



**WORLD HEALTH
ORGANIZATION**
DEPARTMENT OF
HIV/AIDS

PROGRAMME MANAGEMENT WORKSHOP

Managing outreach programmes among injecting drug users

**Slides and teaching notes: Training guide for HIV
prevention outreach among injecting drug users**

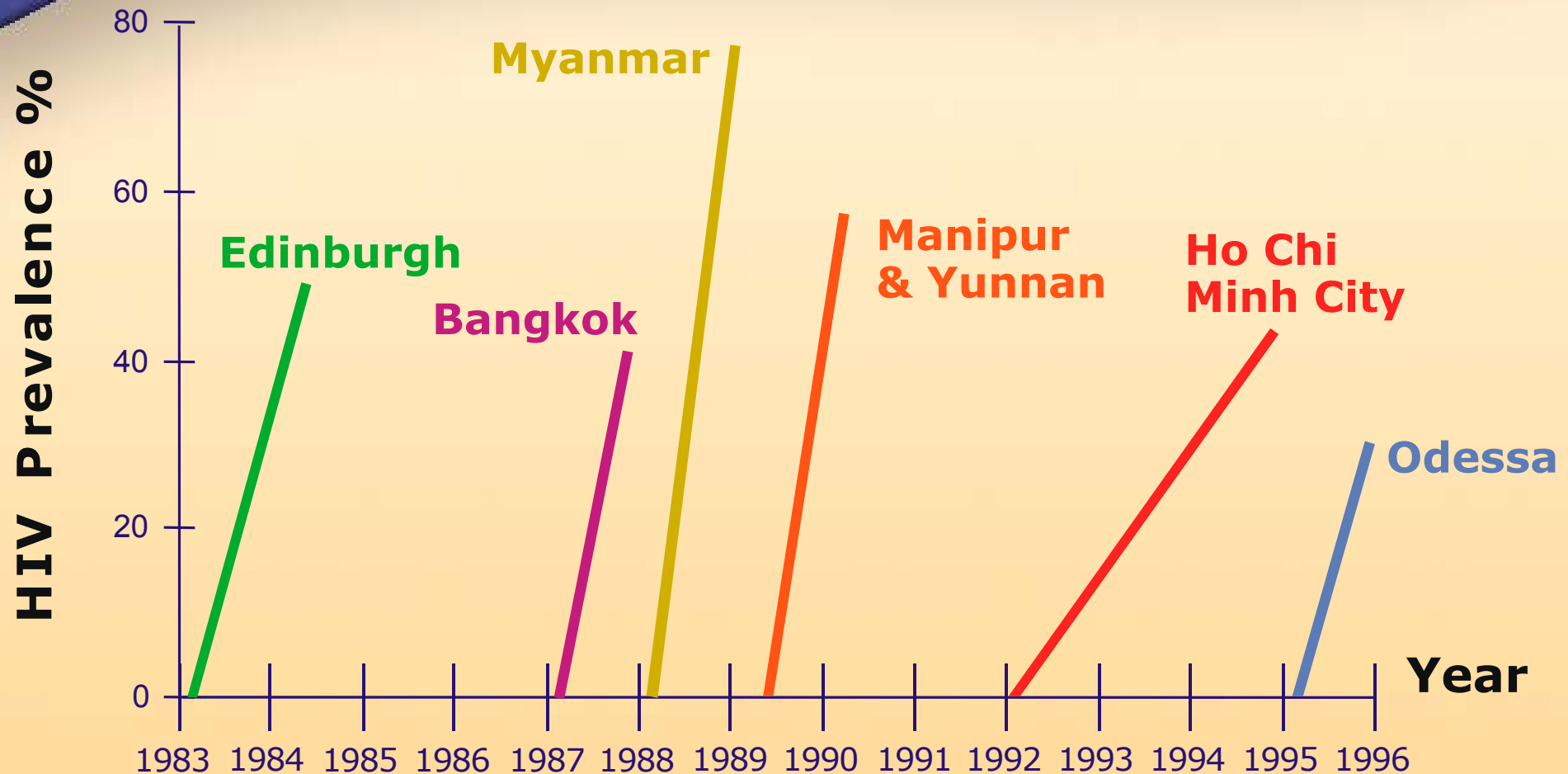
Aim of the course

- ▶ To improve the **knowledge and skills** relevant to **managing an outreach programme** for HIV prevention among injecting drug users (IDUs)

HIV transmission among and from IDUs:

- ▶ through **sharing** of injecting equipment
- ▶ through some drug **preparation processes and rituals**
- ▶ through **unprotected** heterosexual (male to female or female to male) or homosexual (male to male) **penetrative sexual act**
- ▶ through **HIV-positive mother-to-child transmission (MTCT)**

Explosive HIV epidemics among injecting drug users



HIV epidemics among IDUs

- ▶ Russian Federation: **90% of the 1 million** people with HIV in 2002 were IDUs
- ▶ India and Thailand: large **heterosexual HIV epidemics are growing larger** due to lack of prevention of HIV among IDUs

Principles of effective HIV prevention among IDUs

- ▶ **Short-term pragmatic goals**
- ▶ **Use of hierarchy of risks**
- ▶ **Use of multiple strategies**
- ▶ **Involvement of drug users**

Risk hierarchy

- ▶ **Stop/never start** using drugs
- ▶ If you have to use, **don't inject**
- ▶ If injecting, **don't re-use or share**
- ▶ If re-using, **use own equipment**
- ▶ If re-using others' equipment, **clean it appropriately**

Elements of effective prevention

- ▶ **Outreach** to IDUs
- ▶ Relevant, credible **education**
- ▶ Increased **access** to needles, syringes, condoms
- ▶ Drug **substitution** treatment
- ▶ Supportive **policy, legislation** and **advocacy**

Community-based peer outreach is most widely used and is also very effective

...why?

- ▶ **Least costly**
- ▶ **Contributes greatly to preventing HIV infections in IDUs and their sexual partners**
- ▶ **A major component of a comprehensive strategy**

Peer education

- ▶ **"A set of specific education strategies devised and implemented by members of a subculture, community or group of people for their peers, where the desired outcome is that peer support and the culture of the target group is utilized to effect and sustain change in behaviour"**

Role of outreach

- ▶ **Outreach is an effective strategy to reach, engage, and enable IDUs to reduce HIV risks**

Planning outreach programmes:

- ▶ **Aims and objectives**
- ▶ **Target group and area**
- ▶ **Assessment of the injecting drug use**
- ▶ **Human and financial resources**
- ▶ **Addressing important organizations**

HIV and AIDS...

- ▶ **HIV: Human Immunodeficiency Virus, attacks and gradually destroys the immune system of the body and eventually results in AIDS.**
- ▶ **AIDS: Acquired Immune Deficiency Syndrome is a complex of severe signs and symptoms due to lack of immune response of the body.**

“HIV does not equal AIDS”

Stages of HIV infection

- ▶ **Seroconversion illness stage:**
brief and soon after the infection
- ▶ **Asymptomatic infection stage:**
can last **months** or **years**, often **no signs of illness**
- ▶ **Symptomatic HIV infection stage**
- ▶ **AIDS or late severe HIV disease stage**

HIV tests

Tests for antibodies to HIV

- ▶ **ELISA**
- ▶ **Western Blot**
- ▶ **Rapid tests**

**Window period usually 6 weeks,
but can be up to 3 or 6 months**

How is HIV transmitted?

- ▶ **Some sexual activities**
- ▶ **Blood contact**
- ▶ **Pregnancy, birth or breastfeeding**

Sexual transmission

- ▶ through **unprotected** (no condom) **penetrative vaginal and anal sex**
- ▶ through **oral sex** also possible

Factors related to sexual transmission

- ▶ **Viral load** of the HIV-positive partner
- ▶ Presence of **genital infection**
- ▶ **Type** of sexual activity
- ▶ Risk of sexual activity causing **bleeding or tearing**
- ▶ Presence of **blood**
- ▶ Other factors

Factors related to blood contact

- ▶ **Re-use** of a **needle and syringe**
- ▶ **Sharing** of other **injecting materials**,
e.g. water, spoon, filter
- ▶ **Infected blood and blood products**
- ▶ **Surgical** equipment

Factors related to mother-to-child transmission

- ▶ **Viral load** of **HIV-positive mother**
- ▶ **Stage** of her **HIV illness**
- ▶ **Breastfeeding**
- ▶ **Vaginal delivery** (compared with **elective caesarean section**)

Can HIV be transmitted by...

▶ Air? **NO**

▶ Mosquitoes? **NO**

▶ Household or casual contact? **NO**

HIV can be prevented...

- ▶ **Condoms** for **penetrative sex**
- ▶ **Stop sharing** of **injecting equipment**
- ▶ **HIV treatment** for **HIV+ mothers,**
- ▶ **Replacement feeding** for infants, **if not possible, exclusive breastfeeding**
- ▶ **Screening blood and blood products** for **HIV**

The term 'drugs' refers to any substance ...

- ▶ **In medicine:** with potential to enhance physical or mental well-being
- ▶ **In pharmacology:** which alters processes of body tissues/organisms
- ▶ **In general:** used for non-medical reasons e.g. Illicit drugs

The term 'substance' refers to...

- ▶ **Any product that affects the way people feel, think, see, taste, smell, hear or behave.**

Types of drugs

- ▶ **Stimulants**
- ▶ **Depressants**
- ▶ **Hallucinogens**

A 'dependent' person...

- ▶ **May develop **tolerance** to certain substance/s**
- ▶ **May experience:**
 - Withdrawal**
 - Awareness of compulsion**
 - Narrowing of repertoire (range)**
 - Focus of all interest on drug**
 - Re-instatement or relapse**

Nicotine...a legal drug

- ▶ **Pure nicotine can kill instantly**
- ▶ **Stimulant: no medical use**
- ▶ **Results in dependence**
- ▶ **Very harmful to health (cancer, etc.), and pregnancy**
- ▶ **But 'legal'**

Cocaine

- ▶ **Stimulant:** can be used medically
- ▶ Results in **dependence**
- ▶ **Very harmful** to health (heart, lungs diseases, strokes, seizure, paranoid psychosis, etc.)
- ▶ **Illegal**

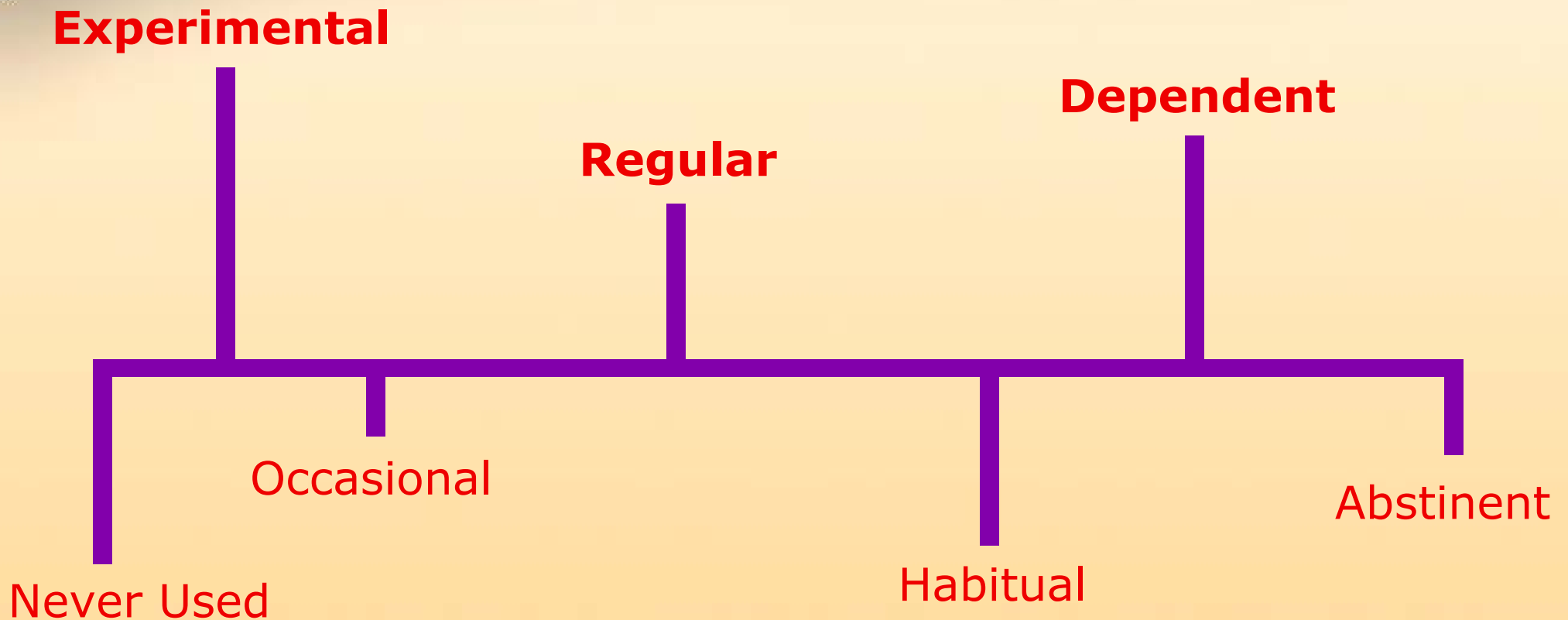
Heroin

- ▶ **Depressant**
- ▶ Results in **dependence**
- ▶ **Very harmful** to health: Infection, clouding of mental function, clogging of blood vessels, leading to complications in lungs, liver, kidneys, or brain
- ▶ **Illegal**

How are drugs used?

- ▶ **Smoking**
- ▶ **Snorting**
- ▶ **Swallowing**
- ▶ **Injecting**

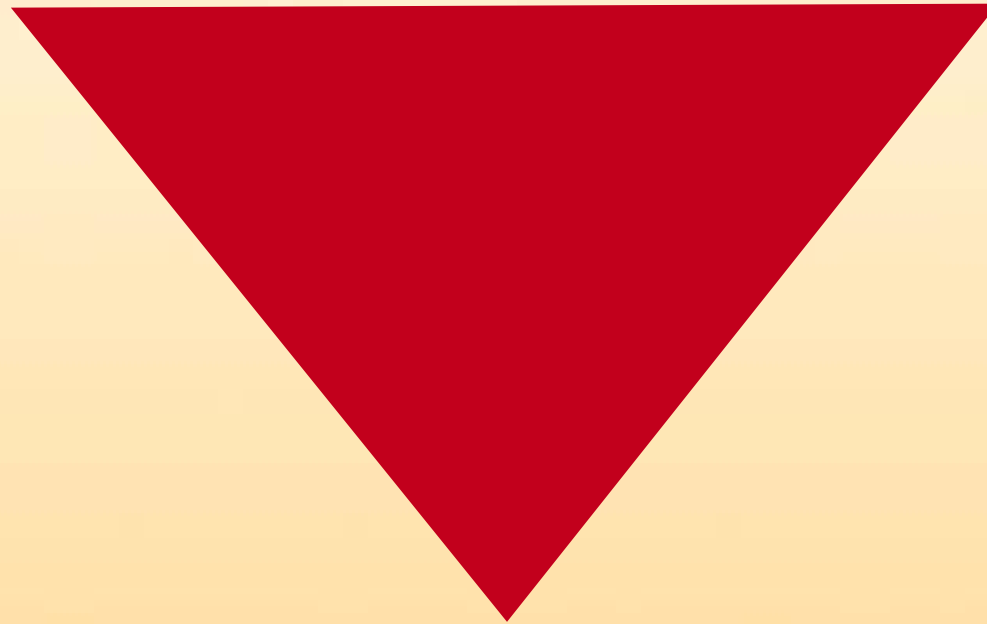
Continuum of drug use



Drug-use triangle

Drug

Person (Set)



**Environment
(Setting)**

Condoms

- ▶ **Both types are available:**
Male and female
- ▶ **Effective** in HIV prevention
- ▶ **Commonly provided to IDUs by**
outreach programmes

Effective condoms

- ▶ **Made to standard**
- ▶ **'Use by' date**
- ▶ **Can be damaged by heat, light, air pollution**
- ▶ **Store in cool, dry place**

Putting on a condom

- ▶ **Check 'use by' date**
- ▶ **Open package carefully**
- ▶ **Squeeze air out**
- ▶ **Roll down over penis**
- ▶ **Hold rim at base to remove**

Ottawa Charter of Health Promotion

- ▶ Promoting health through **public policy**
- ▶ Creating a **supportive environment**
- ▶ Re-orienting **health services**
- ▶ Strengthening **community action**
- ▶ Developing **personal skills**

Developing personal skills

- ▶ **Injecting drug users**
- ▶ **Sexual partners, friends and families**
- ▶ **Doctors and health workers**
- ▶ **Outreach workers and peer educators**

Elements of effective prevention

- ▶ **Outreach**
- ▶ **Relevant, credible education**
- ▶ **Increased access to needles and syringes**
- ▶ **Drug substitution treatment**
- ▶ **Supportive policy, legislation and advocacy**

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Effectiveness of education

- ▶ Effective **prevention**
- ▶ **Sensitization** role
- ▶ Range of **media** used
- ▶ Often combined with **outreach**
- ▶ Credible and familiar **language**

Effectiveness of increased access to needles & syringes

- ▶ Compelling evidence of **effectiveness** and **cost effectiveness**
- ▶ Need to **integrate** with other health care
- ▶ Often **combined with outreach**

Effectiveness of drug substitution treatment

- ▶ Effective in HIV **prevention**
- ▶ **Reduces** injecting & drug use
- ▶ Can be **combined with other services** to assist in HIV treatment, care and support
- ▶ **Referral** often occurs **from outreach**

Role of outreach

- ▶ Outreach is an **effective strategy** to **reach, engage, and enable** IDUs to **reduce** HIV risks

Most outreach programmes:

- ▶ **Find** and **contact** IDUs
- ▶ Providing **information and education** about HIV/AIDS, HIV testing, drug use and services
- ▶ Commonly **linked** to NSP, drug treatment, other programmes

Outreach case studies

- ▶ What were the important steps in **making contact** with IDUs?
- ▶ What **differences** are there when making contact with IDUs in your locality?
- ▶ Some **ways to assist** making contact in your locality

Making contact: Decide

- ▶ Where to **hang around**
- ▶ When to **visit** a place
- ▶ When to **start** a conversation
- ▶ Who to **contact first**
- ▶ Whether to be **direct or indirect**
- ▶ What can be **offered**
- ▶ When to **stop**

Their space, their rules

- ▶ **Dress appropriately**
- ▶ **Speak appropriately**
- ▶ **Don't threaten**
- ▶ **Obey rules**

Ways of making contact

- ▶ **Introduce yourself**
- ▶ **Be introduced by others**
- ▶ **Indirect: casual chat**
- ▶ **Direct: Introduce yourself and your programme**

Gain trust by...

- ▶ Showing that **you are one of them**
- ▶ Always being **honest**
- ▶ Becoming **familiar**

Methods and materials

- ▶ **Giving out condoms/syringes**
- ▶ **Collecting information:**
Completing a questionnaire
- ▶ **Providing information: Giving out leaflets, newsletters**
- ▶ **Organizing activities**

Safer behaviour

- ▶ **Providing situational cue**
- ▶ **Discussing a broader framework**
- ▶ **Engaging in casual chat**
- ▶ **Providing prevention materials**

Outreach counselling

Advantages

- ▶ Favourable **environment**
- ▶ **Timing** can be flexible
- ▶ Close to **real-life** situation

Outreach counselling

Disadvantages

- ▶ Shortage of **time**
- ▶ Lack of **privacy**
- ▶ Exposure to **weather**
- ▶ IDU might be under **influence of drug**
- ▶ Tough for **inexperienced counsellors**

Aims of outreach counselling

- ▶ **Provide accurate information about HIV/AIDS**
- ▶ **Personal risk assessment**
- ▶ **Risk reduction counselling**
- ▶ **Motivation to reduce risks**

Risks of drug injecting

- ▶ **Blood-borne infections:**
HIV, Hepatitis B and C, syphilis
- ▶ **Overdose**
- ▶ **Vein damage**
- ▶ **Bacterial infections**
- ▶ **Loss of limbs/limb function**

Injection sites

- ▶ **Arms**
- ▶ **Legs**
- ▶ **Trunk (discouraged)**
- ▶ **Skin popping (discouraged)**
- ▶ **Intra-muscular (discouraged)**

Core education messages 1

- ▶ Always use **condoms** for **penetrative sex**
- ▶ Always **use your own** needle and syringe, spoons, pots, swabs, water, filters, tourniquet
- ▶ **Do not share** injecting equipment
- ▶ Be aware of **infections and overdose**

Core education messages 2

- ▶ Use each needle and syringe **once only**
- ▶ Prepare injections on a **clean surface/ clean injection site**
- ▶ **Wash your hands** before and after each injection
- ▶ **If no new** equipment, **re-use your own**
- ▶ **If can't re-use..., clean** by approved method

Core education messages 3

Approved cleaning methods

- ▶ **2 x water, 2 x bleach for 30+ seconds (shaking), 2 x water**
- ▶ **Soak in bleach for several minutes**
- ▶ **Boil for 10 minutes**
- ▶ **10x with water after and before use**

Other education messages about...

- ▶ **Drug manufacture, purchase, preparation, combinations (cocktail)**
- ▶ **Vein care and abscess prevention**
- ▶ **STIs and sexual practices**

Developing new messages

- ▶ Define **aim/s** with **input from IDUs**
- ▶ **Research** and **draft**
- ▶ Check by **authority**
- ▶ **Focus group/check by IDUs**
- ▶ **Re-draft and re-check by IDUs**
- ▶ **Produce, disseminate, evaluate**

Provide education messages:

- ▶ **One to one and groups**
- ▶ **Slogans and sayings**
- ▶ **Leaflets and booklets**
- ▶ **Newsletters and magazines**
- ▶ **Other: comics, audio tapes, CD-ROMs, videos, television and radio**

One-to-one education can be...

- ▶ a part of **outreach counselling**
- ▶ provided in **prisons,**
- ▶ **treatment centres, hospitals**
- ▶ **also pre- and post-test counselling**

Group education is useful in...

- ▶ **Outreach to groups**
- ▶ **Training** in peer education, support, leadership
- ▶ **Events-based / targeted activities**

Slogans and sayings are useful for...

- ▶ **Constant repetition of the same message e.g.**
 - * New fit for every hit
 - * Different spots=no tracks
 - * Friends do not share
- ▶ **Specific focus: spoons week**
- ▶ **Convert slogans into longer talks**

Leaflets and booklets:

- ▶ **Explain/advertise outreach programme**
- ▶ **Concise information on specific subject**
- ▶ **Helps in making contact and starting conversations**
- ▶ **Easy to read with illustrations**
- ▶ **But does not replace human contact**

Newsletters and magazines:

- ▶ **Circular:** contact IDUs to contribute, produce, distribute
- ▶ **“Voice”** for drug users
- ▶ Regular **updates**
- ▶ **Expensive** in time, money, man power
- ▶ May be **controversial** if “voice”

HIV testing...why?

- ▶ **Own risk behaviour**
- ▶ **Sexual partner's risk behaviour**
- ▶ **To make decision about unprotected sex with trusted partner**
- ▶ **To decide about pregnancy**
- ▶ **To investigate symptoms: e.g. recurring unexplained illnesses**

HIV testing issues...

- ▶ **Where to test?**
- ▶ **Pre-test and post-test counselling**
- ▶ **Informed consent/confidentiality**
- ▶ **Partner or family notification?**
- ▶ **Treatment, care and support**
- ▶ **Stigma and discrimination**

Pre-test counselling

- ▶ **Why test** is needed
- ▶ **HIV/AIDS, HIV test information**
- ▶ **Personal risk assessment and discussion**
- ▶ **Implications of positive and negative results**

Post-test counselling

If Test-Positive:

- ▶ Discuss likely **effects, monitoring, options** regarding health, drug use, **notification**
- ▶ Ways of **preventing transmission to others**
- ▶ **Confidentiality**

If Test-Negative:

- ▶ Could be in **window period**
- ▶ Nevertheless, **reduce risks**

Hire active IDUs?

If 'Yes'...why?

- ▶ Part of the “drug scene”, contacts
- ▶ Aware of the rules, rituals

If 'No'...why?

- ▶ No time, lifestyle
- ▶ Too involved with peers

Hire ex-drug users?

If 'Yes'...why?

- ▶ Stability, continuity, role models
- ▶ Draw from experiences, contacts

If 'No'...why?

- ▶ Knowledge may be out of date
- ▶ Judgmental attitude, Relapse

Hire mixed teams?

If 'Yes'...why?

- ▶ Advantages e.g. sharing ideas, increasing mutual respect
- ▶ Division of tasks

If 'No'...why?

- ▶ Conflict?

Recruiting outreach workers

- ▶ Discuss and decide **selection criteria**
- ▶ Find potential **candidates**
- ▶ Devise a **selection process**
- ▶ Draw **contract/work agreement**
- ▶ Pertain **training**

Recruitment questions...

- ▶ **Knowledge/ experience of injecting drug use**
- ▶ **Knowledge/experience of locality**
- ▶ **Credible, know language, rules**
- ▶ **Interested in programme aims**
- ▶ **Motivation**

Training should provide...

- ▶ **Understanding of programme aims**
- ▶ **Knowledge and skills needed for outreach work**
- ▶ **Understanding of legal and ethical issues**
- ▶ **Clarification of expectations and boundaries**

WHO Outreach training is to...

▶ **Gain knowledge:**

- ▶ **HIV/AIDS, drug injecting risks, outreach techniques**

▶ **Acquire skills:**

- ▶ **Making contact,**
- ▶ **Starting conversations,**
- ▶ **Counselling, education**

On-the-job training helps to...

- ▶ **Suggest more effective methods**
- ▶ **Correct misinformation**
- ▶ **Review formally**
- ▶ **Highlight success/discuss obstacles**

Facilitating management:

- ▶ **Define areas/working hours**
- ▶ **List specific tasks/steps**
- ▶ **Set times for supervision, team meetings, intervision, training**
- ▶ **Decide on work agreements/contracts**
- ▶ **Clarify policies/procedures/ rules**

Work agreements elaborates...

- ▶ **Training requirements**
- ▶ **Supervision and support**
- ▶ **Tasks, working methods**
- ▶ **Remuneration**
- ▶ **Rules**

Procedures and rules elaborates...

- ▶ **Basic practice**
- ▶ **Unacceptable behaviour**
- ▶ **Security and safety**
- ▶ **Discipline and dismissal**
- ▶ **Other: overdose, forms, meetings**
- ▶ **Balance needed**

Unacceptable behaviour

- ▶ **Selling/dealing drugs**
- ▶ **Selling project materials** e.g. needle, syringe, condom
- ▶ **Using drugs** (in case of active drug user peer educators) **during outreach**
- ▶ **Theft**
- ▶ **Violence, sexual manipulation**
- ▶ **Pretending to work**
- ▶ **Not completing forms, attending supervision, etc.**

Safety procedures and rules

- ▶ **Stay safe: work in pairs?**
- ▶ **Do not handle used needles and syringes without gloves**
- ▶ **Know methods of dealing with aggressive and violent clients**
- ▶ **Carry identity cards**
- ▶ **Know what to do if arrested**

Relapse can be related to...

- ▶ **Psychological states**
- ▶ **Proximity to drug use, drug using places and drug users**
- ▶ **Physical pain**
- ▶ **Sudden acquiring of cash**
- ▶ **Difficult/unfamiliar situations**

Relapse can be prevented by...

- ▶ **Organizational rules**
- ▶ **Individual preparation**
- ▶ **Appropriate supervision**
- ▶ **Assistance from other outreach workers**
- ▶ **Reward openness**

To manage relapse...

- ▶ **Seek help early**
- ▶ **Confront calmly**
- ▶ **Treatment and time off
(if possible)**
- ▶ **Plan return to work**

Burnout can be related to...

- ▶ **Psychological states**
- ▶ **Chronic emotional strain**
- ▶ **Gender**
- ▶ **Lack of experience**
- ▶ **Role conflict and ambiguity**
- ▶ **Workload and conflicts between individual and organization**

Burnout can be prevented by...

- ▶ **Recognizing stages of burnout**
- ▶ **Personal planning**
- ▶ **Clear, truthful job descriptions**
- ▶ **Realistic expectations**
- ▶ **Supportive supervision and**
- ▶ **Assistance from other outreach workers**

Stages of burnout

- ▶ **Emotional overload**
- ▶ **Depersonalization**
- ▶ **Final stage**

Supportive supervision

- ▶ **Keep it confidential and regular**
- ▶ **Can be with individual or group**
- ▶ **Address problems/fears/mistakes**
- ▶ **Be positive, constructive**
- ▶ **Prevent burnout/reduce stress**

Intervision

- ▶ **One person describes a case**
- ▶ **Clarifying questions and answers**
- ▶ **Different views of worker's professional practice and attitude discussed**

Team meetings...

- ▶ **Create sense of teamwork**
- ▶ **Forum to discuss issues**
- ▶ **Method of evaluating programme**
- ▶ **Forum for intervision**

Performance appraisal

- ▶ **Confidential, regular**
- ▶ **Covers basic work issues**
- ▶ **Positive/negative feedback**
- ▶ **Promotion, awards**
- ▶ **Discipline, dismissal**

Evaluation

- ▶ **Process:** monitor coverage, implementation, service delivery
- ▶ **Outcome:** assess knowledge level, behaviour change
- ▶ **Impact:** measures observed changes attributable to the programme

Process evaluation

- ▶ **Staff structure**
- ▶ **Training**
- ▶ **Supervision, intervision**
- ▶ **Ways of contacting IDUs**
- ▶ **Services provided**
- ▶ **Outreach workers' feedback**

Process evaluation methods

- ▶ **Interviews** with managers and outreach workers
- ▶ **Project activity diary**
- ▶ **Observation** of outreach work
- ▶ **Evaluation of recruitment/training**
- ▶ **Monitoring of outreach work**

Monitoring contacts:

- ▶ **Contact forms**
- ▶ **Field notes**
- ▶ **Group interviews**

Aims of outcome evaluation:

- ▶ **Assess changes**
- ▶ **Decide if programme objectives have been achieved**

Intermediate outcomes:

- ▶ **Increase in IDUs' knowledge about programme, injecting risks, HIV/AIDS**
- ▶ **Changes in injection and sexual behaviour**
- ▶ **Sustained momentum of programme**

Impact evaluation

- ▶ Reduced levels of drug problems, change in norms towards safer drug use among IDUs
- ▶ Reduced HIV prevalence

Monitoring – feedback - change

- ▶ **Monitor situation and operations**
- ▶ **Feedback at team meetings**
- ▶ **Management agrees to changes**
- ▶ **Outreach workers implement changes**
- ▶ **Ongoing monitoring**

Opposition to outreach...

- ▶ **Too liberal approach**
- ▶ **Throwing money away on “hopeless”, “guilty”, “criminal” IDUs**
- ▶ **Undermines social order**
- ▶ **Interferes with police/narcotics control**

Advocacy steps 1

- ▶ **Forge strategic alliances**
- ▶ **Put a human face to IDU**
- ▶ **Define economic costs/benefits of alternative options in addressing HIV and drug use**

Advocacy steps 2

- ▶ **Develop/implement range of harm- reduction programmes, pilot projects and studies**
- ▶ **Build capacity for outreach, etc.**
- ▶ **Document and disseminate best practices**

Advocacy steps 3

- ▶ **Target segments for advocacy**
- ▶ **Develop specific advocacy tools for target segments**
- ▶ **Engage with media**

Advocacy steps 4

- ▶ **Work to ensure drug treatment is safe, attractive, cost-effective and evidence-based**
- ▶ **Fund-raising**
- ▶ **Build local, national and regional networks**

Advocacy with police 1

- ▶ **Involve senior police officers in planning and development**
- ▶ **Obtain cooperation from the police to implement the programme**
- ▶ **Organize meetings of police and community leaders**
- ▶ **Visit police station and police officers**

Advocacy with police 2

- ▶ **Educate junior level police on the aims of the programme**
- ▶ **Use supportive police officers as peer educators**
- ▶ **Include HIV/AIDS education in police training course**
- ▶ **Offer to provide training**

Community advisory groups can....

- ▶ Be a lobby of **advocates/pressure group** for the Outreach programme
- ▶ Forum to **settle disputes**
- ▶ Assist in setting up **referral networks**

Referral network...why?

- ▶ **Outreach programme cannot meet all needs of IDUs**
- ▶ **IDUs deserve to be able to access mainstream services**
- ▶ **Complements HIV prevention**
- ▶ **Meets IDUs' raised expectations**

Steps in setting up referral network...

- ▶ **Determine IDUs' needs**
- ▶ **Determine available services**
- ▶ **Negotiate with each agency**
- ▶ **Set up simple database**
- ▶ **Train outreach workers**

Potential referral agencies:

- ▶ **Youth organizations**
- ▶ **Hospitals, drug treatment centres, hospice,**
- ▶ **ANC and maternity clinics**
- ▶ **Social services, churches, volunteers**
- ▶ **Charity organizations, clothes and food donors**
- ▶ **Homes for children, shelter for women**
- ▶ **Care facilities**
- ▶ **Legal and welfare NGOs**

Negotiation....

- ▶ **Meet agencies**
- ▶ **Introduce outreach programme**
- ▶ **Discuss needs and how agency can meet**
- ▶ **Listen carefully**
- ▶ **Negotiate access for IDUs**
- ▶ **Get written agreement**

Referral database

- ▶ **Name of agency**
- ▶ **Address and contact name**
- ▶ **Services provided/opening hours**
- ▶ **Special features**
- ▶ **Special arrangements (subsidy, discount, reserved slots, etc.)**

Gaps in services...

- ▶ **Identify** the gaps
- ▶ **Discuss** with agencies
- ▶ **Decide** if **feasible** and **important** to address those gap
- ▶ **Undertake collaborative projects**