Africa Civil Society Capacity for HIV Prevention Research Advocacy
Local Solutions to Local Challenges from 2012 to 2016

Overview
In 2012, the International AIDS Vaccine Initiative (IAVI) launched a partnership with selected African Civil Society Organizations (CSOs) to increase their leadership in the New HIV Prevention Technologies (NPT) agenda setting and advocacy to address challenges from their limited institutional capacity strengthening and funding. This report analyzes the partnership key achievements and milestones while offering recommendations for the future.

Achievements Summary
• Increased political will for domestic financing
• Increased and sustained interest and engagement of African youth in NPT research
• Increased engagement, ownership and participation of men who have sex with men (MSM) and lesbian gay, bisexual and transgender (LGBT) populations in HIV research
• Increased awareness of gender considerations in HIV prevention research and programming
• Improved engagement of faith leaders

Recommendations Summary
• African CSOs are well positioned to develop homegrown solutions to local challenges provided they own the agenda and leadership.
• Research sponsors and implementers should provide scientific technical support to African CSOs and should form joint partnerships on science advocacy to sustainably influence domestic financing, research with adolescents and integration of gender issues in HIV research.
• Funders should support both short and long-term institutional and human capacity strengthening aspects to ensure that African CSOs integrate biomedical HIV prevention research into their institutional agendas.
• African CSOs and advocates engaged in biomedical HIV prevention research need to develop a cohesive agenda and monitoring and evaluation framework that can help them track progress at national, regional and continental levels.

Introduction
Africa Civil Society (CS) leadership and engagement in biomedical HIV prevention research on the continent is critical to creating demand, support and ownership for NPTs. In 2012, IAVI launched a partnership with selected African CSOs to identify and implement new NPT advocacy and policy agendas. Each CSO received grant money to support these efforts (an estimated total of USD 150,000 with an average range of USD 25,000 - 40,000 grant per organization annually and gradually allocated to each CSO.)

The policy advocacy goals included increasing domestic financing for HIV research, increasing engagement of African youth and key populations in HIV research, ensuring greater consideration for gender and sex in HIV research, and increasing Religious Leaders’ support for NPT research.

CSO Achievements
Five CSOs were selected to lead advocacy efforts based on their NPT research pipeline and epidemic distribution in Africa, CSO geographical reach, defined constituency, clarity of mandate and proposed theory of change (home-grown solutions to local challenges).
WACI Health, a secretariat of the Africa CS Platform on Health who brings together over 60 CSOs from across Africa, Enhanced domestic financing options, and increased demand and backing for NPTs from African CSOs. They mobilized and partnered with East African CSO partners to advocate for the establishment and financing of the East Africa Health Research Platform. They also worked with the Africa CSO platform on health to advocate for the establishment of the African Centers for Disease Control (CDC). In collaboration with AIDS Accountability International, they also developed a domestic financing gap analysis, financing options and advocacy roadmap to guide future policy advocacy projects. To sustain demand and backing for NPTs by Africa CSOs, WACI Health in partnership with New HIV Vaccines and Microbicides Advocacy Society (NHVMAS) and other partners, strategically secured official status for the Biomedical HIV Prevention Forum (BHPF) as an official International Conference on AIDS & STIs in Africa (ICASA) preconference. They also jointly held three NPT pre-conferences at international conferences such as HIV Research for Prevention (R4P); reaching an estimated 795 conference delegates between 2014 and 2015.

Global Youth Coalition against AIDS (GYCA), an African youth-led global network of over 7,500 young leaders and allies to fight the spread of HIV and work to secure sexual reproductive health and rights in over 170 countries worldwide, mobilized, created awareness and increased engagement of African youth in Biomedical HIV prevention research. Despite the greatest burden of HIV among young people being in sub-Saharan Africa (SSA), (J Acquir Immune Defic Syndr. 2013 Jul; 63(0 2): S155–S160), limited biomedical HIV prevention research is conducted with adolescents. GYCA and partners sought to change the paradigm and increase African youth leadership and engagement in NPTs. They developed differentiated strategies in partnership with other African Youth Organizations. They integrated use of technology including social media, and film making in NPT advocacy while ensuring the needs of out of school youths and youths living in rural areas are not left behind. In two years, an estimated 336,800 African youths were reached directly with information on NPTs through innovative platforms such as live twitter chats, the Award nominated “Beyond 5 senses” videos and country dialogues.

GYCA and partners initiated and included an official session on Youth and NPTs at major international conferences. Three sessions on NPT research were conducted at two ICASA youth pre-conferences (Cape Town and Harare) and at the International AIDS Conference 2016 (Durban), reaching a total of 773 youth participants at these meetings.

GYCA in consultation with HIV researchers initiated two research advisory groups for young women formed in Kenya and Zimbabwe to support microbicides and HIV vaccine research conduct among young women. These advisory groups will provide guidance to researchers on issues that affect adolescents and young women as per the recommendations of Good Participatory Practices (GPP). GYCA also initiated training for African youth leaders on NPTs. Fifteen African youth leaders from seven countries in Africa were mentored as NPT champions to promote NPT research at platforms they have access to including the AU and the UN. They wrote two opinion pieces on the need for NPTs and the role of young people in HIV prevention research advocacy published in the Huffington post, Connect Africa Development blog, and several others. (http://www.connectafricadevelopment.org, http://www.gyca.org, http://devsanfr.com/archives/176, https://www.facebook.com/ICASAYouthFront).

Gay and Lesbian Coalition of Kenya (GALCK) and MSM/ LGBT CSOs ensured meaningful community involvement and ownership of research among MSM and LGBT. Conducting HIV research with stigmatized and criminalized populations in resource constrained environments requires ownership and leadership by local and national institutions and coalitions that represent the voice of each population. In partnership with national LGBT coalitions, amfAR and Clinical Research Center (CRC) partners, four national community-led MSM and LGBT research advisory groups...
in Kenya, Rwanda, Zambia and South Africa were established. An estimated 100 MSM and LGBT leaders have been trained on research and NPTs. Six abstracts authored by MSM/LGBT leaders on NPTs were also presented at international conferences. In view of attacks on CRCs conducting HIV research with MSM and violation of human rights of participants, these advisory groups were instrumental in developing a guiding strategy and guidelines on security of data and participants reflected in the revised global guidance document on conducting HIV research with MSM and LGBT (Respect Protect Fulfill Guidance published in November, 2015). These advisory groups have also provided input in protocol development, recruitment and retention strategies and in countries such as Kenya, they developed joint Sexual Orientation and Gender Identity (SOGI) research agenda with scientists and jointly published an article.

In Kenya, GALCK spearheaded the establishment of an on-line platform for engaging MSM/LGBT communities in HIV research (see the Integrated LGBQ Community Online Platform at www.icop.or.ke), the development of violence prevention mechanisms and supported the implementation of a SOGIE community engagement roadmap in HIV research of the Kenya Advisory Group - The G-10 (www.galck.org; www.icop.or.ke.)

International Community of Women Living with HIV (ICW), a global network of over 15,000 individual
women living with HIV in over 120 countries, ensured greater considerations for gender and sex in HIV research and identified key priority research and advocacy through consultative meetings between women and girls living with HIV and researchers (ICW global advocacy priorities, call to action and check list on http://www.iamicw.org/CampaignProcess.) To implement the advocacy plan, they trained forty-five women leaders from Eastern and Southern Africa on advocacy for gender and sex integration into HIV research design, conduct and dissemination. These women leaders were then deployed to secure commitments from researchers, policy makers, and civil society advocates on gender and sex integration and data disaggregation in HIV Research, leading to 417 commitments over a one year period. To ensure a grass-root/grass top and bottom up advocacy strategy, ICW developed community and friendly tools and check list on “What women should look out for when approached to participate in research.” These tools were developed, validated and disseminated on-line to an estimated 15,000 members in ICW’s global network.

Kenya Chapter (INERELA+), a network that brings together over 2,000 religious leaders living with or personally affected by HIV to defeat Stigma, Shame, Discrimination, Denial, Inaction and Misaction) increased support for religious leaders in NPT research. Religious leader support of NPT and choice of population cohorts is crucial in ensuring a conducive environment for HIV research. INERELA conducted a survey to identify the Knowledge Attitude and Practice (KAP) of Religious leaders on HIV vaccines, microbicides and ARV based prevention options. The key barriers to religious leaders support of NPT research were limited knowledge of the state of the field, limited engagement of religious leaders in the research process, fear of being held accountable for negative research consequences if they support a research study, and fear of an upsurge in promiscuity due to misuse and abuse of the increasingly new array of prevention tools (for full report http:// www.inerelakenya.org/wp-content/uploads/2015/01/KENERELA-Survey-Final-Report-June-22nd.pdf). Based on the KAP findings, key religious leaders in the network in collaboration with INERELA+Kenya developed an education and engagement advocacy strategy based on fundamentals of faith. The newly developed Religious Leaders NPT advocacy agenda will be anchored within the Kenya National Faith Based Organizations (FBO) Action Plan, under the Kenya National AIDS Control Council’s leadership to support attainment of the Kenya AIDS Strategic Framework (KASF) goals. It aims to improve religious leaders’ NPT knowledge by 75% by end of 2019, reduce stigma by 20%, and improve perceptions of NPT research by 75%.

Recommendations
African CSOs are well-grounded and fully capable to develop home-grown solutions to local challenges that face the HIV biomedical prevention research. There is increased ownership and accountability when Africa CSOs are empowered to develop their own agenda and strategies that fit their contexts and populations. African CSOs can leverage higher credibility and validation when NPT advocacy is integrated within their institutions and led by reputable CSOs which are already anchored within existing national, regional, continental and global HIV or health research mechanisms.

These approaches can be made both more cost effective and impactful than previous methods that targeted only individual CSO champions or outside of established mechanisms by addressing the following challenges:

Evolving complexity of Science and Science Advocacy: African CSO capacity to understand and master the complexity of HIV biomedical science needs to be approached as a process and not a one-time workshop event. There is need for greater linkages between clinical research centers conducting NPT research with broader African CSOs in addition to their existing community and stakeholder advisory mechanisms. African scientists also faced challenges in understanding community and advocacy needs. Their busy schedules often limited their engagement for policy changes in collaboration with Africa CSOs. A science advocacy strategy in partnership with African scientists is crucial for sustainability and greater impact of NPT advocacy, especially in areas of domestic financing, integration of gender and sex and ethical engagement of adolescents in HIV research.
Inadequate funding and scopes of partnership: Advocacy for NPTs is a long-term endeavor that requires both short-term and long-term strategies. African CSOs involved in these projects were often faced with the challenges of limiting their activities to short-term strategies due to inadequate funding or lack of assurance for long-term funding. In the absence of long-term commitment or funding for institutional capacity strengthening, the integration and mainstreaming of NPT activities were strategically questioned by board members or respective community constituencies as a diversification of their already stretched resources. There is a need for NPT sponsors and funders to ensure an integration of institutional capacity strengthening component and strategic discussions and commitments to both short and long-term impacts.

Inadequate framework for monitoring and evaluation: In addition to lack of long-term perspectives in grants, African CSOs faced the challenges in identification of clear measurement of milestones, impact, and reliable measure of attribution. Advocacy and policy processes are often conducted in conjunction with multiple players and include different processes and stages (both short and long-term) of decision making. Establishing causality and attribution of success to a certain organization or specific strategy remains challenging. Future grants will need to ensure a better framework for monitoring and evaluation of impact and milestones between sponsors and Africa CSOs. This framework should include both qualitative and quantitative measures while being flexible to accommodate changing political and social environmental challenges where Africa CSOs operate.

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