Action planning for community involvement in research advocacy for AIDS vaccines and other prevention technologies

A Facilitation Guide and CD-ROM of Resources

Second Edition
Acknowledgements

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Copies of this document are available in English, French and Spanish.

NOTE: The resources in this toolkit use the terms ‘HIV vaccine’ and ‘AIDS vaccine’ interchangeably, as both terms are widely accepted.
Introduction to this facilitation guide

AIDS is one of the greatest public health emergencies of our time. Currently available HIV prevention interventions are effective, but in many regions of the world, especially in developing countries, their impact has not been significant enough to curb the spread of HIV. Antiretroviral treatment has extended the lives of people living with HIV, but treatment does not provide a cure and still reaches only 20 percent of those who need it in low- and middle-income countries. A comprehensive approach that includes scaled-up prevention, treatment and care is needed to reverse the global pandemic. The combination of these factors makes for an ethical imperative to develop, as quickly as possible, additional prevention options, including effective vaccines to prevent HIV globally.

Despite multiple scientific challenges in AIDS vaccine research and development, AIDS vaccines remain a global priority with many organizations working towards this goal. As new approaches to develop vaccines are being considered in laboratories throughout the world, communities need to be well informed and advocate for a research agenda that addresses their concerns. Clinical trials will continue to be implemented in developed and developing nations to test new biomedical tools for HIV prevention – including vaccines – as well as to inform the design of future vaccine candidates.

In countries where AIDS vaccine trials are planned or already underway, communities have an important role to play in all stages of the design, planning and implementation of the trials. This involvement is key to ensuring the ethical and scientific quality of the research, its relevance to the affected communities and the rapid dissemination of research results and policies based on them. In the case of large-scale trials, where thousands of volunteers must be recruited, the involvement of the community is especially important. The relevance of community engagement has been acknowledged and detailed in a recent set of guidelines developed through a consultation process coordinated by UNAIDS and AVAC: The Good Participatory Practice Guidelines, which provide a framework for community involvement at all stages of biomedical preventive research on HIV. A .PDF of the GPP guidelines is provided in the resources section of the toolkit.

This facilitation guide was designed to increase and improve the active and meaningful involvement of the community sector in AIDS vaccine research and development through action planning. However, these guidelines can be easily adapted to other areas of HIV research advocacy, related to other prevention approaches (e.g. microbicides or PrEP) or to treatment.

Since this guide builds on the efforts and lessons learned around AIDS vaccine advocacy and mobilization, the information used to develop these guidelines and resources has largely been drawn from the following three publications produced by the International Council of AIDS Service Organizations (ICASO) which are focused on vaccines:

- Community involvement in HIV Vaccine Research: Making it work (2006)
This facilitation guide has been developed to support facilitators to take workshop participants through a process to develop draft action plans on advocacy around the involvement of the community sector in AIDS vaccine research and development. However, many communities that are involved in vaccine research and development are also involved in wider prevention research. It is important to encourage these links during the workshop and encourage the integration of vaccine research and development activities with other prevention research activities where appropriate. In the same way, these workshop facilitation guidelines can be easily adapted to implement a workshop on prevention research with vaccines as just one element. The activities suggested within this guide are relevant for all prevention research and would only require minor alterations.

These workshop facilitation guidelines provide a range of tools and advice intended to help facilitation teams design workshops that are appropriate to the different contexts. The notes are divided into four sections:

1. Workshop planning, which provides the context and overall guidance on planning the workshops.
2. Workshop facilitation guide for a 3-day workshop, which provides detailed guidance for designing and facilitating a 3-day workshop.
3. Workshop facilitation guide for a 1-day workshop, which provides detailed guidance for designing and facilitating a 1-day workshop.
4. Additional resources, which provides a glossary of terminology, an explanation of the content of the attached CD-Rom of resources, and advice on information, websites and organizations that might be of further interest. The attached CD-Rom of resources includes these facilitation guidelines and associated Fact Sheets and Worksheets, a range of relevant publications about vaccine and Tip sheets for effective workshop facilitation in .PDF.

These notes are meant for experienced facilitators. They are therefore designed to be flexible and adaptable to the needs of each workshop, considering the local context. Some tips on using and adapting the notes are provided.

**Microbicides:** The word “microbicides” refers to a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted infections (STIs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time.
www.global-campaign.org/about_microbicides.htm

**PrEP:** Pre-exposure prophylaxis (PrEP) refers to an experimental HIV-prevention strategy that would use anti-retrovirals to protect HIV-negative people from HIV infection. PrEP is not proven to work; in the strategy that is currently being tested, HIV-negative people would take a single drug, or a combination of drugs, daily in hopes that this would protect them against HIV infection. Along with AIDS vaccines and microbicides, PrEP is one of the experimental HIV-prevention strategies being tested in clinical trials today.
www.prepwatch.org
Table of contents

1. Workshop planning
2. Workshop facilitation guide for a 3-day workshop
   
   Opening, introductions and expectations
   
   2.1 What is an HIV vaccine? How do vaccines relate to the comprehensive prevention-to-care continuum?
   
   2.2 What misconceptions are held about HIV vaccines and their development?
   
   2.3 What ethical issues concerning AIDS vaccine research and development need to be considered?
   
   2.4 Why is it important for communities to be involved in the AIDS vaccine advocacy, research and development processes?
   
   2.5 What roles can communities play in the vaccine research and development process?
   
   2.6 What resources are available to support community involvement in the AIDS vaccine research and development process?
   
   2.7 Unscheduled session
   
   2.8 Action planning refresher
   
   2.9 Planning actions for community involvement in the vaccine research and development process
   
   2.10 Planning collective action and communication
   
   2.11 Planning the way forward

   Draft 3-day workshop schedule

3. Workshop facilitation guide for a 1-day workshop
   
   Opening, introductions and expectations
   
   3.1 What is an HIV vaccine? How do vaccines relate to the comprehensive prevention-to-care continuum?
   
   3.2 What ethical issues concerning AIDS vaccine research and development need to be considered?
   
   3.3 What roles can communities play in the AIDS vaccine advocacy, research and development process?
   
   3.4 Action planning community involvement in the AIDS vaccine research and development process

   Draft 1-day workshop schedule

4. Additional resources
   
   4.1 Glossary
   
   4.2 CD-Rom content
   
   4.3 Other resources
1. Workshop planning

This section contains some basic points that facilitators should consider before organizing a workshop.

1. Participants

a) Representation

A number of issues should be considered when selecting representatives from the community:

- Participants should be as representative of the community sector as possible. This means that they should represent different parts of the country, different ethnic or religious groups, different types of organizations, and include key population groups in the country, particularly the most marginalized groups, which are likely to be involved in or affected by clinical research. The different types of organizations and key populations that may be representative of communities include:

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Key populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with HIV/AIDS, their groups and networks</td>
<td>Key populations refer to groups of people that are central to the dynamics of, and response to, AIDS.</td>
</tr>
<tr>
<td>Community networks and community-based organizations, including those that involve or support key populations</td>
<td>Examples are:</td>
</tr>
<tr>
<td>Local, national and international non-governmental organizations</td>
<td>• People living with HIV</td>
</tr>
<tr>
<td>AIDS service organizations</td>
<td>• Orphans and vulnerable children</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>• Women and girls</td>
</tr>
<tr>
<td>NGO networks</td>
<td>• Youth</td>
</tr>
<tr>
<td>NGO support organizations</td>
<td>• Sex workers</td>
</tr>
<tr>
<td></td>
<td>• People who use drugs</td>
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<td>• Men who have sex with men</td>
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<td></td>
<td>• Transgender people</td>
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<td></td>
<td>• Migrants</td>
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<td>• Refugees</td>
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<td>• Prisoners</td>
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- Key populations refer to groups of people that are central to the dynamics of, and response to, AIDS.

Examples are:
- People living with HIV
- Orphans and vulnerable children
- Women and girls
- Youth
- Sex workers
- People who use drugs
- Men who have sex with men
- Transgender people
- Migrants
- Refugees
- Prisoners
• Representatives should come from a range of different community sector ‘constituencies’. (See table above.)

• Participants should ideally have a range of skills and experiences that are relevant to strengthening community sector involvement in national coordinating bodies and processes. The level of skills and experiences that will vary in different countries include:
  - Understanding of the research and development process for vaccines and other health products
  - Experience with and networking within the community sector, in particular with regard to HIV and AIDS
  - Experience working within the national HIV and AIDS policy and governance environment
  - Advocacy, representational and communication skills

• As many of the participants as possible should be in a position to continue working on community sector involvement in research and development after the workshop, particularly in terms of putting into action any plans that emerge from the workshop.

b) Planning workshop dates

Given that the workshop will involve a process of analysis and action planning, it is important that all of the participants be available from beginning to end. If possible, the facilitators should contact the participants in advance (especially those already heavily involved in national AIDS policy and decision-making) to choose the most convenient dates. Facilitators should also contact the authorities to check that the workshop dates do not conflict with proposed dates for other important meetings (e.g., those of the National AIDS Commission and Country Coordinating Mechanism). Facilitators should inform participants of workshop dates well in advance, particularly if the participants must travel a long distance to the workshop.

c) Ensuring equal involvement of all participants

The participants’ skills and experience concerning community involvement in AIDS vaccine research and development should be mixed. Facilitators should take care to work at a pace and level that enables all participants to contribute. This may mean spending more time on initial sessions to build understanding of the issues, even though some of the more experienced participants may already know the content. In such cases, asking the more experienced participants to share their experiences can be a way of ensuring that everyone’s participation is valued. If participants do not share a common language, care should be taken to ensure that all participants are able to contribute fully, for example, through the help of translators.

d) Deciding on the number of participants

The total number of participants will depend on resources, people’s availability, and the need to include representatives from as many community sector constituencies as possible. However, given that the workshop needs to be action-oriented and require
concrete follow-up, the overall number of participants must also be manageable. The facilitation guidance in this document assumes that there will be between 15 and 25 participants, although the session plans can still be used in workshops with fewer or more participants.

2. Facilitation team

Because the primary objective of the workshops is to ensure that participants end up with plans for strengthening community sector advocacy and involvement in AIDS vaccine research and development, it would be beneficial for the facilitation team be made up of individuals who are known and trusted by the community sector and understand the role of the community sector vis-à-vis research and development. The team should also include people with skills and experience in the following areas:

- Understanding of the AIDS vaccine research and development process, ethical issues and community involvement. An understanding of broader prevention research, such as microbicides or PrEP would be useful.
- Experience with working in a multi-sectoral context, particularly in terms of strengthening collaboration between the government, private and the community sectors.
- Excellent knowledge of the national AIDS environment and its history, including the main systems and structures, the main actors, the current status of the national AIDS coordination (including community sector involvement.)
- Excellent knowledge of advocacy processes.
- Facilitation of action planning, especially action planning for the community sector as a whole rather than for one organization.

Although not every member of the facilitation team needs to be experienced and skilled in all of these areas, efforts should be made to ensure that the team collectively covers them all.

Three facilitators is an ideal number for this kind of workshop. It is always advisable to have more than one facilitator to ensure that the workshop can continue if one facilitator falls ill or is called away due to an emergency. It is also important for facilitators to be able to support each other during sessions by writing on flipcharts and helping with group work, and also problem solving and re-planning during evening facilitation meetings. Finally, at least one member of the facilitation team – preferably more than one – should be available to take the lead or support the coordination of the action plan implementation in collaboration with workshop participants. This person should of course be acceptable to the community sector, for example, someone who is already active and well-known in community sector networks.
3. Preparation by facilitators

Facilitators should collect as much information as possible about AIDS vaccine research and development, and other relevant research taking place, as well as the current level of community involvement in HIV-related research and development processes in the country. Considering that this information may influence decisions on the selection of workshop participants and the context of the workshop, this research should ideally be carried out beforehand. As the scientific landscape changes frequently and has an important influence on community priorities, it is crucial that facilitators seek the most current information available on global AIDS vaccine research and development and base the discussions on it.

Facilitators (and workshop organizers) need to agree on workshop objectives to ensure that the workshop is well focused. It would be important to discuss whether the workshop will focus strictly on vaccine research and development or whether it should be adapted to include broader prevention research. This has the advantage of situating AIDS vaccine research and development in a broader framework with links to other prevention research and those acting on these issues. This decision will largely depend on the local context and the extent to which vaccine research is a major issue locally. The recently reduced number of vaccine trials in developing countries, and the acceleration of other prevention research, has motivated a change in the focus for some communities to advocate around prevention research more broadly. However, as a long term process, vaccine research and development still requires significant input and involvement from local communities and therefore justifies focused training and information sharing as described in this workshop facilitation guide.

Once decisions have been made on the overall context and the selection of participants, facilitators should set aside some time to familiarize themselves with the workshop facilitation guide. The facilitation guide includes two basic sets of guidance for a 1-day and a 3-day workshop. In addition, each set of guidance also offers a choice of activity options which will need to be reviewed and selected. The entire facilitation team should be involved in the detailed planning of the workshop, including session planning and allocation of facilitation roles, to ensure that all team members share a common understanding of the objectives and the process. This might include simulating complicated sessions. Ideally, facilitators should set aside two days to prepare the technical aspects of the workshop. They should also reserve time to prepare or adapt the materials or presentations and to ensure that logistics go smoothly (including accommodation, travel arrangements, and daily allowances and travel reimbursements.)

The 3-day workshop schedule has a 1.5 hour unscheduled session. You should decide whether you will plan the content of this session with the participants at the end of day 1, or whether to plan this in advance based on your own experience of the participants needs. You might want to change the timing of sessions or add a session that you feel is missing. Or you may want to consider inviting an external expert to answer questions about AIDS vaccine research and development. This tends to be quite useful beyond the workshop, as it enables community representatives to engage in a dialogue with members of the scientific community, in addition to ensuring updated technical information is provided. Alternatively, this time can be used to bring a panel of organizations doing relevant work in this area in the country or region to present their work and experiences.
The CD-Rom includes a number of Fact Sheets and Worksheets for use during the workshop. These resources are designed to be adapted and edited to suit your needs and the interest and level of understanding of the participants. The Fact Sheets included on this CD-Rom are intended to be given out to participants that will NOT receive hard or soft copies of the ICASO publications about vaccines (see CD-Rom content at the end of this publication) or a copy of this CD-Rom. In this case, these Fact Sheets will be the only information (other than their own notes from the workshop) that the participant will take back to their communities about AIDS vaccine research and development. You should decide whether to print out these fact sheets for each participants or whether to access copies of the ICASO publications or this CD-Rom to hand-out to participants. Other resources covering updated information about vaccines and other prevention research are available on the web and can be identified in advance and provided to participants as appropriate. This decision needs to be made well in advance of the workshop.

If the participants are not to receive the ICASO publication or a copy of the attached CD-Rom you might also want to consider making some additional handouts or Fact Sheets of useful information for the participants to take away, for example, ‘Informative resources, websites and organizations’ or a participants list with contact details.

### 4. Venue and equipment required

Venue and equipment requirements will depend on the final workshop program developed by the facilitators. On the whole, plenty of flip-chart paper, tape, Stickie-Stuff or Blu-Tac, marker pens, Post-It Notes, scissors, rulers and paper should be provided, as these will help small working groups report back after each exercise. Projectors, laptops, sound-amplification devices, flipchart stands and so forth, should be provided according to the facilitation team’s preferences.

The venue should be large enough to seat all the participants, including any additional guests who might be invited during the workshop. There should be adequate space and furniture for small-group discussions throughout the workshop. Try and make sure that the workshop room is quiet, neither cold or hot, has fresh air and natural light. Organizing workshops and providing breakfast and lunch on-site often make it easier to start sessions on time and to build a friendly working environment. These decisions will naturally depend on what is customary in the context and on the resources available.

### 5. Available resources to support action

Given that the aim of these workshops is to develop realistic, although draft, advocacy action plans that will support community sector involvement, it would be beneficial for facilitators to research available resources to support actions such as donor funding, materials, partnerships, and technical support that might be available to communities. You may also want to identify non-vaccine specific resources.
Rather than necessarily looking for specific resources, it will be important during the workshop to emphasize the need for vaccines and other priority research and development to be incorporated into the broader community agendas with regards to HIV prevention, care, support and treatment. Resources should be considered in this context.

6. Terminology

Some of the terminology used during the workshop will be new to some of the participants. Encourage the participants to ask for clarification and definitions of words used during sessions and make sure that the participants receive a glossary of terminology to take away with them.

7. After the workshops

Members of the facilitation teams should be available to carry out or support follow-up activities after the workshops, through formal and informal mechanisms.

a) Documenting and communicating the results

Facilitation teams should ensure that the outputs of the workshops, and specifically any future action plans, are documented and communicated as quickly as possible to participants and any other stakeholders after the workshops.

b) Monitoring the implementation of the plans emerging from the workshops

Additional information (e.g., regarding vaccine research and developments or other trials), or consultation with other stakeholders may be required before the action plans can be finalized. Facilitators should monitor and where necessary provide support for this process. Once the plans are finalized and resources have been committed, facilitators should help ensure continuity in monitoring the implementation of the plans if possible.

c) Providing feedback on these Facilitation Guidelines

Feedback concerning the usefulness of the facilitation guidelines and CD-Rom of resources would be very useful. For example: How useful is the content for supporting involvement and developing action plans? What guidance is missing or unclear? If possible, facilitators should share any workshop documentation and action plans with ICASO, as these may provide useful input for future versions of the guidelines. This would also allow these partners to monitor progress on community involvement in AIDS vaccine research and development. Contact HIVvaccines@icaso.org

ICASO and its partners would also appreciate feedback on any facilitators or participants who could potentially become champions for strengthening community advocacy and involvement in AIDS vaccine research and development. These champions include participants who demonstrate an excellent vision of the role the community sector can play, who understand the complexities of this area of work, and who have strong consensus-building and facilitation skills. It is hoped that these champions will become involved in facilitating action-planning activities in other countries in their region.
2. Workshop facilitation guide for a 3-day workshop

<table>
<thead>
<tr>
<th>Opening, Introductions and expectations</th>
<th>Time required: 90 minutes maximum</th>
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**Objective:** To introduce the participants to one another and to adopt or adapt the workshop objectives, program and ground rules.

**Equipment / materials required:**
- Overhead projector or PowerPoint, and flipchart paper.
- Visual aid of the workshop objectives and draft ground rules (behaviour rules which ensure respect for each other and the facilitators.)
- Handouts of the workshop objectives and program.
- Name badges.

**Description**
1. Introduce the title and objective of the session.
2. Ask the participants and facilitators to mingle for ten minutes and introduce themselves to two or three people they do not know; then ask everyone to introduce themselves one by one to the whole group. Encourage everyone not to use official titles like ‘doctor’ for instance to help everyone feel equal during the workshop. To help make the opening session even more relaxed, ask participants and facilitators to share something about themselves, for example, something they have learned since becoming involved in the response to AIDS, or something fun about themselves.
3. Present two or three clear objectives to be achieved during the workshop.
4. Present the objectives and program and propose some start and end times. Invite the participants to discuss the objectives and program with their neighbours and to comment on whether they meet their expectations or not. Note down the comments and discuss whether the workshop program should be changed as a result.
5. Present the draft ground rules for the workshop and ask the participants to make comments and amendments.
6. Agree on who will provide the daily recaps (see Tips under the Recap session plan) or put a flipchart up on the wall for participant to write their names during tea time.
7. Agree on when daily allowance and travel reimbursements will be made (usually during a lunchtime or at the end of the first day.)
Objective: To introduce the participants to AIDS vaccines and how vaccine research and development can be part of a comprehensive prevention-to-care continuum.

Equipment / materials required:
- Pre-prepared presentation either on PowerPoint, overhead projector or flipcharts.
- Overhead projector or PowerPoint projector as necessary.
- Flipchart, to write down participants’ questions and ideas.
- Prepare a handout of the quiz for each participant and facilitator (see CD-Rom.)
Description – Option A:

1. Introduce the title and objective of the session.

2. Suggest a brain warm-up to the participants in the form of a quiz. Be sure to explain that the quiz is not a test and scores will not be collected. The quiz is just for their own interest to see what they already know and to help focus the mind before the presentations to follow.

3. Handout the quiz and give the participants 10 minutes to complete the quiz. Ask the participants to keep the quiz which will be repeated after the following presentation.

4. Give a presentation introducing the participants to basic information about AIDS vaccines. Include issues of the ‘comprehensive prevention-to-care continuum’.¹

5. Ask for any questions or clarifications needed about HIV vaccines.

6. Discuss some of the broader issues raised during the presentation such as the link between vaccine research and development and the ‘comprehensive prevention-to-care continuum’. Consider other relevant prevention research and how it relates to AIDS vaccines in the local context. Brainstorm what is meant by the ‘comprehensive prevention-to-care continuum’. Ask participants for some examples of how HIV vaccine research and development and comprehensive prevention-to-care continuum might be related. Write ideas on a flipchart.

7. Ask for any outstanding questions and answer them with any remaining time for the session. If there is insufficient time to answer the questions during the session write them on a flipchart to address later.

8. Ask the participants to spend 5 minutes re-doing the quiz to see how much they have learned.

Description – Option B:

1. Introduce the title and objective of the session.

2. Give the presentation introducing the participants to basic information about AIDS vaccines.

3. Ask for any questions or clarifications needed about AIDS vaccines.

4. Discuss some of the broader issues raised during the presentation such as the link between vaccine research and development and the ‘comprehensive prevention-to-care continuum’. Brainstorm what is meant by the ‘comprehensive prevention-to-care continuum’. Ask participants for some

¹ Other issues to include: Types of vaccines in existence, how a vaccine works, the side effects of the vaccine, the reasons why we need a vaccine, myths and misconceptions surrounding vaccines, how long the vaccines will stay in the body, emphasis that vaccines are not a cure, the difference between the AIDS vaccine and other vaccines, the mode of administration of the vaccine and its effectiveness. Most of this information can be accessed in the ICASO’s Vaccine Science Primer and can be discussed in details in the following sections.
examples of how AIDS vaccine research and development and comprehensive prevention-to-care continuum might be related. Write ideas on a flipchart. Reinforce the point that AIDS vaccine research and development is closely linked to other prevention research, as well as links to care, support and treatment.

5. Ask for any outstanding questions and answer them with any remaining time for the session. If there is insufficient time to answer the questions during the session write them on a flipchart to address later.

**Tips:**

- Only use the quiz if you think the participants would be interested and enjoy testing themselves. Otherwise consider Option B.
- If you plan to collect the quiz scores make sure that the participants know before they do the quiz. You might want to do this to measure the success of the presentation, or to gain a better understanding of what the participants already know to inform the remainder of the workshop.
- Depending on participants’ existing level of understanding, it may be more appropriate to do an update on AIDS vaccines using your own resources or those included on the attached CD-Rom.
- For Option A, make sure that it is clear that the aim of the brainstorm about the comprehensive prevention-to-care continuum is to collect some suggestions and examples so that you can point out how important it is that AIDS vaccine research and development work is linked to existing HIV prevention, treatment, care and impact mitigation work.
- If some participants find the brainstorming about the continuum of care difficult or challenging, ask other participants with more experience to take the lead in this discussion.
- You may find the following Fact Sheet included on the attached CD-Rom useful when facilitating how HIV vaccine research and development and comprehensive prevention-to-care continuum might be related: Fact Sheet: A Comprehensive Response to AIDS: Moving Towards a Long-Term, Sustainable Solution (2005) IAVI.
- One issue that may be raised during the discussion (depending on the context) is the issue of discordant couples and other at-risk and vulnerable groups and their participation in the trials. Be prepared to discuss this issue.
2.2 What misconceptions are held about AIDS vaccines and their development?

**Objective:** To briefly discuss any misconceptions that are held about AIDS vaccines and their development.

**Equipment / materials required:**
- Participants need their workshop notes, paper and pens.
- Flipchart, to write down participants’ questions and ideas.

**Description:**
1. Introduce the title and objective of the session.
2. Ask the participants to talk in pairs with the person sitting next to them. Ask the participants to identify any misconceptions about AIDS vaccines and vaccine research and development that they have heard, and write them down. Give them 5-10 minutes.
3. Ask for a volunteer to share one misconception. Ask the volunteer to explain why the misconception is not true. Add any comments as necessary, before asking for more volunteers. Continue as long as time allows.
4. Wrap-up the session by emphasizing the importance of dispelling myths and misconceptions, and actively sharing accurate and more positive messages.

**Tips:**
- If complex ethical misconceptions are raised, write them down on a flipchart and point out that they will be discussed in the next session.
- Do not spend too long addressing each misconception, rather allow plenty of time to hear as many misconceptions as possible.
- If need be, collect any remaining misconceptions that have been identified and discuss them later.
- As facilitators you could adapt the design of the following session on ethics and shorten the time allocation for that session. This would leave more time for this session if you feel this is more appropriate for the needs of the participants.

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2 Some of the misconceptions/fears raised during the field-testing of the Facilitators Guide included: Fear that the virus is introduced in their body; perception that all those involved in trials are HIV positive; that trial participants are used as guinea pigs; fear of being killed during trials; the researchers misuse the trial participants for their gain thus exploiting them; the trials are a way of spreading HIV; those who participate are paid; the vaccines are used in animals; the vaccine fattens people; the vaccine is a form of family planning; the vaccine is for women; the vaccines are for those engaging in high risk sex e.g. sex workers; the vaccines being tried in Africa is different from the one being tried in America and that the one being tried in America is better; the vaccine causes impotence and it reduces population.
Objective: To understand and discuss the ethical issues relating to AIDS vaccine research and development process.

Equipment / materials required:
- Pre-prepared 20 minute presentation either on PowerPoint, overhead projector or flipcharts.
- Overhead projector or PowerPoint projector, as necessary.
- Flipchart, to write down participants’ questions and ideas.
- Prepare one copy of the Worksheet ‘Ethics – Things to Think About’ (see CD-Rom) for each participant and facilitator.
- Prepare one copy of the ‘Fact Sheet: Ethical issues concerning AIDS vaccine research and development’ (see CD-Rom) for each participant and facilitator.
- Prepare one copy of the ‘Fact Sheet: Background on the Good Participatory Practice Guidelines’ (see CD-Rom) for each participant and facilitator.
- If resources allow it, you may want to share copies of the document Good participatory practice: guidelines for biomedical HIV prevention trials (see CD-Rom).

Description:
1. Introduce the title and objective of the session.
2. Give a 20 minute presentation on ‘Ethical issues concerning AIDS vaccine research and development’ (and the 6 stages of AIDS vaccine trial participation).
3. Organize the participants into 4 groups. Hand out copies of the Worksheet: ‘Ethics – Things to Think About’ and ask them to discuss them in their groups for 40 minutes. Explain that they will be asked to present their ideas on two of the ‘Things to Think About’ on their worksheets, but they should also aim to briefly discuss the remaining ‘Things to Think About’ within the 40 minutes. Assign two Things to Think About to each group.
4. After tea, give 5 minutes to each group to present their ideas for both ‘Things to Think About’. Take reactions and comments from the rest of the participants after each presentation.
5. Hand out ‘Fact Sheet: Ethical issues concerning AIDS vaccine research and development’.

Time required: 150 minutes maximum
6. Use the remaining 30 minutes to answer any outstanding question about ethics or questions from previous sessions during the day.

7. Wrap up, linking the points raised by the participants with key ethical principles.

**Tips:**
- If you have a large number of participants you may prefer to have eight groups that each present one “Thing to Think About”. Be aware that the more groups you have, the more time is needed for the participants to present their ideas, and for contributions to be made by others.
- Decide whether the Things to Think About worksheet should be given to each participants or just one for each group. This will largely depend on whether the participants will receive a copy of the CD-Rom at the end of the workshop.

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### Day one recap at the start of day two

**Objective:** To refresh our memories of the learnings from the previous day

**Equipment / materials required:**
- Flipcharts and/or visual aids from the previous day that serve as useful reminders of the information and issues shared.

**Description:**
1. Introduce the title and objective of the session.
2. 10 minute presentation of the key sessions and issues that were introduced and discussed the previous day. Remember the purpose of the recap is to remind the participants of the content of the previous day’s work so that they can build on it today. Therefore include the main themes and particularly interesting debates that were covered.
3. Ask participants if they have any outstanding questions on vaccines and other concepts introduced in the previous day.

**Tips:**
- It is a good idea to ask the participants to choose whether the facilitators or participants should provide the recap and for volunteers to be identified before the start of the first day. If the participants are providing the recap, you might want to encourage the ‘recaper’ to discuss the day with other participants and include feedback for the facilitators in their recap, for example, that they need more time for group work, or more explanation of terminology.
**Objective:** To understand the added-value of community involvement in AIDS vaccine research and development.

**Equipment / materials required:**
- 10 minute presentation on ‘Why it is important for communities to be involved in AIDS vaccine research and development?’
- Flipchart, to write down participants’ questions and ideas.
- Small pieces of paper and pens for Option B.
- One copy of the Action Card 1 from ICASO’s Coordinating with Communities: “Initiating Action, Defining the Community Sector, and Building Consensus” (see attached CD-Rom) for each participant and facilitator.

**Description – Option A:**
1. Introduce the title and objective of the session
2. Conduct a plenary brainstorm to answer the following questions; make sure that the answers to the questions are recorded on flipchart paper:
   - Q: Who do we mean when we talk about ‘communities’? (Briefly establish a shared understanding of what ‘community’ means in this context?).
   - Q: What do we mean when we talk about communities ‘being involved’ in vaccine research and development?
   - Q: Why is it important for communities to be involved in the vaccine research and development process?
   - Q: What skills, experience and relationships can communities contribute to the AIDS vaccine research and development process?
3. Make a presentation on ‘Why is it important for communities to be involved in AIDS vaccine research and development?’
4. Ask the participants for their reaction to the presentation and compare the presentation content to the flipcharts recording the discussion preceding the presentation. Emphasize that community involvement means different things in different contexts and for different groups, and that this is the starting point for understanding what this means.

**Description – Option B:**
1. Introduce the title and objective of the session.
2. Conduct a plenary brainstorm to answer the following question:

Q: Why is it important for communities to be involved in the vaccine research and development process?

3. Make a presentation on ‘Why is it important for communities to be involved in AIDS vaccine research and development?’

4. Introduce the participants to a floor map with three interlocking circles labeled: Skills, Experience and Relationships. Explain that, using the floor map, they will identify what communities have to contribute to AIDS vaccine research and development process. This represents the ‘added-value’ of their involvement and can help define their ‘niche role’.

5. Ask the participants to stand around the floor map and make suggestions for what skills, experience and relationship communities can offer to people in the government and private sector involved in AIDS vaccine research and development.

6. Discuss each suggestion briefly and allow the participants with the suggestion to write the idea on a small piece of paper and place it on the floor map.

7. Ask the participants to ask any questions they might have or share comments on the presentation or mapping activity.

**Tips:**

- You may want to use some of the terminology and process included in the ICASO’s publication “Coordinating with Communities” (included in the CD-Rom), particularly Action Card 1, Section 1.2 of Part A and pages 15–22 of the Facilitator’s Notes.

- Use Option A for participants that have a good understanding of why communities should be involved in AIDS vaccine research and development. Option B allows you as a facilitator to focus this discussion and then give the participants the chance to share their skills, experience and partnerships in detail.

- For Option A, the question ‘Why is it important for communities to be involved in AIDS vaccine research and development process?’ should be explored at length. This session aims to help the participants understand their ‘added-value’ or ‘niche role.’

- For Option B, facilitate the mapping activity by creating three overlapping circles labeled skills, experience and partnerships. The suggestions can then be written on pieces of paper and placed near the relevant circle. Keep reminding the participants that by identifying our skills, experience and partnerships we can identify the community ‘added-value’ and ‘niche role’ in AIDS vaccine research and development.

- The discussion regarding what we mean by ‘communities’ is not intended to be a big debate but a simple reflection on ‘who we are’ as opposed to others. Warn the participants that this is not the time to get too caught up in definitions,
and that there does not need to be complete agreement on what ‘communities’ are, as long as it is clear who we are referring to in this workshop.

- Participants may want to separate ‘communities’ from ‘NGOs’. You may want to clarify the distinction (or not) in advance and agree on the terminology to be used.

2.5 What roles can communities play in the AIDS vaccine research and development process?

**Objective:** To learn from examples of what communities have already contributed to the AIDS vaccine research and development process, and identify the kinds of activities and roles that can be undertaken in our context.

**Equipment / materials required:**

- Presentation on how can communities be involved in AIDS vaccine research and development either on PowerPoint, overhead projector or flipcharts (optional.)
- Overhead projector or PowerPoint projector as necessary.
- Flipchart, to write down participants’ questions and ideas.
- Flipchart of group work instructions.
- Prepare one copy of the ‘Fact Sheet 3: Four ways for communities to contribute to the AIDS vaccine research and development process’ (see CD-Rom) for each participant and facilitator.

**Description:**

1. Introduce the title and objective of the session.
2. Ask the participants to brainstorm the main roles that communities can play in the AIDS vaccine research and development process. Allow the participants to briefly describe some of their own experiences.
3. Make a presentation of the four main areas of community involvement using the PowerPoint presentation, if you consider it useful.
4. Explain that these four areas are just a guide and that they can be defined in different ways, and that overlaps between these areas are common. Briefly discuss any other possible areas of involvement or suggested amendments. Remind the participants that, currently, as fewer vaccine trials are being implemented in developing countries, the role of communities must go beyond strengthening vaccine trails to address broader issues such as
awareness raising and understanding of the research process, dispelling myths and promoting facts about vaccine and other prevention research, and ensuring that future vaccine research and development is appropriate and responsive to local needs.

5. Divide the participants into 4 groups. Assign each group one of the four areas of involvement and give them the relevant worksheet. Explain that they will all receive a Fact Sheet which includes all the information contained on the Worksheet. Explain to the participants that, in their groups, they should list specific ways that communities can get involved in the AIDS vaccine research and development process in their context. Explain that they can read the Worksheet aloud to the group to generate a discussion if necessary, but not to get too caught up with the content.

6. Tell the groups they have 45 minutes to discuss the task and present their work clearly on a flipchart.

7. After lunch, ask each group to present their work and ask the remaining participants to ask questions, suggest additions and amendments.

8. Hand out ‘Fact Sheet: Four ways for communities to contribute to the AIDS vaccine research and development process’.

**Tips:**
- Only give out the Worksheets if you think the presentation was insufficient.

### 2.6 What resources are available to support community advocacy and involvement in the AIDS vaccine research and development process?

**Objective:** To identify how to mobilize resources to support the community advocacy and involvement the AIDS vaccine research and development process.

**Equipment / materials required:**
- 10 minute presentation either on PowerPoint, overhead projector or flipcharts.
- Overhead projector or PowerPoint projector as necessary.
- Flipchart, to write down participants’ questions and ideas.
**Description:**

1. Introduce the title and objective of the session.
2. Present a review of possible resources available to support community advocacy and involvement in the AIDS vaccine research and development process.
3. Ask for any additions, comments or questions.

**Tips:**

- This session should focus on how to mobilize resources (whether internally or externally) including funding, materials, partnerships, and technical support that might be available to communities. Although there will be specific external resources available to support community involvement in vaccine research and development, it is important to encourage the participants to access non-vaccine specific external resources, and internal general funds by integrating the majority of research advocacy work into existing community HIV prevention, treatment, care and impact mitigation work.

- A plenary brainstorm would be useful to share knowledge if the participants are aware of funding opportunities and other available resources. Alternatively, an external speaker could be invited to give a brief presentation and answer questions. Or, the facilitator could prepare a presentation in advance and then ask for additions and questions afterwards.

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**Objective:** To provide a time within the schedule of the workshop, to plan a session to address the specific needs of the participants in any context.

**Equipment / materials required:**

- Pre-prepared materials as necessary.

**Tips:**

- This 1.5 hour unscheduled session should be planned in advanced, however, you must decide whether you will plan the content of this session with the participants at the end of day 1, or whether to plan this in advance based on your own experience of the participants needs. The following list of ideas may prove useful:

  - amend the timings of the scheduled sessions to give more time to another session;
- add a session that you feel is missing (for example, the basics of advocacy);
- invite an external expert to answer questions about AIDS vaccine research and development – this tends to be quite useful beyond the workshop as it enables community representatives to engage in a dialogue with members of the scientific community, in addition to ensuring updated technical information is provided;
- bring a panel of local or regional organizations doing relevant work in this area to present their work and experiences;
- provide an overview of other prevention research happening in the region to promote linkages;
- extend the day to allow time to go on a relevant field or site visit.

**Objective:** To refresh our memories of the learnings from the previous day

**Equipment / materials required:**
- Flipcharts and/or visual aids from the previous day that serve as useful reminders of the information and issues shared.

**Description:**
1. Introduce the title and objective of the session.
2. 10 minute presentation of the key sessions and issues that were introduced and discussed the previous day.
3. Ask participants if they have any outstanding questions from the previous day.

**Tips:**
- Remember the purpose of the recap is to remind the participants of the content of the previous day’s work so that they can build on it today. Therefore include the main themes and particularly interesting debates that were covered.
- A facilitator or one or more participants can be responsible for providing the recap. If a facilitator provides the recap then you can make sure that the presentation will stay within the time limit, and cover the issues that you feel were particularly important from the previous day – you have control. However the participants may want to do the recap themselves. If so, this will provide the facilitators with an insight into what was consider important or interesting form the previous day. It does not matter who does the recap, as long as the content is strong and time keeping is good.
• It is a good idea to ask the participants to choose whether the facilitators or participants should provide the recap and for volunteers to be identified before the start of the first day.

• If the participants are providing the recap, you might want to encourage the ‘recaper’ to discuss the day with other participants and include feedback for the facilitators in their recap, for example, that they need more time for group work, or more explanation of terminology.

2.8 Action planning refresher

Time required: 30 minutes maximum

**Objective:** To remind ourselves on what is involved in action planning.

**Equipment / materials required:**
• Flipchart, to write down participants’ questions and ideas.

**Description:**
1. Introduce the title and objective of the session.
2. Facilitate a plenary discuss based on the following questions:
   Q: What steps need to be taken to develop an action plan?
   Q: Who should be involved in action planning for collective community involvement?
   Q: What opportunities exist for action planning collective community involvement in the AIDS vaccine research and development process?

**Tips:**
• This should be a refresher. If it becomes clear that the participants have a weak understanding of action planning then share the hand-out and read it through. Then allow questions to be asked.
Objective: To identify and draft group, or collective actions to be undertaken by communities in the AIDS vaccine research and development process, including advocacy.

Equipment / materials required:
- Flipchart, to write down participants’ questions and ideas.
- Giant wall chart made from flipchart paper with four columns titled:
  - Education and capacity building for community leaders.
  - Awareness and education of potential trial participants.
  - Structured mechanism for consultation.
  - Monitoring, advocacy and partnership building.
- Prepare some Stickie-Stuff, Blu-Tac or tape for each participant.
- Prepare 15–30 small pieces of paper for each participant.
- Prepare two coloured marker pens for each participant.
- Pin up the outputs from session 2.5.
- Prepare Worksheets on Action Planning for Option B.

Description – Option A:
1. Introduce the title and objective of the session.
2. Explain that before the participants can decide how they can work together to strengthen the AIDS vaccine research and development process and make it more appropriate to the local context, it is useful to reflect on what we can do individually, as a community or NGO, and what should be done collectively.
3. Point out the wall chart of four areas of action to the participants. Explain that they will be given small pieces of paper to write ‘draft’ actions that their community or NGO might take to strengthen the AIDS vaccine research and development process under each of the four areas of involvement (as appropriate). They should use the outputs of session 2.5 to help them identify actions. Ask the participants to mark each piece of paper with the name, acronym or symbol of their community or NGO. The participants should have two different coloured pens each – one colour (red) should represent ‘can do on our own’ and the other (blue) ‘need to collaborate with others’. Give out 15-30 pieces of paper and a red and blue pen to each participant.
4. Give the participants 30 minutes to write their draft actions on the pieces of paper (one action per piece of paper). When they have finished, ask them to stick their actions to the wall chart in the correct column.

5. After tea, ask the participants to gather around the wall chart. Work with the participants to group the ‘blue’ actions. Then, look through the remaining actions ‘red’ actions, group them and identify any that would benefit from collective action.

6. Facilitate the participants to review the list of grouped activities and identify any group actions that have been missed out (use the outputs from session 2.5 to help.)

**Description – Option B:**

1. Introduce the title and objective of the session (adapt session title as necessary).

2. Draw the participants’ attention to the outputs of activity 2.5. Pin these to the wall.

3. Ask the participants to work in the same groups to add more details to their draft actions. Ask the participants to identify the most important group, or collective, actions and then discuss and add the following specific details to the actions:
   - Ideally which communities would be involved in this action?
   - Ideally which organizations or agents outside the community sector would be involved in this action? What role would they serve?
   - What resources are needed (money, information, equipment, etc.)?

4. Give out the Worksheet ‘Action Planning’ as a reference document to each group. Ask the groups to prepare to present their work as a table on flipchart paper. They will have 45 minutes before tea and then a further 30 minutes after tea to complete the task. The groups can choose if they want to work while they have the tea.

5. Ask each group to present their group work and invite comments from others.

**Tips:**

- Choose Option B if the outputs from activity 2.5 were strong and comprehensive. Choose Option A if the participants need more time to think about actions for involvement in the AIDS vaccine research and development process.

- You could ask the participants to identify draft actions in pairs for people from the same community or NGO if this is relevant and if you think this might achieve better results.

- Actions are ‘draft’ as colleagues must be consulted before actions can be finalized.
• As the facilitator, stand by the wall chart and check that the participants have added their community or NGO name to the pieces of paper.

• Use the tea break to familiarize yourself with the content of the wall chart.

• Grouping the draft actions may take a lot of time. Try to keep discussions focused on useful analysis and remind the participants that nothing is set in stone.

• Ask for help from a co-facilitator to list the grouped actions on a flipchart and list which communities have showed an interest in being involved. Tell the participants that they will have an opportunity to add their community or NGO’s name (if they wish) to the list of actions that they did not identify themselves.

• For Option B, as facilitators, make sure that you review the outputs from session 2.5 to see if all the key actions have been identified and included.

• For Option B be flexible to ensure that there is enough time for the group work and presentations to be done well even if it means rescheduling the remaining sessions.

• Facilitators will need to do some preparation for session 2.11 during this lunch time.

2.10 Planning collective action and communication

**Objective:** To discuss the extent to which actions should be coordinated and possible mechanisms for communication and coherent planning.

**Equipment / materials required:**
• Flipchart, to write down participants’ questions and ideas.

**Description:**
1. Introduce the title and objective of the session.
2. Facilitate a discussion about the benefits and risks of coordinating actions to address an issue such as community involvement in vaccine research and development.
3. Ask the participants to brainstorm what information should be shared and why.
4. Briefly brainstorm with the participants:
   - any organizations/networks of communities or NGOs that already exist with a remit to coordinate activities or facilitate communication;
Action planning for community involvement in research advocacy for AIDS vaccines and other prevention technologies

- any organizations that communities work well with that have an existing or potential coordination or communication remit.

5. Ask the participants to discuss how the draft activities that require collective action can be coordinated, and what viable communication mechanisms exist for sharing information and lessons learned.

**Tips:**

- This session may not result in an agreed approach, however it is important to discuss in principle how actions can be coordinated and information shared.

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**2.11 Planning the way forward**

**Objective:** To work in groups to develop draft actions plans for group action.

**Equipment / materials required:**

- Flipchart, to write down participants’ questions, ideas and group work.

- For Option A below you will need to create small groups and allocate a few ‘draft collective actions’ for each of these group to action plan. Divide the number of participants by 3-4 people to see how many groups you will have (if you have a lot of participants you can afford 4 people in a group). Divide this number of groups by the list of group actions identified during this session. This is the number of group actions that each group will have to action plan during session 2.11. Write down the group actions that will be given to each group on a piece of paper ready to hand out (this should have already been prepared during lunchtime.)

- Prepare a flipchart of a blank action plan (see CD-ROM, Worksheet: Action Planning.)

- For Option A, prepare the same amount of worksheets as group actions (Worksheet: Action Planning.)

**Description – Option A (following on from 2.9 Option A):**

1. Introduce the title and objective of the session.

2. Show the blank action plan flipchart and explain that the group will be given worksheets with this draft action planning framework to use as a guide.

3. Divide the participants into groups of 3-4 people (make sure that each group includes someone who is likely to have action planning experience.)
4. Hand out a set of group actions to each group and ask them to develop a DRAFT action plan for each using the action plan worksheet as a guide. Hand out one Action Plan Worksheet for each group action to be action planned. Tell the participants that they have 50 minutes to complete the group work. Point out how long they have to draft each action plan to finish the group work on time. Ask the groups to draft actions plans that are clearly written and that can be presented during plenary. Encourage the groups to use the outputs of session 2.10 to inform their action planning.

5. After tea, ask the groups to make brief presentations of their action plans. Note down any comments made after each presentation.

6. Facilitate a discussion on the most controversial issues with the remaining time.

7. Agree on who should keep the action plans and whether they should be photocopied or reproduced and included in the workshop report.

8. Allow the participants to discuss next steps and concrete steps forward, including commitments to follow up activities after the workshop.

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**Description – Option B (following on from 2.9 Option B):**

1. Introduce the title and objective of the session (adapt session title as necessary.)

2. Ask the participants to work in the same groups as session 2.9 Option B and use the outputs generated by session 2.9.

3. Tell them that they have 50 minutes to complete the task.

4. Ask the participants to add the following to their draft action plans:
   - Who should be responsible for getting this action ‘on the agenda’, for example, who will be responsible for making sure this draft action becomes a reality after the workshop?
   - Who should coordinate the action when it is implemented?
   - Number the actions if they are out of time sequence (identifying actions that can run concurrently.)
   - When should/could the actions take place?

5. Ask the groups to present their work by placing the group outputs on the floor and gathering around to review the additions that have been made.

6. Allow plenty of time for discussion after each presentation.

7. Leave 10–15 minutes to remind the participants how the group outputs will be documented and shared, and discuss how to take actions forward after the workshop.

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**Tips:**

- It is important to point out that this session is about planning a way forward to make sure something happens after the workshop. Therefore action plans
do not need to be very detailed and can be very ‘draft’. The most important part of the action plan is to identify who might be able to coordinate a more detailed action planning process, when this might happen, and how.

- Some participants may feel reluctant to develop action plans. Participants felt that way during the field testing of the Facilitators Guide because they had not been able to follow through what they planned to do due to resource-limited environment they operate in. However, it is the role of the facilitator(s) to encourage participants to develop an action plan, even if counting only with resources already available to participants, as a way to immediately use the knowledge gained during the workshop.

- Do not give each group more than 3 group actions to action plan. 1 or 2 is preferable.

- Stress to the participants that they do not need to develop a detailed list of activities in their action plans – just the main activities will be sufficient.

- Point out that the same worksheets might be useful to plan activities to be carried out by individual communities / NGOs after the workshop with their constituents / colleagues.

- For Option B, point out that participants can stick an extra piece of flipchart paper to their existing actions plans to add columns as necessary

Workshop close

**Objective:** To close the workshop with a review of the workshop and appreciation for all involved in the workshop organization and implementation.

**Equipment / materials required:**
- Make sufficient copies of any additional handouts of information or certificates that you consider necessary.

**Description:**
1. Briefly review what has been covered during the workshop.
2. Thank the participants, the recap volunteers, facilitators, hosts and organizers as appropriate and wish everyone a safe journey home.

**Tips:**
- Decide in advance whether the participants will receive a certificate of attendance or participation. Prepare as necessary.
- Decide in advance what information the participants will have to take back
to their communities or NGOs (Fact Sheets or ICASO Publications and/or CD-Rom). If the participants are not to receive the ICASO publications or copy of the attached CD-Rom, you might want to consider making some additional handouts or Fact Sheets of useful information for the participants to take away, for example, ‘Informative resources, websites and organizations’ or a participants list with contact details, etc.

Draft 3-day workshop schedule

<table>
<thead>
<tr>
<th>Session</th>
<th>Day one</th>
<th>Day two</th>
<th>Day three</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00–10:30</td>
<td>Opening, introductions and expectations</td>
<td>Recap</td>
<td>Recap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 Why is it important for communities to be involved in the AIDS vaccine research and development process?</td>
<td>2.8 Action planning refresher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.9 Planning actions for community involvement in AIDS vaccine research and development process</td>
<td>2.9 Planning actions for community involvement in AIDS vaccine research and development process</td>
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<tr>
<td>Networking tea break</td>
<td></td>
<td></td>
<td>2.9 Continued</td>
</tr>
<tr>
<td>11:00–12:30</td>
<td>2.1 What is an AIDS vaccine? How do vaccines relate to the comprehensive prevention-to-care continuum?</td>
<td>2.5 What roles can communities play in the AIDS vaccine research and development process?</td>
<td>2.9 Continued</td>
</tr>
<tr>
<td>Lunch and back for energizer</td>
<td>2.2 What misconceptions are held about AIDS vaccines and their development?</td>
<td>2.5 Continued</td>
<td>2.10 Planning collective action and communication</td>
</tr>
<tr>
<td>13:30–15:00</td>
<td>2.3 What ethical issues concerning AIDS vaccine research and development need to be considered?</td>
<td>2.6 What resources are available to support community involvement in the AIDS vaccine research and development process?</td>
<td>2.11 Planning the way forward</td>
</tr>
<tr>
<td>Networking tea break</td>
<td>2.3 Continued</td>
<td>2.7 Unscheduled Session</td>
<td>2.11 Continued Workshop close</td>
</tr>
<tr>
<td>15:30–17:00</td>
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3. Workshop facilitation guide for a 1-day workshop

**Objective:** To introduce the participants to one another and to adopt or adapt the workshop objectives, program and ground rules.

**Equipment / materials required:**
- Overhead projector, PowerPoint or flipchart.
- Prepare handouts of the workshop objectives and program.
- Prepare a flipchart of draft ground rules.
- Name badges.

**Description:**
1. Welcome the participants to the workshop.
2. In your opening remarks, make sure to explain what is meant by the ‘communities’ and how the participants were selected.
3. Ask the participants to introduce themselves one by one to the whole group. To help make the opening session even more relaxed, ask participants to share something about themselves, for example, something they have learned since becoming involved in the response to AIDS, or something personal that is fun. If participants come from very different social backgrounds (a likely situation if marginalised groups are involved), the social hierarchies may influence people’s confidence and ability to participate. Although this needs to be managed throughout the workshop, one way of helping to ‘even’ things out is to ask participants to introduce themselves by their first names or nicknames, rather than by using official titles such as ‘doctor’ or ‘professor’.
4. Present two or three clear objectives to be achieved during the workshop. Present the workshop program and propose some start and end times. Invite the participants to comment on whether they meet their expectations or not. Note down the comments and find an opportunity to discuss whether the workshop program should be changed as a result.
5. Agree on ground rules for the workshop (behaviour rules which ensure respect for each other and the facilitators.)
3.1 What is an AIDS vaccine? How do vaccines relate to comprehensive prevention-to-care continuum?

**Objective:** To introduce the participants to AIDS vaccines and how vaccine research and development can be part of a comprehensive prevention-to-care continuum.

**Equipment / materials required:**
- Pre-prepared presentation on ‘What is an AIDS vaccine?’ either on PowerPoint, overhead projector or flipcharts.
- Overhead projector or PowerPoint projector as necessary.
- Flipchart, to write down participants’ questions and ideas.

**Description:**
1. Introduce the title and objective of the session.
2. Give a 15 minute presentation introducing the participants to basic information about AIDS vaccines. Include issues of the ‘comprehensive prevention-to-care continuum’.3

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3 Other issues to include: Types of vaccines in existence, how a vaccine works, the side effects of the vaccine, the reasons why we need a vaccine, myths and misconceptions surrounding vaccines, how long the vaccines will stay in the body, emphasis that vaccines are not a cure, the difference between the AIDS vaccine and other vaccines, the mode of administration of the vaccine and its effectiveness. Most of this information can be accessed in the ICASO’s Vaccine Science Primer and can be discussed in details in the following sections.
3. Ask for any questions or clarifications needed about AIDS vaccines. Either write these down to address at the end of this session or during another, or answer them briefly immediately. To check the participants understanding, briefly brainstorming what the participants understand by the phrase ‘comprehensive prevention-to-care continuum’ and how this might be linked to AIDS vaccine research and development.

4. Ask the participants to brainstorm any misconceptions about AIDS vaccines and vaccine research and development that they have heard. Write them on a flipchart. Then ask for volunteers to explain briefly why the misconceptions are not true. Make any corrections as necessary. Continue as long as time allows.4

5. Ask for any outstanding questions and answer them.

**Tips:**

- Depending on participants’ existing level of understanding, you may want to use your own resources or those included on the CD-Rom.

- You may find the following Fact Sheet included on the CD-Rom useful when facilitating how HIV vaccine research and development and comprehensive prevention-to-care continuum might be related: Fact Sheet: A Comprehensive Response to AIDS: Moving Towards a Long-Term, Sustainable Solution (2005) IAVI.

- Reinforce the point that AIDS vaccine research and development is closely linked to other prevention research, as well as links to care, support and treatment.

- If some participants find the brainstorming about the continuum of care difficult or challenging, ask other participants with more experience to take the lead in this discussion. Do the same with the issue of misconceptions (or you can prepare a handout of “true or false” facts of AIDS vaccines.)

- One issue that may be raised during the discussion (depending on the context) is the issue of discordant couples and other at-risk and vulnerable groups and their participation in the trials. Be prepared to discuss this issue.

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4 Some of the misconceptions/fears raised during the field-testing of the Facilitators Guide included: Fear that the virus is introduced in their body; perception that all those involved in trials are HIV positive; that trial participants are used as guinea pigs; fear of being killed during trials; the researchers misuse the trial participants for their gain thus exploiting them; the trials are a way of spreading HIV; those who participate are paid; the vaccines are used in animals; the vaccine fattens people; the vaccine is a form of family planning; the vaccine is for women; the vaccines are for those engaging in high risk sex e.g. sex workers; the vaccines being tried in Africa is different from the one being tried in America and that the one being tried in America is better; the vaccine causes impotence and it reduces population.
Objective: To understand and discuss the ethical issues relating to the AIDS vaccine research and development process

Equipment / materials required:

- A 20 minute presentation on ‘What ethical issues concerning AIDS vaccine research and development need to be considered?’ either on PowerPoint, overhead projector or flipcharts.
- Overhead projector or PowerPoint projector as necessary.
- Flipchart, to write down participants’ questions and ideas.
- Prepare one copy of the Worksheet ‘Ethics – Things to Think About’ (see CD-Rom) for each participant and facilitator.
- Prepare one copy of the ‘Fact Sheet: Ethical issues concerning AIDS vaccine research and development’ (see CD-Rom) for each participant and facilitator.
- Prepare one copy of the ‘Fact Sheet: Background on the Good Participatory Practice Guidelines’ (see CD-Rom) for each participant and facilitator. If resources allow it, you may want to share copies of the document ‘Good participatory practice: guidelines for biomedical HIV prevention trials’ (see CD-Rom) Prepare one copy of the Worksheet ‘Ethics – Things to Think About’ (see CD-Rom) for each participant and facilitator.

Description – Option A:

1. Introduce the title and objective of the session.
2. Give a 20 minute presentation on ‘Ethical issues concerning AIDS vaccine research and development’ (and the 6 stages of AIDS vaccine trial participation.)
3. Organize the participants into 4 groups. Hand out copies of the Worksheet: ‘Ethics – Things to Think About’ and ask them to discuss them in their groups for 40 minutes. Explain that they will be asked to present their ideas on two of the ‘Things to Think About’ on their worksheets, but they should also aim to briefly discuss the remaining ‘Things to Think About’ within the 40 minutes. Assign two Things to Think About to each group.
4. After tea, give 5 minutes to each group to present their ideas for both ‘Things to Think About’. Take reactions and comments from the rest of the participants after each presentation.
5. Hand out ‘Fact Sheet: Ethical issues concerning AIDS vaccine research and development’.

Time required: 90 minutes maximum
6. Use the remaining 30 minutes to answer any outstanding question about ethics or questions from previous sessions during the day.

**Description – Option B:**

1. Introduce the title and objective of the session

2. Give a 10 minute presentation on ‘Ethical issues concerning AIDS vaccine research and development’ (and the 6 stages of AIDS vaccine trial participation).

3. Organize the participants into 6 groups. Assign each group to work on one stage in a AIDS vaccine trial process. Ask them to discuss what communities can do to address some of the ethical issues faced at each stage. Give them 30 minutes to complete the group work.

4. Give 5 minutes to each group to present their ideas to their fellow participants and take questions and contributions.

5. Hand out ‘Fact Sheet: Ethical issues concerning AIDS vaccine research and development’.

**Tips:**

- If you have a large number of participants you may prefer to have eight groups that each present one ‘Thing to Think About’. Be aware that the more groups you have, the more time is need for them to present their ideas, and for contributions to be made by others.

- Decide whether the Things to Think About worksheet should be given to each participants or just one for each group. This will largely depend on whether you think that the workshop contain useful information for subsequent discussion at the community level after the workshop.

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**3.3 What roles can communities play in the AIDS vaccine research and development process?**

**Objective:** To learn from examples of what communities have already contributed to the AIDS vaccine research and development process, and identify the kind of activities and roles that can be undertaken in our context.

**Equipment / materials required:**

- Presentation on ‘What roles can communities play in the AIDS vaccine research and development process?’ either on PowerPoint, overhead projector or flipcharts.

- Overhead projector or PowerPoint projector as necessary.
Action planning for community involvement in research advocacy for AIDS vaccines and other prevention technologies

- Flipchart, to write down participants’ questions and ideas.
- Flipchart of group work instructions.
- Prepare one copy of the ‘Fact Sheet: Four ways for communities to contribute to the AIDS vaccine research and development process’ (see CD-Rom) for each participant and facilitator.

**Description – Option A:**

1. Facilitate a plenary discussion based on the following two questions:
   - Why is it important for communities to be involved in AIDS vaccine research and development?
   - What are the main ways in which communities can strengthen the AIDS vaccine research and development process?

2. Present the four areas of community involvement in vaccine research and development using a presentation about the roles that communities can play in the AIDS vaccine research and development process.

3. Divide the participants into four groups. Give each group some small pieces of paper, Stickie-Stuff and marker pens. Assign one of the four area of involvement to each group and ask them to write specific actions that can be taken to strengthen the vaccine research and development process. The actions should be tasks that individual communities can do as well as collective efforts achieved with joint action across communities. Ask them to write one action on each piece of paper. Ask them to write clearly so that the writing can be seen during plenary. Tell the participants that they have 30 minutes to do the group work.

4. When the groups have finished ask them to stick their actions on the wall.

5. Ask each group to present their actions. After all the presentations have been made, collect brief comments and additions from other participants.

6. Hand out the ‘Fact Sheet: Four ways for communities to contribute to the AIDS vaccine research and development process’.

**Description – Option B:**

1. Present the four areas of community involvement in vaccine research and development using a presentation about the roles that communities can play in the AIDS vaccine research and development process.

2. Divide the participants into four groups. Give each group some small pieces of paper, Stickie-Stuff and marker pens. Assign each group one area of involvement and ask them to write specific actions that can be taken to strengthen the AIDS vaccine research and development process. The actions should be tasks that individual communities can do as well as collective efforts achieved with joint action across communities. Ask them to write one
action on each piece of paper. Ask them to write clearly so that the writing can be seen during plenary. Tell the participants that they have 50 minutes to do the group work.

3. When the groups have finished ask them to stick their actions on to the wall.

4. Ask each group to present their actions. After all the presentations have been made, collect brief comments and additions from other participants.

5. Hand out the ‘Fact Sheet: Four ways for communities to contribute to the AIDS vaccine research and development process’.

**Tips:**
- The discussion regarding what we mean by communities is not intended to be a big debate but a simple reflection on ‘who we are’ as opposed to others. Warn the participants that this is not the time to get too caught up in definitions and that there does not need to be complete agreement on what ‘communities’ are, as long as it is clear who we are referring to in this workshop.
- Participants may want to separate ‘communities’ from ‘NGOs’. You may want to clarify the distinction (or not) in advance and agree on the terminology to be used.
- You may want to Prepare one copy of the Action Card 1 from ICASO’s Coordinating with Communities: “Initiating Action, Defining the Community Sector, and Building Consensus” (see attached CD-Rom) for each participant and facilitator (as suggested for the 3-day workshop) in case participants want to discuss “who are we” in more detail.

<table>
<thead>
<tr>
<th>3.4 Action planning community advocacy and involvement in the vaccine research and development process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> To identify draft group, or collective, actions to be undertaken by communities in the AIDS vaccine research and development process, including advocacy.</td>
</tr>
<tr>
<td><strong>Equipment / materials required:</strong></td>
</tr>
<tr>
<td>- Flipchart, to write down participants’ questions and ideas.</td>
</tr>
<tr>
<td>- Flipchart of five questions (see below.)</td>
</tr>
<tr>
<td>- A 5 minute presentation on the possible resources available to support community involvement in the AIDS vaccine research and development process.</td>
</tr>
<tr>
<td>- Prepare stacks of roughly 20 Post-It Notes to give to each participant. Have more available.</td>
</tr>
<tr>
<td><strong>Time required:</strong> 80 minutes maximum</td>
</tr>
</tbody>
</table>
**Description – Option A:**

1. Introduce the title and objective of the session.

2. Facilitate a plenary discussion based on the following questions:
   
   Q: Which of the group actions identified in 3.3 are a priority?
   
   Q: What opportunities exist for action planning community involvement in the vaccine research and development process?
   
   Q: What steps need to be taken to develop an action plan (as a community/NGO sector)?
   
   Q: Who should be involved in action planning for collective community involvement?
   
   Q: Who can be responsible for taking these ideas for group action forward after the workshop?

3. Give a brief presentation reviewing possible resources available to support community advocacy and involvement in the AIDS vaccine research and development process.

4. Hold a question and answer session.

5. Give each participant some flipchart paper, marker pens and Post-It Notes. Ask the participants to use flipchart paper and pen to make a poster of what priority activities their own community or NGO could pursue, when, and with whom they might want to collaborate to do the activities.

6. When the participants have finished ask them to stick their posters on the wall (making sure that they are labeled with their community or NGO name.)

7. Then ask the participants to use their Post-It Notes to write collaboration messages for individual communities in the workshop. They should make sure they start with the name of their community or NGO and then write their message; for example, one community might write the following Post-It Note to stick on the poster of an experienced community mobilization NGO ‘Chiang Rai Sex Workers Network requests training and resources, or partnership to make outreach pamphlets with information on research’.

**Description – Option B:**

1. Introduce the title and objective of the session.

2. Give a brief presentation reviewing possible resources available to support community advocacy and involvement in the AIDS vaccine research and development process.

3. Answer any questions raised by the presentation and ask for any other contributions.
4. Facilitate a plenary discussion based on the following questions:

Q: Which of the actions identified in 3.3 are a priority?

Q: Who should be involved in action planning for collective community involvement in the AIDS vaccine research and development process?

Q: What opportunities exist for action planning community involvement in the vaccine research and development process?

Q: What steps need to be taken to develop an action plan (as a community/NGO)?

5. Use any remaining time to:

- identify who should be encouraged to be involved in each action identified in session 3.3 and when the actions might take place

OR

- allow the participants to discuss next steps and concrete steps forward, including commitments to follow up activities after the workshop. Let the participants mingle and have informal discussions about how they might collaborate on different actions, who might take the lead etc

**Tips:**

- Some participants may feel reluctant to develop action plans. Participants felt that way during the field testing of the Facilitators Guide because they have not been able follow through what they planned to do due to resource-limited environment they operate in. However, it is the role of the facilitator(s) to encourage participants to develop an action plan, even if within the resources currently available to participants, as a way to immediately use the knowledge gained during the workshop.

- For prioritizing the actions from session 3.3, you can either reorder the pieces of paper or facilitate a discussion and ask a co-facilitator to write a list on a flipchart.

- The presentation on mobilizing resources should focus on internal and external funding, materials, partnerships, and technical support that might already be available to communities. Although there will be specific external resources available to support community involvement in vaccine research and development, it is be important to encourage the participants to access non-vaccine specific external resources, and internal general funds by integrating the majority of vaccine research and development work into existing community HIV prevention, treatment, care and impact mitigation work.

- Time is very short for this session. Consider having a working tea – give the presentation on possible available resources and move straight in the five questions while the participants have their tea.
Objective: To close the workshop with appreciation for all involved in the workshop organization and implementation.

Equipment / materials required:
- Make sufficient copies of any additional handouts of information or certificates that you consider necessary.

Description:
1. Thank the participants, the volunteers, facilitators, hosts and organizers as appropriate.
2. Wish everyone a safe journey home.

Tips:
- Decide in advance whether the participants will receive a certificate of attendance or participation. Prepare as necessary.
- Decide in advance what information the participants will have to take back to their communities or NGOs (Fact Sheets or ICASO Publications and/or CD-Rom). If the participants are not to receive the ICASO publications or copy of the attached CD-Rom, you might want to consider making some additional handouts or Fact Sheets of useful information for the participants to take away, for example, ‘Informative resources, websites and organizations’ or a participants list with contact details, etc.
<table>
<thead>
<tr>
<th>Session</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 09:00–10:30 | Opening, introductions and expectations  
3.1 What is an HIV vaccine? How do vaccines relate to the comprehensive prevention-to-care continuum? |
| Networking tea break |  |
| 11:00–12:30 | 3.2 What ethical issues concerning AIDS vaccine research and development need to be considered? |
| Lunch and energizer |  |
| 13:30–15:00 | 3.3 What roles can communities play in the AIDS vaccine research and development process? |
| Networking tea break (working tea?) |  |
| 15:30–17:00 | 3.4 Action planning community involvement in the HIV vaccine research and development process  
Workshop close |
4. Additional resources

4.1 Glossary

**added value:** this refers to the particularly skills, experience and characteristics that the community sector has that make their contribution valuable for those in different sectors

**autonomy:** see principle of autonomy

**beneficence:** see principle of beneficence

**CAB (community advisory board):** a committee composed of community members who provide input at every step of the research. CABs ensure that the concerns and issues of communities are addressed and that partnerships between research and communities are fostered.

**clinical research:** research that involves human beings

**coercion:** the act of compelling by force of authority; in the case of AIDS vaccine research this refers to compelling individuals to participate in AIDS vaccine clinical trials

**control group:** the group in a clinical trial that receives placebo

**data safety and monitoring board (DSMB):** this board reviews data during a trial to ensure the safety of trial participants. If the board sees any indication that the vaccine is harming volunteers, they will have the research study stopped. If during an efficacy trial the vaccine is clearly effective, the study may be stopped and all volunteers will be provided with the vaccine.

**double-blind:** a trial design where neither the researchers nor the trial volunteers knows who receives placebo and who receives the experimental vaccine

**efficacy:** in vaccine research, the ability of a vaccine to produce a desired clinical effect, such as protection against a specific infection, at the optimal dosage and schedule in a given population. A vaccine may be tested for efficacy in phase III trials if it appears to be safe and shows some promise in smaller phase I and II trials.

**ethics:** the rules or standards governing the conduct of a person or the members of a profession

**ethics review committee:** a group composed of ethicists, researchers, community members and others who review plans and materials associated with human subject research to ensure that the principles of ethical human subject research are upheld

**immunogenicity:** the ability of a vaccine to stimulate an immune response

**informed consent:** an agreement signed by prospective participants in a clinical trial that indicates their understanding of: (1) why the research is being done; (2) what researchers want to accomplish; (3) what will be done during the trial and how long it will last; (4) what risks are involved; (5) what, if any, benefits can be expected from the trial; (6) what other interventions are available; and (7) the participant’s right to leave the trial at any time
IRB (institutional review board): a committee of physicians, statisticians, community advocates and others that reviews ethical aspects of clinical trial protocols before they can be initiated. IRBs ensure that the trial is ethical and that the rights of participants are adequately protected.

justice: see principle of justice

microbicides: refer to a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted infections (STIs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time.

niche role: this refers to roles of the AIDS vaccine research and development process where the community sector is particularly effective compared to any other sector involved

non-maleficence: see principle of non-maleficence

phase I vaccine trial: a closely monitored clinical trial of a vaccine conducted in a small number of healthy volunteers. A phase I trial is designed to determine the vaccine’s safety in humans, its metabolism and pharmacologic actions, and side effects associated with increasing doses.

phase II vaccine trial: controlled clinical study of a vaccine to identify common short-term side effects and risks associated with the vaccine, and to collect information on its immunogenicity. Phase II trials enroll some volunteers who have the same characteristics as persons who would be enrolled in an efficacy (phase III) trial of a vaccine. Phase II trials enroll up to several hundred participants.

phase III vaccine trial: large controlled study to determine the ability of a vaccine to produce a desired clinical effect on the risk of a given infection, disease, or other clinical condition at an optimally selected dose and schedule. These trials gather additional information about safety needed to evaluate the overall risk-benefit relationship of the vaccine and to provide adequate basis for licensing. Phase III trials usually include several hundred to several thousand volunteers.

placebo: an inactive substance administered to some study participants while others receive the agent under evaluation, to provide a basis for comparison of effects

pre-clinical research: research that occurs in the laboratory, before testing in humans beings

PrEP: Pre-exposure prophylaxis (PrEP) refers to an experimental HIV-prevention strategy that would use anti-retrovirals to protect HIV-negative people from HIV infection. PrEP is not proven to work; in the strategy that is currently being tested, HIV-negative people would take a single drug, or a combination of drugs, daily in hopes that this would protect them against HIV infection.

principles of ethical research: four principles to guide medical research involving human subjects, developed to ensure that research volunteers are treated with dignity and respect
principle of respect for autonomy: researchers must not interfere with the potential trial participants’ autonomy; research participants are allowed the freedom to make their own decisions and the freedom to perform the acts they decide on for themselves. This principle calls for special measures to be taken to protect those considered non-autonomous as a result of incapacity, and to protect those who may have reduced or threatened autonomy.

principle of non-maleficence: researchers must not act in ways that will harm or injure potential trial participants, or the communities they come from; researchers must strive to minimize the risks and inconveniences to trial participants.

principle of beneficence: researchers must act in ways that promote the welfare of the trial participants, or the communities they come from, and take active steps to maximize potential benefits, and to balance risks and costs against benefits.

principle of justice: social benefits and social burdens must be distributed equally between communities participating in clinical research and those communities sponsoring the research; also known as distributive justice.

social harm: the experience of social discrimination or hardship resulting from association with AIDS vaccine research.

sterilizing immunity: an immune response that completely eliminates an infection.

STI: sexually transmitted infections.

therapeutic AIDS vaccine: a vaccine designed to boost the immune response to HIV in a person already infected with the virus; referred to as an immunotherapeutic vaccine.

unblinding: the act of revealing who received placebo and who received the experimental vaccine during a vaccine trial.

vaccine: a preparation that stimulates an immune response that can prevent infection or create resistance to infection.

vaccine induced sero-positivity: falsely testing HIV positive on standard ELISA tests, due to antibodies induced by a vaccine.
4.2 CD-Rom content

The Fact Sheets included on this CD-Rom are intended to be given out to participants that will NOT receive hard or soft copies of the ICASO publications about vaccines (see below) or a copy of this CD-Rom. If this is the case, these Fact Sheets will be the only information (other than their own notes from the workshop) that the participants will take back to their communities about AIDS vaccine research and development. You should decide whether to print out these Fact Sheets for each participants or whether to access copies of the ICASO publications or this CD-Rom to hand out to participants. This decision needs to be made well in advance of the workshop.

Resources:

**Facilitation Guide**
Action planning for community involvement in AIDS vaccine advocacy, research and development and other prevention technologies.

**Fact sheets**
- Fact Sheet: Ethical issues concerning AIDS vaccine research and development
- Fact Sheet: Background on the Good Participatory Practice Guidelines
- Fact Sheet: Four ways for communities to contribute to the AIDS vaccine research and development process

**Worksheets**
- Worksheet: Quiz: What is an HIV vaccine? (with answers)
- Worksheet: Ethics – Things to Think About
- Worksheet: Action Planning

**ICASO publications about vaccines:**
Other publications about vaccines and other prevention technologies:

- AIDS Vaccine Literacy Toolkit – Core Content (2005) IAVI.
- Fact Sheet: A Comprehensive Response to AIDS: Moving Towards a Long-Term, Sustainable Solution (2005) IAVI.
- Good participatory practice guidelines for biomedical HIV prevention trials (2008) UNAIDS and AVAC.

Publications about workshop facilitation:


Publications that can support the adaptation of this toolkit to research advocacy on other prevention technologies:

Pre-Exposure Prophylaxis (PrEP):

Will a pill a day prevent HIV, AVAC

Designing research in vulnerable populations: lessons from HIV prevention trials that stopped early: http://www.bmj.com/cgi/content/extract/331/7529/1403

Microbicides:


4.3 Other Resources

A guide to understanding ethical issues related to preventive HIV vaccine clinical trial participation ICASO (updated 2009)

AIDS Vaccine Clearinghouse Website
http://www.aidsvaccineclearinghouse.org/

AIDS Vaccine Glossary
http://www.aidsvaccineclearinghouse.org/glossary.htm

AIDS Vaccine Handbook, Second Edition
http://www.avac.org/primer.htm

AIDS Vaccine Literacy Toolkit – Core Content IAVI (2005)

Belmont Report
On July 12, 1974, the US National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research was formed and charged to identify the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects. They also developed guidelines to ensure that such research is conducted in accordance with those principles.
http://ohsr.od.nih.gov/guidelines/belmont.html

Declaration of Helsinki
Written by the World Medical Association, this declaration for the medical profession focuses on protecting research subjects. Its general principles are the underpinnings of all subsequent, more specific standards.
http://ohsr.od.nih.gov/guidelines/helsinki.html


Ethical considerations in biomedical HIV prevention trials
UNAIDS and WHO UNAIDS/WHO guidance document, July 2007


Fact sheets of the Vaccine Literacy Toolkit Training Manual: Myths and Misconceptions; AIDS Vaccines FAQs; Vaccines in Context
http://www.iavi.org/viewfile.cfm?f fid=48819

Fact Sheet: AIDS Vaccines AVAC and the Caucus for Evidence-Based Prevention (2008)
Fact Sheet: New options for HIV Prevention AVAC and the Caucus for Evidence-Based Prevention (2008)

Good Participatory Practice Guidelines for Biomedical HIV Prevention Research
AVAC and UNAIDS (2007)

International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use
www.ich.org

International Ethical Guidelines for Research Involving Human Subjects
Council of International Organizations for Medical Sciences (CIOMS)
http://www.cioms.ch

Nuremberg Code
This code of conduct was developed by an international tribunal after World War II to prevent abusive research. It specifies that only qualified researchers may conduct human research using appropriate research designs, with a potential benefit greater than the risks taken. It codified that informed consent is absolutely essential and that participants must be free to withdraw from the research at any time.
http://ohsr.od.nih.gov/guidelines/nuremberg.html

The Science of HIV Vaccines: An Introduction for Community Groups

Organizations

AAVP – African AIDS Vaccine Programme
http://www.who.int/vaccine_research/diseases/hiv/aavp/en/

AMAG – African Microbicides Advocacy Group
http://www.global-campaign.org/amag.htm

AVAC – AIDS Vaccine Advocacy Coalition
www.avac.org

AFAO – Australian Federation of AIDS Organizations

Clearinghouse on Male Circumcision for HIV Prevention
http://malecircumcision.org/

GCM – Global Campaign for Microbicides
http://www.global-campaign.org/

HAVEG – HIV/AIDS Vaccines Ethics Group
HVTN – HIV Vaccine Trials Network
www.hvtn.org

IAVI – International AIDS Vaccine Initiative
www.iavi.org

ICASO – International Council of AIDS Service Organizations
www.icaso.org

IPM – International Partnership for Microbicides
http://www.ipm-microbicides.org/

KAIVI – Kenyan AIDS Vaccine Initiative
http://www.kaviuon.org/

PrEP Watch – clearinghouse for information on pre-exposure prophylaxis sponsored by AVAC and UCLA
www.prepwatch.org

SAAVI – South African AIDS Vaccine Initiative
http://www.saavi.org.za/

UVRI – Ugandan Virus Research Institute
http://www.iavi.org/uganda/

USMHRR – United States Military HIV Research Program
http://www.hivresearch.org/vaccine/research.html

VRC – Vaccine Research Center
http://www.niaid.nih.gov/vrc/
This facilitation guide was designed for increasing and improving the active and meaningful involvement of the community sector in AIDS vaccine research and development through action planning.