


**ITTC** International Technology Transfer Center  
A program of the International Consortium of Universities  
for Drug Demand Reduction

## Overview of the ITTC Network


ITTC Network Launch Event  
February 24, 2021



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### Key Points

- ITTCs are university or research institute-based centers and the Network is a branch of ICUDDR
- ITTCs aim to accelerate the diffusion of innovations
- ITTCs employ systems thinking and build capacity across multiple levels
- South Africa, Ukraine and Vietnam ITTCs have launched
- Additional ITTCs coming soon!



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**What is an International Technology Transfer Center?**

A university or research institute-based center that builds the capacity of systems, organizations and people to provide high-quality substance use prevention, treatment and/or recovery services.



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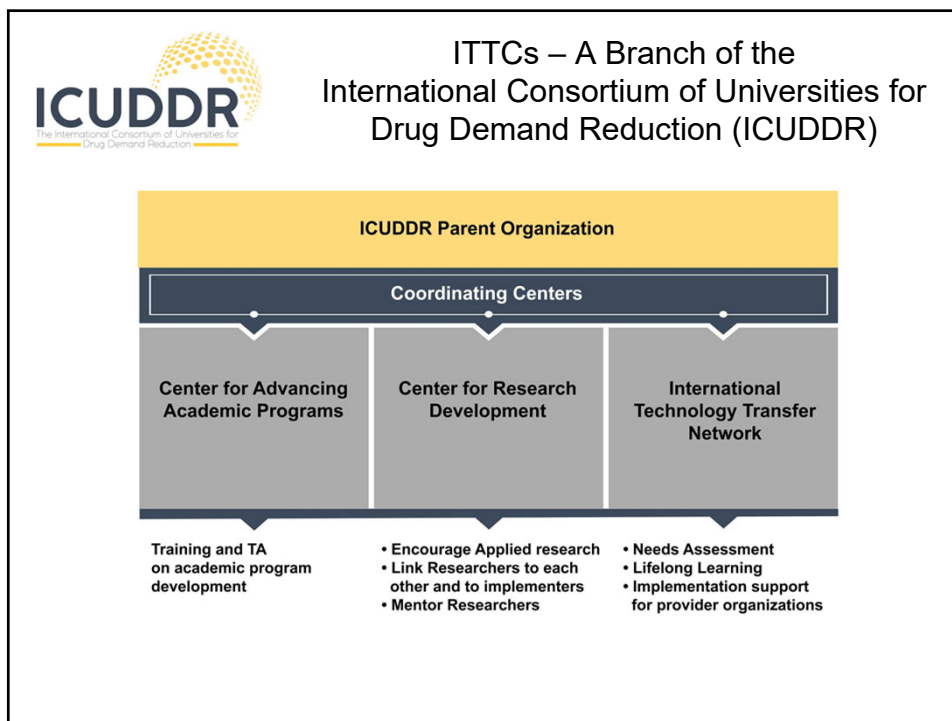


**Why are ITTCs based in universities/ research institutes?**

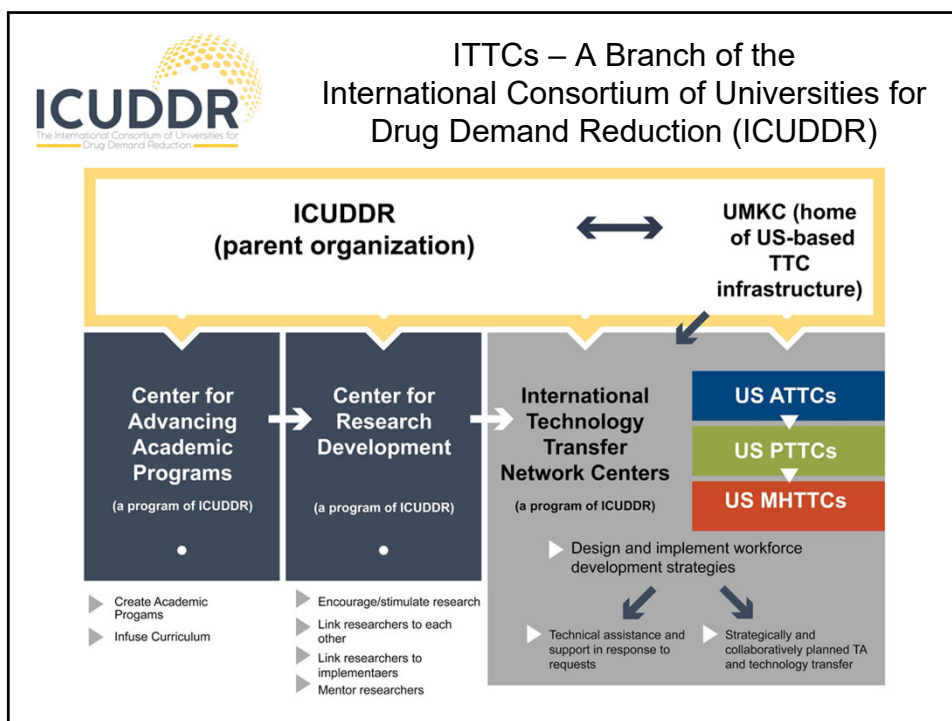
- Expertise
- “Neutral” convener
- Continuity
- Sustainability



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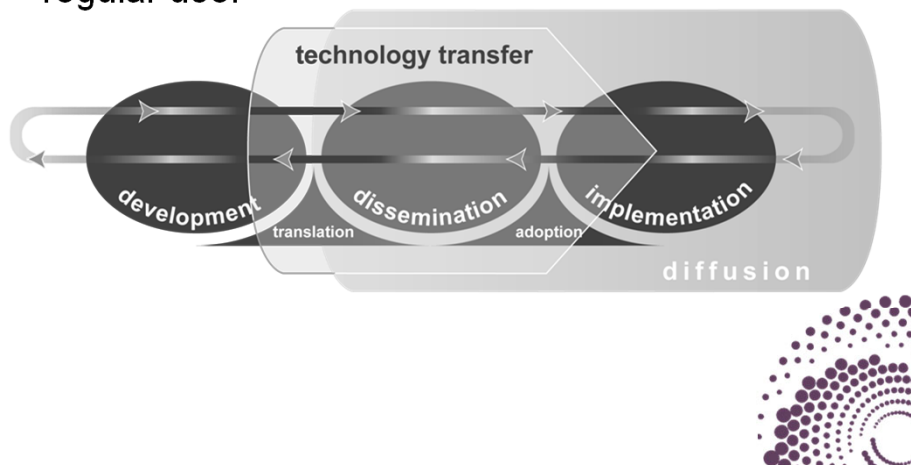
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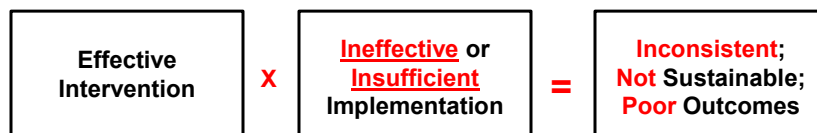
## Why are ITTCs needed?

The continuum of the diffusion of an innovation: how innovations (research, standards, evidence-informed policies) become incorporated into regular use.



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## Why are ITTCs needed?

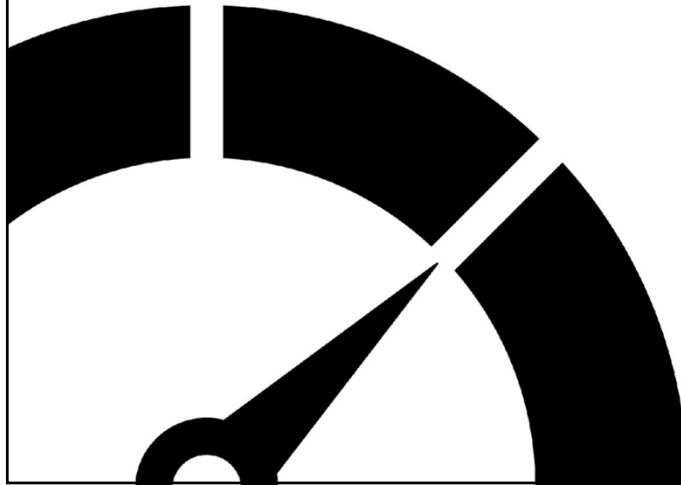


Adapted from: <http://sisep.fpg.unc.edu/learning-zone/science-of-implementation/>



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**Technology transfer** is the process of accelerating the diffusion of what is known (research) to what is done (practice).



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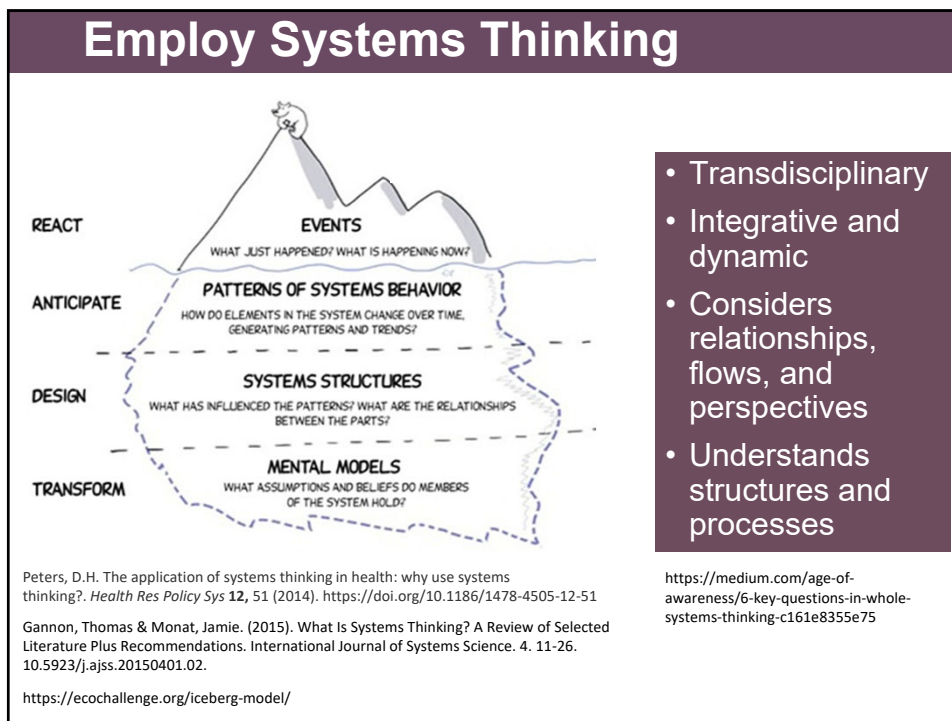


**ITTC**

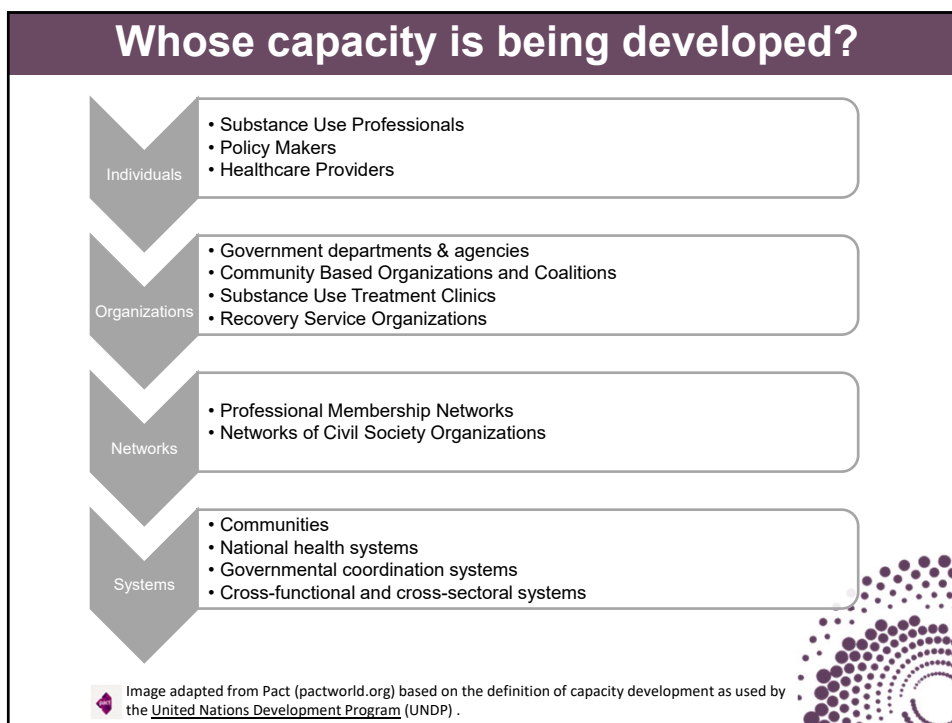
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What does a technology transfer center do?  
How do ITTCs accelerate the speed of diffusion?

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## What capacities are being developed?

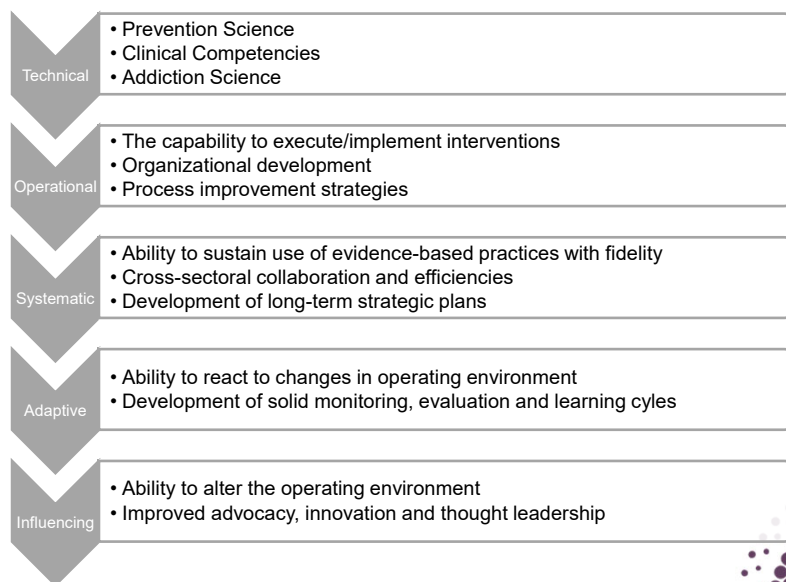


Image adapted from Pact ([pactworld.org](http://pactworld.org)) based on the definition of capacity development as used by the [United Nations Development Program](http://www.un.org/en/development/desa/policy/undp_docs/2008_09_01_undp_capacity_development_definition.pdf) (UNDP).

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## How is capacity developed?



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## Training

- **Definition:** Imparting knowledge and skills to people often in a group setting. Should include clear goals and learning objectives; and when applicable opportunities to practice.
- **Characterized by:**
  - Highly specific duration
  - Variation in the number of contact hours (could be spread over any amount of time)
- **Expected outcomes include:**
  - Disseminate information
  - Improvements in skills, knowledge, and attitude
  - Raise motivation to adopt new innovations



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## Basic Technical Assistance

- **Definition:** information dissemination or brief consultation provided to customers to support change initiatives
- **Characterized by:**
  - single and/or brief contacts
  - limitations on time duration and resource availability
  - the use of simple, off-the-shelf solutions
- **Expected outcomes include:**
  - increased access to information that supports problem solving
  - identification of the need for training or more intensive TA
  - guidance on next steps



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## Targeted Technical Assistance

- **Definition:** a series of services to enhance readiness and build capacity to implement a specific practice, focus area, or new innovation
- **Characteristics:**
  - Multiple recipients, contacts
  - Episodic, but shorter duration
  - Not entirely site customized
  - May involve performance feedback
- **Expected outcomes include:**
  - improvements in skills, knowledge, and attitude
  - increased utilization of EBPs
  - a greater understanding of the usefulness and perceived fit of the EBP for the practice setting



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## Intensive Technical Assistance

- **Definition:** supports full incorporation of new innovations or practices into real world settings and considers culturally and linguistically appropriate services. Full incorporation often requires changes in policies, practices, and system functioning.
- **Characteristics:**
  - driven by a collaboratively developed implementation plan that reflects mutually agreed upon goals, roles and responsibilities between TA provider and TA recipient
  - combination of activities such as regular assessment of skill development and progress toward objectives
  - active participation by the TA recipient as well as direct observations by the TA provider, supplemented with long-distance planning and work sessions
- **Expected outcomes include:**
  - Full Implementation



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Examples

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South Africa ITTC



|                               |                                |   |  |   |
|-------------------------------|--------------------------------|---|--|---|
| <b>Director</b>               | <b>Co-Investigator</b>         | <b>Programme Manager</b>                    | <b>Training and Curriculum Coordinator</b>   | <b>Senior Trainer</b>                         |
| Goodman Sibeko,<br>MBChB, PhD | Dan Stein,<br>FRCP, PhD, DPhil | Nurain Tisaker, M.A.<br>Clinical Psychology | Shaheema Allie, B Soc Sci<br>Psychology &<br>Organizational<br>Psychology, BA (hons)<br>Psychology | Fergus Ashburner, M.A.<br>Clinical Psychology |



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|   |    |                             |  |
|---|----|-----------------------------|--|
|  | 1  | Dr Ramneek Ahluwalia        | Chief Executive Officer: Higher Health   |
|   | 2  | David Bayever               | Chairperson: Central Drug Authority  |
|   | 3  | Dr Sandile Buthelezi        | Director General: National Department of Health  |
|   | 4  | Cassey Chambers             | Operations Director: South African Depression and Anxiety Group (SADAG)  |
|   | 5  | Chantelle Pepper            | Chair: Western Cape Substance Abuse Forum, Western Cape Department of Social Development   |
|   | 6  | Siphokazi Dada              | Scientist: SA Medical Research Council (SAMRC) Alcohol, Tobacco and Other Drug Research Unit                                     |
|   | 7  | Carol Dean                  | Chief Executive Officer: Valkenberg Psychiatric Hospital: Western Cape Department of Health: Mental Health and Substance Use...  |
|   | 8  | Prof Harry Hausler          | Chief Executive Officer: TB HIV Care   |
|   | 9  | Dr Nikiwe Hongo             | Director: KwaZulu-Natal Department of Health: Directorate of Mental Health and Substance Use Disorders                           |
|   | 11 | Dr Pelmos Mashabela         | Deputy Chairperson: Central Drug Authority   |
|   | 12 | Dr Busisiwe Msimanga-Radebe | HIV/AIDS Technical Advisor: World Health Organization  |
|   | 13 | Prof Bronwyn Myers          | Deputy Director: SA Medical Research Council (SAMRC) Alcohol, Tobacco and Other Drug Research Unit                               |
|   | 14 | Dr Tracey Naledi            | Deputy Dean: Health Services, Faculty of Health Sciences, University of Cape Town  |
|   | 15 | Kgalabi Ngako               | Deputy Director: Substance abuse policy, National Department of Health: Directorate of Mental Health and Substance Use Disorders |
|   | 16 | Bharti Patel                | National Executive Director, South African Federation for Mental Health  |
|   | 17 | Dr Suvira Ramlall           | Clinical Head, Psychiatry: King Dinuzulu Hospital,   |
|   | 18 | Prof Solly Rataemane        | Chairperson: Ministerial Advisory Committee on Mental Health in South Africa   |
|   | 19 | Marinda Roelofse            | Deputy Director: Western Cape Department of Health: Mental Health and Substance Use  |
|   | 20 | Shaun Shelly                | PWUD Projects, Policy, Advocacy & Human Rights Manager: TB HIV Care  |
|   | 21 | Prof Katherine Sorsdahl     | Co-Director: Alan J Flisher Centre for Public Mental Health  |
|   | 22 | Adrie Vermeulen             | National Coordinator: South African National Council on Alcoholism and Drug Dependence (SANCA) - National Directorate            |

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## AIMS

| Aim   | Current Strategies   |
|---|--|
| <b>1</b> Support the development of national and regional drug and alcohol policies that promote the implementation of evidence-based best practices for substance use prevention, treatment, and recovery services in South Africa | <ul style="list-style-type: none"> <li>• SBIRT Policy Framework for National Government</li> <li>• Ongoing Technical Assistance in SBIRT rollout</li> <li>• OST Guideline development</li> </ul>   |
| <b>2</b> Expand the uptake of evidence-based best practices for substance use prevention, treatment and recovery services including related health conditions in South Africa   | <ul style="list-style-type: none"> <li>• MI and SBIRT Training</li> <li>• Pan-African MI Engagement</li> <li>• Addiction 2021 Conference</li> <li>• KZN Department of Health Addiction Centre of Excellence</li> <li>• Potential: Western Cape, Eastern Cape, Gauteng, National Directorate of DR TB/HIV</li> <li>• Collaborative integrated package development for ITTC product sustainability (Grants)</li> <li>• Collaboration with ISSUP SA and ICUDDR</li> </ul> |
| <b>3</b> Assess and remove barriers to evidence-based best practices for substance use prevention, treatment, and recovery services in South Africa   | <ul style="list-style-type: none"> <li>• Needs assessment under development</li> </ul>   |

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## Ukraine ITTC



University of California San Diego



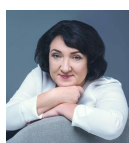
Taras Shevchenko National University of Kyiv



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## Who we are:

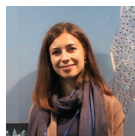
### Team Members



Iryna Pinchuk, MD, PhD,  
Director of Institute of  
Psychiatry of the Taras  
Shevchenko National  
University of Kyiv,  
Director ITTC Project



Igor Koutsenok, MD, Prof.  
University of California San  
Diego, Director, ITTC Project



Yuliia Yachnik, MD  
Institute of Psychiatry of the  
Taras Shevchenko National  
University of Kyiv  
Liaison Officer, ITTC Project

### National Trainers



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## Who we are: Advisory Board



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## Priorities for the ITTC - Ukraine

- Mapping of services and needs assessment update.
- Rapid implementation of the International Standards of Treatment across the country.
  - Introduction of UNODC Quality Assurance Tools.
- Introduction of the International Standards of Prevention.
- Development of a network of outpatient treatment and recovery support services.
- Implementation of a EBPs in criminal-justice and community settings.
- Expanding the pool of National Trainers.
- Rapid improvement in SBIRT knowledge and skills in personal working with veterans and their families (active war is ongoing), including addressing co-occurrence of SUD and trauma.
- Blending SUD treatment into primary health care delivery system through technology transfer.
- Closer integration with ISSUP, ICUDDR and other major organizations.
- Possible expansion to other predominantly Russian speaking countries.

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### Vietnam-International Technology Transfer Center (V-ITTC)

- Awardee: Hanoi Medical University
- Preparation period: Oct 2020 – Sep 2021
- Objective: To establish the foundation for the development of the addiction technology transfer network in Vietnam (advisory, network of trainers, trainees and workplan for 2021 – 2025)

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## A Collaboration Between

- Hanoi University of Medicine
- Ho Chi Minh University of Medicine and Pharmacy
- University of Labour and Social Affairs



## And a distinguished Advisory Board



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• **Key objectives for the Vietnam ITTC**

- Develop quality workforce to support the expansion of prevention, screening, treatment and recovery support services
- Build models of integrated services that are responsive to the health and social needs of people with SUD
- Support the development of policies and technical guidelines that build on evidence generated internationally and in Vietnam.

• **Key areas of activities for the Vietnam ITTC**

- Organize training, technical assistance, workshop and national conferences
- Networking at both international and national levels
- Provide direct services for target populations
- Generate evidence for policy-making processes



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and more

*coming soon*

ITTCnetwork.org

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## Key Points

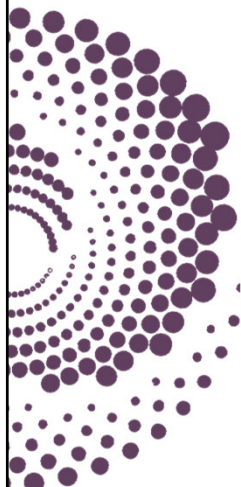
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THANK  
YOU

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