was a prerequisite for the Knowledge Fair. The Constellation for AIDS Competence[3] believes in the importance of local ownership. Organisations such as Toyota show similar beliefs in a totally different sector (May 2007).

Every community has the inner strength to envision, act and adapt. This is our core belief and it stems from experience. From Merauke to Mombasa and from Bujumbura to Brussels, we are rediscovering community strengths: the human capacity for care and change, for community belonging, for leadership, for sharing who we are, and what we know.

Our energy for change comes from our regular immersion into community experience, at home and elsewhere. By asking appreciative questions, we discover and reveal strengths which communities themselves might not realise. We in turn are inspired to transfer the experience into our own contexts: at work, in our social and family lives. We call SALT our mode of interaction with communities: Stimulate, Appreciate, Learn, and Transfer. SALT is the DNA of the Constellation.

There is one condition to our journey: we must recognise that we are all human, moved by similar hopes and concerns. In our interactions with others, we leave behind our references to a world made of experts and uneducated people, clerics and laypersons, rich and poor, donors and recipients. We then become free to share our experience and to appreciate others, something that turned out to be critical in organising Knowledge Fairs.

Our vision is a world where AIDS competence spreads faster than HIV. AIDS Competence means that together we all live out our full potential because we act from strength to acknowledge the reality of HIV and AIDS, address vulnerability and risks, reduce its impact, learn and share with others, measure change and adapt. Recognising that the mobilisation of information, technology and money is necessary, but not sufficient, it offers to stimulate and connect local responses to HIV as a potentiating strategy.

The Constellation offers an approach (‘The Competence Process’) which fosters local responses and the exchange of lessons across the globe through an international network of facilitators and coaches. Tens of thousands of communities in more than 20 countries have used this process (Table 1) to improve on their AIDS or malaria competence and learn and share with others.

Table 1. The Competence process.

Step	Step in the community	Step for the facilitation team
1	Mobilize community & leaders	Establish a relationship
2	Community generates their dream	Facilitate dream building
3	Community assesses strengths, concerns, opportunities and threats	Self-assessment on AIDS Competence
4	Community sets targets and plans action	Self-measurement of change
5	Community acts	Follow-up and link with available services and communities
6	Community measures own progress, learns and adapts	Self-measurement of change
7	Communities share, learn and capture good practices	Peer assist, Knowledge Fair, Knowledge Assets

This article looks specifically at steps 6 and 7 of the process that were facilitated at the Chiang Mai Knowledge Fair.

A shift in mindset

The concepts of Local Response and SALT can be translated into practical, specific attitudes and practices. Table 2 contrasts the shift in mindset and the resulting practices for facilitators when using Knowledge Management tools and practices in the field.

We have learned that in our work with communities, an expert-mindset can become a barrier to solving the development challenge. This is illustrated by Dr Usa Duongsaa, founding member of the Constellation and lecturer at the Chiang Mai University. She has been active in the response to HIV in Thailand for over 15 years and says that

Table 2. A shift in mindset.

Prevalent way of thinking	Usual practice	Way of thinking for Competence approach	Related practice
We believe in our own expertise	Teaching (PowerPoint)	We are all human	Sharing of experience
	High tables	We all have capacities	Facilitating/ promoting participatory learning, round tables, circles
	Class rooms	We all have something to learn, something to share	
We control a disease	Advice on what to do	We facilitate responses	Counselling enhances local decision
	Emphasis on access to services		Emphasis on small feasible actions
	Money driving interventions		Emphasis on existing capacity
			People-driven response
We respond to need	Logical frameworks start from problems	We reveal strength	Energy revealed through sharing of dreams and concerns
	Normative questioning		Appreciative inquiry
You have a problem	Success is ‘ours’; failure is ‘yours’	Together, you and we have solutions	Joint accountability and sharing of success

> [s]ometimes in our work, it is so easy to get carried away with the feeling that we are superior, that we know more than them because we have studied all of these things. It is so easy to forget the common humanity that we share with them. If they have the confidence and they have the opportunities and they have the voice to talk with each other, then they can do these things by themselves. And then we are not directing them or even guiding them, but accompanying them on their journey. [. . .] We know that in today's world, both policy makers and experts believe that they have the solutions to the problems that a community faces. There are not enough people who believe in other people's capacity to think for themselves and respond. (Duongsaa, 2007)

Linking a mindset to Knowledge Management

The first section stressed the importance of local ownership. The second section showed what this implies for the values, attitude and mindset when we work with communities and stimulate sharing and learning between groups. Furthermore, it explained in more detail the Competence process which is a result from this mindset. The third and last section shows how a group of Constellation facilitators supported the connection of different local responses from various countries at the Chiang Mai Knowledge Fair. To conclude we will explore examples from other parts of the world and draw out the key conclusions.

A practical example – The Chiang Mai Knowledge Fair

When a community faces a challenge in responding to HIV or Malaria, probably another community in this world has been through this experience already and has something valuable to share. The question is how to connect these local responses?

The Chiang Mai Knowledge Fair did achieve this connection. 76 people from 13 countries came together. The majority of participants had actively practiced the AIDS Competence process in the past 12 months. During the event, each participant shared and captured at least one relevant story either verbally, in written form or through video. Participants felt they received relevant experiences for their context and valued the sharing from a human level. Many of the stories were published on the AIDS Competence platform on http://www.aidscompetence.ning.com.

When we analyse its success, we should explore the three distinct steps that helped to achieve it:

(1) Facilitation of learning from own experiences
(2) Facilitation of sharing experiences through storytelling
(3) Facilitation of the capturing of the learning for others through knowledge assets

For each step, we will (1) elaborate on the concept and thinking behind the step, (2) provide guidance on facilitating this step and (3) share an experience from the field related to this step.

Step 1: learning from own experiences

The concept

Before communities or organisations share knowledge at a Knowledge Fair, they have to consciously make an effort to learn from their own experience. The idea that lies behind this section is that 'experience is the basis for our learning'. This may be a matter of philosophical debate, but it is the Constellation's working hypothesis. Facilitators and communities who use the AIDS Competence process have a wealth of experience and it is the ambition of the Constellation to exploit these experiences as effectively as possible.

Guidance on facilitation

There are many ways in which we can learn from our experience. However, here we will concentrate on a tool called the 'After Action Review' (AAR).

The AAR provides the opportunity for an individual or a group to reflect on their performance immediately after any activity. Both, facilitators as well as communities use AAR to learn from their actions or even to learn from a joint response to HIV. At an AAR the group can consider four questions:

- What was supposed to happen?
- What actually happened?
- Why were there differences?
- What can you learn from this?

The Constellation has been using AARs for several years now and there are a wide variety of views of the tool. In general, the idea of stopping to reflect after any activity in order to learn from that experience is not in doubt. The question is to find ways that work for individuals or groups.

We have also seen that the conviction that we can learn from our own experiences and the determination to learn from those experiences are far more important than any particular tool or method. It is worth emphasising that there is one, and only one reason, to do an AAR. And that is to take action on the basis of what we have learned.

Experience

On AAR, John-Piermont Montilla from the Philippine NGO Kabataang Gabay sa Positibong Pamumuhay (KGPP) comments that

> [e]very activity, the programme manager is doing the AAR and surprisingly, each member is expressing their concerns about how the activities were done. Very frank yet very constructive. It provided a leeway for each one to analyze their actions from the perspective of others and learn to accept mistakes and count the little victories. The AAR is somewhat a debrief when there is something to critique upon when things are still fresh. The AAR also prevented side comments during the activity and participants allow themselves to wait for the AAR before commenting to avoid insulting the person or disturbing him/her mood during the activities. (The Constellation for AIDS Competence 2009)

The majority of participants in the Knowledge Fair have consciously learned from their experience for at least one year (e.g. by doing AARs during their work). This made the exchange of experiences and lessons learnt become a much easier task during the event.

Step 2: sharing experiences through story-telling

The concept

Once communities have learned from their experiences (Step 1), there is a potential to share this with others. Storytelling is an effective technique to facilitate this exchange.

In this context, we define a story as the documentation of a learning experience. Again, in this specific context, a story describes what happened (the experience) and it describes the insight that opened up the possibility of us to do something differently. When the story is told, it opens up the possibility of someone else changing behaviour.

When we define it in this way, a story becomes the foundation of our personal learning. Exploring and narrating the story is not simply an act of documentation, but (in the authors' experience) is a creative process that inevitably illuminates our personal understanding of that experience. It is more than documentation. The act of documentation is how we learn from our experience.

Guidance on facilitation

Before facilitating storytelling, it is useful to ask participants to consider 'what makes a good story'? This makes people think about how they will tell a story afterwards. Elements of a good story can be:

- Clarity of context. Who acted, what happened, where, when, why and how.
- A turning point that shows change is emphasised.
- A clear message. What does the story say? One story should have one message.
- A headline/ title. Make it specific. You cannot use a good headline twice.

A next important first step is free-flowing sharing of stories without too much structuring to the conversations. People should listen carefully to extract commonalities. An exercise can be to start sharing a story of improvement on AIDS competence in pairs. Try to be brief, around five minutes is a good target. After this, the first person tells their story and the second person listens and asks questions bearing in mind the guidelines above. The listener can write the story down with a title or headline and comes up with one single message. Then roles are reversed and the process is repeated. Afterwards, the persons can edit their own story until satisfied with the end result.

Experience

Lesley Wright, a journalist from Canada who attended the day of storytelling at the Chiang Mai Knowledge Fair shares about how story telling can ignite discussion:

> Sanghamitra Iyengar, the Director of Samraksha NGO in India, translated three or four more stories, over the three-day conference. Iyengar translates the stories from her team. They are many. And they are just as powerful as hers. 'This is creating a space for individual stories', she said of the conference. I watched as a group of workers from Thailand hinged on every translated word. Then the conversation and sharing began. 'How do you do this? What do you do when this happens? We do this. But maybe we can adapt what you do with what we do.' (Wright 2009)

Passion was ignited as well as discussion as M.L. Prabakar from India stated: 'Yesterday was a day of deeper reflection. We went deep into discussing vulnerabilities. What touched me is the passion that people have. I have to keep this passion in my heart and carry it with me.'

Step 3: Capturing the learning for others – Knowledge Assets

The concept

The final step involves the capturing of the stories for others. Once we have learned something useful each of us must take a responsibility to consider 'Who else might benefit from what I have just learned?' Knowledge Assets are one way of capturing the learning for these other people.

Chris Collison and Geoff Parcell (2004, p. 5) define Knowledge Assets through the following three ideas.

(1) *Distillation*. Rather than collecting together everything we can find and calling it a Knowledge Asset we focus on what is important. We agree some common principles or guidelines to aid navigation to relevant knowledge.
(2) *Hierarchy*. The Knowledge Asset is structured so that users can delve into a greater level of detail. For each practice we have some common principles, these common principles are illuminated through summaries of stories, people's real experiences, and these in turn lead to detailed stories that lead to . . .
(3) *People*. Knowledge Assets will always link to people. If we want to talk about our issue, if we want to learn more about an experience, then we must be able to link to an individual using any of the means of communication that we have at our disposal.

In the Constellation's context, a Knowledge Asset is an attempt to make available the shared common knowledge on local responses to HIV and malaria of our community as it evolves and grows.

Guidance on facilitation

Once participants have captured their story (Step 2), they go back to the pairs that had been formed earlier. Take some time to let them look at the stories that they wrote and think more carefully about the message of the story. They then can try to write it in terms of a 'Principle for Action'. Think of the advice that you would like to give to somebody else. Sometimes it helps to articulate the lesson in the form, 'If you do this, then that will happen'.

Then let each pair discuss each story and try to get clear on the lesson. Perhaps there will be more than one lesson. And perhaps each person will see a different lesson. But at the end of the day, each story has a lesson and for this exercise, the person who owns the story also owns the lesson.

Finally, the participants can have a look at the set of recommendations that were developed during earlier sessions. Are any of these principles similar to the lesson of your story? If so, they add their story to that principle, filling in the details so that the Knowledge Asset is complete. If they do not see a principle that is related to theirs, then they add a new recommendation to the Knowledge Asset and fill in the details.

Experience

In Table 3 an extract of a Knowledge Asset that deals with the AIDS Competence practice 'Linking Care and Prevention' is shown. The Knowledge Asset developed during the Chiang Mai Knowledge Fair. In the Table the experiences of group members, the common principles of that group and the experiences that link the stories to a full version story are captured and an optional video contribution and existing external resources that can support the response are listed.

Learning from knowledge fairs

The Chiang Mai Knowledge Fair effectively followed the three steps discussed here with participants from 13 countries. A similar fair took place on a National level in Mali

Table 3. Part of the Knowledge Asset on 'Linking care and prevention' from the Chiang Mai Fair.

Practice 3 - Linking care and Prevention	**Description of level 5 (our vision): Care and prevention are not seperated. They are used in an integrative way. Care is used in the wider sense of the word and includes emotional, spiritual and psycho-social care. Care strengthens relationships and helps to change our behaviour.**			
Recommendations	**Experiences**	**Blog link for full story & contact details**	**Video (2 min)**	**Existing resources**
If target groups take the lead in care and prevention strategies, responses will be more creative, effective and sustainable.	**Understand, engage and change!** A NGO in San Kampaeng district in Thailand took care of children affected by HIV. Later they became teenagers with very relevant experiences and were succesfully involved in prevention efforts for the younger generation.	http://aidscompetence.ning.com/profiles/blogs/2028109:BlogPost:2541		AVERT UNAIDS NCA
	It's not shampoo, it's a condom! In Bombay, the AASDHA project took advice of sexworkers and made condom packages that look like shampoo packs to avoid the stigma around it.	http://aidscompetence.ning.com/profiles/blogs/unconditional-giving		
	Tuktuk drivers in Mattakkuliya give free rides to VCT centre. Through strong community involvement and use of music events, tuktuk drivers (amongst many others) cared for their passengers, provided prevention messages and referred people to VCT	http://aidscompetence.ning.com/profiles/blogs/tuktuk-drivers-in-mattakkuliya		

involving participants active with the approach in each province of the country. Also in the Philippines, a group of NGOs organised a National Knowledge Fair along the same principles and techniques.

As the Constellation, we learned that factors for success when organising knowledge fairs are:

- local ownership of the issue by participants and a facilitative, non-expert mindset;
- common humanity as a starting point, not individual's titles;
- facilitators that are eager to learn themselves for their own communities instead of seeing themselves only as facilitators of other peoples learning;
- preparation of community members to bridge the gap and make them more confident to share their experience with all interested;
- space for new relationships to be built between people (self) segregated into 'communities' according to HIV status, sexual orientation, gender, religion, tribe or other criteria.

After each event, participants shared their experience using a blog of the AIDS competent community.[4] These feed into Knowledge Assets categorised along 10 practices.

At fairs, the informal, non-hierarchical and human environment allows participants to share to the full potential. For example Sandeep from India shared:

> The Knowledge Fair was a big eye-opener [as I challenged my long-held beliefs], which brought me a lot of friends and a new way of thinking. I was light and happy!

The participants of the Knowledge Fair encouraged their peers, who were not able to attend, to contribute their experiences too.

Conclusions

The Chiang Mai International Knowledge Fair was a great success. Exceptional energy levels, the use of KM techniques and a set of common values led to an effective flow of knowledge for participants. The sharing of knowledge assets ensures that

the learning and sharing reaches beyond participants of knowledge fairs. But how did we get to this concept of connecting local responses through Knowledge Management techniques?

When we analyse the knowledge fairs that the Constellation has organised, we see two major prerequisites for success. Firstly, local ownership of HIV and malaria is important and catalyses effective sharing and learning by communities. Secondly, the mindset of the facilitators and the way we interact with communities is crucial. The SALT approach the Constellation uses values local ownership and appreciates the strengths of a community. A mindset where facilitators start from a common humanity and come to learn themselves is the foundation to create the right environment for a knowledge fair.

Once we acknowledge these two prerequisites, it is important to remember that when a community or NGO faces a challenge regarding HIV or another issue, probably somebody in this world has been through this experience already and has something valuable to share. The challenge is how to practically connect these communities and their experiences once people gather at a knowledge fair.

Looking at the Chiang Mai Knowledge Fair, we can distinguish a three-step process. From the facilitation of *learning from own experience* we moved to *sharing through storytelling* to eventually *capturing the learning for others*. For each of the steps, facilitation guidance as well as experiences were shared.

As the Constellation we learned that a knowledge fair, in contrast to some of the international conferences, is a place where heads *and* hearts meet and where everybody takes the responsibility to share what they have learned from experience. They are great equalisers where everybody has something to learn. The three-step process illustrates how someone's experience in one country can lead to an increase in HIV or malaria competence somewhere else in the world. As Albert from the Philippines shared: 'If only all the strengths from the stories we shared could come true in my community.'

We keep on improving this process and learn from others every day. We acknowledge that to effectively connect local responses is far from an easy task and we would value the sharing of experiences and suggestions of other organizations on this topic.[5] Also, as readers of this Journal you will have experiences on how you or communities you have worked with, have responded locally to HIV, malaria or another issue. We invite you to contribute these stories to our online platform so others in the world can benefit from your experience.

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Notes

1. http://www.aidscompetence.org.
2. http://www.malariacompetence.org.
3. http://www.aidscompetence.org.
4. http://www.aidscompetence.ning.com.
5. A special forum topic has been opened to continue on this discussion on http://aidscompetence.ning.com/forum.

Notes on contributors

Gaston Schmitz has a background in International Management and Development Studies. Since 2007 he has worked for the Constellation for AIDS Competence since December 2007 as a facilitator. He facilitates the effective transfer of the Competence Approach to other partners, countries, and communities. He is based in Chiang Mai and has shared several of his personal experiences on http://aidscompetence.ning.com/profile/Gaston. His dream is to explore more cultures and communities around the world and keep on learning from them. Some of his personal experiences made it into Papua New Guinea Knowledge Assets where people in settlements continue to learn from local responses from around the world.

Philip Forth has worked since 1992 in supporting communities and organisations in Togo, The Gambia, Kenya, Papua New Guinea and Thailand as they learned to share their experiences and their expertise more efficiently and more effectively. He currently works with the Constellation for AIDS Competence to develop and to adapt the AIDS Competence process based on its use by communities around the world. His experience leads him to believe that individuals and communities around the world represent a pool of knowledge and constitute an initiative that is, at best, unrecognised and, at worst, ignored. The great challenge of the twenty-first century will be to tap into that resource. He shares that ambition with the Constellation.

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