

GHDonline.org communities: Bridging the knowledge divide and fostering accountability across organizations, disciplines, and borders to improve health outcomes in resource-limited settings

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Introduction

From *accompagnateurs* to program managers, health providers need access to reliable, up-to-date information and 'consult' services in order to provide quality care.

The Internet has connected health providers with a vast sea of knowledge, but many in resource-limited settings are struggling to find the information they need. They are challenged with subscription fees, changing protocols, the lack of adapted guidelines or documentation on best practices, the fragmentation of the web or 'fire hose' effect, and the heterogeneity of stakeholders and strategies.

Materials and Methods

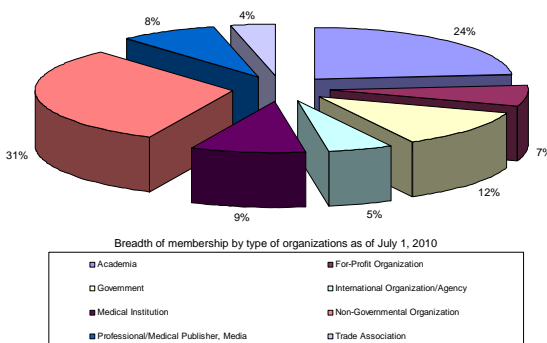
GHDonline.org is the Professional Virtual Communities (PVC) platform of the Global Health Delivery (GHD) Project.

GHDonline.org communities are:

- Focused on specific global health delivery challenges.
- Guided by expert moderators.
- Run by members, not by a single organization
- Offer a **Knowledge Base** powered by a professional search technology
- Provide an easy-to-use repository system and foster accountability in multifaceted projects to teams in 20+ private communities.



As of July 1, 2010, thousands of practitioners representing 1120+ organizations and institutions across 129 countries collaborate in GHDonline.org communities.



Results: Communities for HIV Practitioners

GHDonline.org currently hosts two communities for HIV practitioners:

- The **Adherence & Retention Community** enables members from 615+ organizations in 100+ countries to exchange practices that help improve patients' adherence and retention in antiretroviral therapy (ART) and Directly Observed Treatment for Tuberculosis programs.
- The **HIV Prevention Community** fosters dialog on how to improve delivery of HIV prevention services. Launched in May 2010, members from 80+ organizations in 25+ countries share their work and experience on new prevention methods.

Members exchange education materials for people living with HIV/AIDS and discuss practical issues such as choosing a clinic management software, and thus contribute to the democratization of knowledge and promote accountability and transparency in global health delivery.

Discussion: How do you address patient adherence in relation to the chronic side effects of antiretroviral therapy (ART)?

Participation: Posted by a moderator in South Africa with replies from Malawi and the United States of America.

Outcome: Members and expert moderator exchanged proven strategies for the management of complications related to ART in resource-limited settings. A peer-reviewed *Discussion Brief*, which summarized key references and recommendations, is subsequently linked with takeaways and related content on this topic.

Selected recommendations:

- Strategies to prevent lipodystrophy include replacing stavudine in treatment guidelines with tenofovir + emtricitabine, lamivudine + efavirenz, or lamivudine + nevirapine.
- In some resource-limited settings, stavudine may still be the only available and affordable option. However, it should always be used in its lower dosage form (30 mg BID). Many countries are now switching to first line regimens that favor AZT or TDF instead. These regimens should be used whenever possible. (It is not necessary to switch a patient on stavudine who is not showing side effects, but she/he should be followed closely.)
- Metabolic complications such as fat changes (lipodystrophy) may occur.
- Operational research aimed at selecting alternatives to first-line ART medication (trismune) with a high tolerability is being conducted in Malawi.
- Monitoring and evaluation tools should be revised to include the recording of side effects in each refill visit.



Conclusion

As demonstrated in this use case, GHDonline.org is proving useful to thousands of health providers, demonstrating that open collaboration is not only possible but critically needed.

To further democratize access to critical information and support the work of global health practitioners, we will:

- Advocate for funders to integrate the various online platforms to facilitate the reporting of implementation challenges and successes.
- Partner with organizations to provide on-the-ground training on how to use PVC platforms and databases like GHDonline.org.
- Collaborate with expert organizations to expand access to critical content and to catalog and connect existing knowledge with practice.
- Broaden the reach of the communities by organizing members' meet-ups, engaging new members and expert moderators, and developing applications to integrate with mobile technology.

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