After an incredible year in 2010 of the inaugural Advocacy Fellowships, we are already a quarter into 2011 Fellowships and ready to launch the call for 2012 Fellowship applications. Our nine inaugural Advocacy Fellows in 2010 - Patrick (Kenya), Alliance (Rwanda), Nono and Victor (South Africa), Jauhara and Richard (Uganda) and Cynthia and Munyaradzi (Zimbabwe) - had an outstanding year where they established themselves as assets to the field of HIV prevention research and have continued engagement in various ways. You will read about their projects and continued engagement through the next pages.

In 2011, we awarded Advocacy Fellowships to a new team of six dynamic fellows from Kenya, Uganda, South Africa and Zambia. They have all had an impressive first quarter of getting their projects going and are well on their way to strengthening advocacy efforts in their communities and countries. In the next couple of pages, we will introduce you to the new team.

We are especially excited about the Fellows Wrap-up and Orientation Forum in January 2011 where the 2010 and 2011 Fellows had a chance to make linkages and we had a chance to get to know the 2011 Fellows and their hosts. Please look for a report on that below and on page 5.

Finally, we are geared up for launching the 2012 Fellowship application forms and if 2010 and what we have seen of 2011 is an indication, we are fastening our seatbelts for an exciting process of finding new partners to work with.

**Fellows synergize at joint forum**

Twenty six participants attended the joint “AVAC Advocacy Fellows’ Wrap Up and Orientation Forum” held in Johannesburg, South Africa on January 19 – 21. They included eight of the nine 2010 Fellows, six 2011 Fellows and their host organization supervisors, Manju, Angelo, Emily and Stacey from AVAC and Thoko Budaza from the Global Campaign for Microbicides South Africa office. The forum aimed to provide the inaugural 2010 Advocacy Fellows an opportunity to present their work over the last twelve months, reflect on their accomplishments, on the Fellows program and host organisation supervisors into the program, and help support them as they begin implementing their 2011 advocacy projects; and to create an opportunity to forge synergies and linkages between the 2010 and 2011 Fellows and hosts.

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Meet the 2011 AVAC Advocacy Fellows

Six candidates from Kenya, Uganda South Africa and Zambia have been awarded Advocacy Fellowships. Below is a brief on each of them and the projects they will execute in 2011.

Grace Kamau, Bar Hostess Empowerment and Support Programme, Kenya. Grace will engage sex workers and bar hostesses to better understand the processes of PrEP and microbicides research and how they affect and are affected by them. She also wants to explore the issues and concerns about possible future access to these kinds of interventions for sex workers and bar hostesses. Also as an Advocacy Fellow she hopes to engage policy makers on the benefits that these potential HIV prevention interventions could have for high risk groups such as sex workers and bar hostesses.

Brian Kanyemba, Desmond Tutu HIV Foundation, South Africa. Brian will focus on creating an understanding and bringing attention to underrepresented voices of the MSM community around HIV prevention research. He aims to bring to the forefront their ideas, opinions, concerns, current understanding and knowledge in the use of PrEP as an HIV prevention intervention. By collecting these perspectives and engaging with different groups, and specifically the policymakers, Brian hopes that it will allow for mainstreaming guidelines, national polices and laws to better reflect the opinions raised by the previous MSM community discussions.

Oliver Kanene, International Centre for Infectious Disease Research in Zambia, Zambia. Oliver will use his extensive media and HIV/AIDS experience to build a cadre of journalists who consistently, accurately and responsibly report on HIV prevention research in Zambia. He will also work towards creating linkages between researchers, civil society and journalists, editors, media owners and journalism trainers thereby contributing to a favorable HIV prevention research environment. He will specifically use the MDP 301 trial process as a case study.
Leader Kanyiki, Sonke Gender Justice Forum, South Africa. Leader will work towards advancing the national discussion on medical male circumcision (MMC) within South Africa, promote the importance of integrating gender equality education, and support the South African government - and in particular the South African National AIDS Council (SANAC)'s efforts to rollout MMC among young South African men. He also hopes to work with the media to provide a platform for medical professionals, researchers and activists to debate and elaborate on the medical male circumcision in South Africa.

Simon K’Ondiek, Nyanza Reproductive Health Society, Kenya. Simon will design a photography documentary to address knowledge, attitudes, communication and behavioral intentions of young men and women with respect to voluntary medical male circumcision (MMC) rollout in Nyanza Province. The documentary will bring to life such issues as access and acceptability, risk compensation and monitoring the potential effects, risks, and benefits of MMC for men and women, in addition to enhancing the voices of the characters in it. The photography documentary will make use of photo sets systematically arranged with a narrative in the form of notes or descriptions on the photo sets to tell a story. He will also build an advocacy task force to work within Nyanza to monitor the rollout of MMC in Nyanza district.

Sylvia Nakasi, Uganda Network of AIDS Services Organizations, Uganda. Sylvia will explore and document perspectives regarding ARV-based prevention in Uganda in order to prepare for possible introduction of pre-exposure prophylaxis (PrEP), 1% tenofovir gel and treatment as prevention. She will work closely with the Uganda AIDS Commission (UAC) and Ministry of Health to prepare for future policy development for ARV-based prevention. In addition to this, Sylvia has a keen interest in medical male circumcision (MMC), and will partly focus on building capacities in understanding national policies and document the civil society experiences with rolling out MMC in Uganda. She will further use the lessons learned from this process to inform future roll out of new interventions.

Visit www.avac.org/fellows to view these Fellows’ projects and those of the inaugural 2010 Fellows.
Alliance Nikuze, based in Rwanda, held consultative meetings with various groups including faith based organizations, women’s groups, researchers, minority groups, and youth organizations. The meetings or workshops were aimed at soliciting their perceptions and attitudes towards male circumcision as an HIV prevention option in Rwanda. Generally, she notes that the intervention is well appreciated, but there still exists many stereotypes and inaccurate information especially among the youth. She adds that the women were exceptional and are willing to do whatever is in their powers to protect their sons and partners from contracting HIV, and are very open to MMC.

“All of these groups are demanding for more engaging and involvement. They want to build their capacity and to be more involved in ongoing MMC implementation and monitoring. That’s all they want.” After the WHO “Country Update meeting on Scaling-up of Male Circumcision Programmes in the Southern and Eastern Africa Region” held in Arusha, Tanzania in June 2010, the Rwandan delegation nominated Alliance on the Rwanda’s MMC task force. She mostly participated in the communications and advocacy subgroup of the task force meetings in order to elaborate the country’s MMC operational plan.

“Weing part of the task force has allowed me to have the civil society voice heard. I’m able to influence the rest of the members, and that is helping to see, some advocacy activities included in the communication strategy.”

Alliance has also learnt an important lesson – “Advocacy at the stage of research is different from advocacy needed during implementation of a new biomedical intervention. Understanding this difference can make or break your advocacy, for it helps an advocate to strategize better.”

In 2011, she hopes to initiate a civil society biomedical prevention in Rwanda, and to document women’s voices and perceptions around male circumcision for HIV prevention. She’s also having discussions with UNICEF and CNLS (NACC) to continue supporting the elaboration of Rwanda’s MMC communication plan.

In 2010, Munyadz Chimwara Fellow from Zimbabwe conducted workshops for different stakeholders including the media, researchers, community advisory boards and the broader community. Three of these workshops were held in Mutare, Manicaland Province where the International Partnership for Microbicides (IPM) started an incidence study under the Africa University (AU-CRC). His work there helped the trials team to launch their study into the community.

In addition to this, when the CAPRISA 004 results were released, Munya worked with the other Zimbabwean Fellow Cynthia Mungofa to conduct community consultations about the results. These consultations were held in Murewa. His supervisor Dr. Nyaradzo Mgodi helped to explain and interpret the results to the community. This nationally televised event was attended by key community leaders, including the local Headman, Member of Parliament for Murewa North, local government officials and members of the Murewa community.

Munya also teamed with Dr. Nyaradzo on national television and radio talk shows to discuss the VOICE Study and HIV prevention research in general on a national radio talk show. They specifically discussed the role of media engagement in HIV prevention research.

In 2011, Munya is working as a media and communications consultant with UZ-UCSF. He’s extending his media expertise throughout the other MTN protocols ongoing in Zimbabwe. He’s also working with the Southern African AIDS Trust (SAT) to build media capacity in Zimbabwe and other Southern African countries, and with GCM on a photo exhibition aimed at creating a visual story of prevention research by documenting a day in the life of one clinical trial site in Zimbabwe.
The forum was divided into three broad parts, with each day building onto the next. The forum provided the new Fellows and hosts to get acquainted with the program and to “find their place” with the program’s different players, including other Fellows and host supervisors, the inaugural Fellows and the AVAC team. The 2010 Fellows presented their Fellowship projects, highlighting their accomplishments and considering lessons learned.

The forum also provided participants an opportunity to visit a trial site — the Wits Health Institute, previously Reproductive Health Research Unit and ECHO in Hillbrow, Johannesburg. In addition to this, capacity-building sessions were organized for the 2011 Fellows and their hosts including: clinical trials basics and moving from research to development; understanding HIV prevention research advocacy, and clinical trial ethics. The forum also enabled the 2010 Fellows to share plans for using their newly acquired advocacy skills and for building and sustaining a Fellows’ alumni network. Their achievements were celebrated with a dinner and an award ceremony. The inaugural Fellows acknowledged how much the Fellowship has transformed their lives and careers.

In order to improve their work plans, the 2011 Fellows presented their projects and receive feedback from their peers, host supervisors and the 2010 Fellows. Emphasis was put on making linkages and to finding the most meaningful and productive ways that the 2010 Fellows would provide support to the new Fellows throughout their Fellowship. The forum provided a unique opportunity for forging synergies and building partnerships.

This was one of the key outcomes of this forum in addition to the insightful feedback that the 2011 Fellows received which helped to refine their work plans; the demystification of trial sites for first time visitors; solidification of the Fellows/host supervisors and AVAC mentors relationship; and the formation of a Fellows’ alumni network led by the Fellows themselves. Could this be the beginning of a movement? Time will tell.
Kenyan Fellow, Patrick Mwai Muchai, organized workshops and meetings with national and community-based organisations. In some of these sessions he screened the video, “In women’s hands” a film that articulates the potential role of microbicides and the importance of public and private sector leadership as well as citizen involvement in this issue. He also distributed various fact sheets on new HIV prevention options. He documented questions that were raised by the participants regarding microbicides research. Some of the key questions asked include: At what age can a microbe be used now that we are seeing more teenage girls being sexually active? How does the gel interact with other drugs, for instance drugs for STI treatment? When applying the microbicide, isn’t there a chance that the gel will not reach some areas thus creating a chance for infection? Questions such as these fed into future meetings.

At a weeklong exhibition of the “Mombasa Agricultural Show”, he discussed the results of the CAPRISA 004 study to a wide range of people drawn from the private sector, government departments, local traders, farmers and the general public who attended the annual event. Patrick noted that very important questions and issues were raised—indicating varied understanding.

Patrick’s biggest highlight during the Fellowship is the development of a training curriculum, “Introduction to HIV Prevention Research Clinical Trials”. It will be used to train members of the civil society and HIV prevention research advocates to understand HIV prevention research that is ongoing in Kenya.

In early 2011, Patrick accepted the position of Program Officer with GCM and is leading their Community of Practice (CoP), and will be a key resource in rolling out the training curriculum he developed. We congratulate Patrick on his new appointment!

“I have been diagnosed with an STI and I am taking medication to treat the infection, can I use the gel to protect myself when I want to have sex or will the two substances react?” one of many questions from a female participant during one of the meetings Patrick organized in Mombasa, Kenya.
Jauhara’s hardwork pays off

The year was challenging but productive for Ugandan 2010 Fellow, Jauhara Nanyondo. After extensively researching and consulting, she developed a final draft of the “Biomedical HIV Prevention Research Stakeholder Training Resource”, a tool aimed at building the capacity for media to accurately, consistently and responsibly report on biomedical HIV prevention research in Uganda so as to create an environment conducive for the conduct of research.

In 2011, a facilitator’s guide will be developed and the handbook will be refined, pretested with several audiences including media, civil society, community liaison officers, social scientists, and researchers.

She had a “pretest” of sorts on the handbook and got some feedback from the participants, some of whom are journalists who sit on these Community Advisory Boards (CABs). One other highlight of this meeting was when one of the Program Directors – a scientist – told the CAB members, “Advocacy should start from the grassroots. Advocacy should start with you,” Ugandan senior scientist.

Thrilled by the senior scientist’s remarks, Jauhara said, “It’s good to see the scientists appreciate the role of advocacy in the research process.”

She’ll continue pretesting the training manual through 2011 among different cadres of journalists and other stakeholders such as parliamentarians in different regions of the country.

When the CAPRISA 004 results were released, Jauhara participated in various meetings, including those organized by the Makerere University Johns Hopkins Collaboration, who are implementing a Microbi-...

cide protocol MTN 001.

These engagements brought together CABs, community mobilizers, Ministry of Health officials, trial site staff, media and other stakeholders. She was also involved in the planning of the annual Cross-CAB Network, a network that brings together community advisory boards and their respective community liaison officer in Uganda.

After her Fellowship, Jauhara was reintegrated into her host organization, Makerere University Walter Reed Project and promoted to Community Outreach Officer, but will continue working closely with AVAC and civil society colleagues and partners to sustain the momentum she initiated.

“It’s good to see the scientists appreciate the role of advocacy in the research process.” Jauhara.
Malawian 2010 Fellow, Gift Trapence’s project focused on exploring attitudes and perceptions of Men who have Sex with Men (MSM) towards male circumcision for HIV prevention; and also on their involvement in HIV. He conducted focus group interviews amongst 30 MSMs in Lilongwe, Blantyre and Mangochi districts to collect data on perceptions on male circumcision and MSM in Malawi. Using these data, he developed a fact sheet “MSM and male circumcision for HIV prevention” to provide accurate, balanced information, and to help dispel myths, misconceptions and stereotypes.

Gift participated in the drafting of MSM research protocol and lobbied the college of Medicine -University of Malawi for buy in and to be part of the project – which they did. The study was approved and will start soon.

One of the highlights of his Fellowship year was the case involving a gay couple that was arrested by Malawian authorities. Gift worked with other partners to ensure the release of the couple and his efforts were recognized internationally, particularly by US Secretary of State, Hilary Clinton.

At the end of his project, Gift introduced the idea of a civil society working group on HIV prevention. Gift is already seeing fruits of his resilient advocacy since research approval boards have started incorporating MSM on their guidelines/checklist for approval of protocols, and the government included MSM in the new Global Fund proposal and in the National Strategic Plan. He and his host organization, the Centre for the Development of People (CEDEP) have been recognized nationally and internationally as key players in HIV prevention, and specifically on MSM and HIV/AIDS in Malawi.

Two testimonies to this are CEDEP’s selection by the Ministry of Health to be part of the team to formulate Malawi’s male circumcision communication strategy, and then Gift’s selection to be part of a committee to guide the United Nations Office on Drugs and Crime (UNODC) and the Malawi Government HIV/AIDS research project in Malawian prisons that will evaluate HIV/AIDS status in the prisons.

The working group will look at the involvement of most-at-risk populations in HIV prevention research in addition to work on human rights issues surrounding this research. Members include researchers, HIV/AIDS programmers, human rights activists, lawyers, media professionals, medical professionals and religious leaders. He has developed the group’s terms of reference and advocacy strategic plan for the next two years, and has already secured external funding to run the group’s activities. AVAC will provide technical support to the working group.

Gift will also lead the activities of the newly formed working group. He’s also working on a newsletter that focuses on MSM health and human rights issues in Malawi.

"It’s quite challenging to do the work I do in our African setting. I do not feel safe sometimes, but someone has to do it. And this Fellowship has given me skills to be resilient, and has given me a platform to reach out to so many advocates here in Malawi and abroad," Gift.
Another Ugandan 2010 Fellow, Richard Hasunira, launched his report “Community Involvement in HIV Prevention Research” in November 2010. The report highlights the experiences and perceptions of communities participating in MDP 301 Microbicide trial in Masaka, Uganda, and identifies gaps, lessons learned and provides recommendations to trial teams, advocacy groups, local civil society groups, the media and local community leaders. He had input from different groups and individuals including former trial participants, civil society, researchers, social scientists, community liaisons at research sites, and the media. Richard launched his report at the National Health Journalists Convention in Kampala in November 2010.

Earlier, he had the opportunity to present his preliminary results to the Cross-CAB Network Forum, a network that brings together community advisory boards and their respective community liaison officers in Uganda. At the meeting, he received useful feedback that helped get additional input and to finalize his report. He spent much of the fourth quarter disseminating his findings on community engagement around MDP 301, building the capacity of the civil society representatives, and engaging with research institutions, the media and other key stakeholders. He also conducted a training of the civil society.

Following the successful CAPRISA 004 results, Richard was invited to a radio talk show to give a civil society voice to the implications of the results to communities. This shows how much value having advocates like him adds to the field.

Richard organized several meetings, one of which led to the formation of Uganda’s first working group on HIV prevention research advocacy which is already helping shape and drive Uganda’s HIV prevention agenda. They have since provided key input into Uganda’s draft HIV/AIDS National Strategic Plan, made a visit to one research site to get practical experience on what goes on there, and have several similar visits planned in coming weeks and months.

In 2011, he is coordinating activities of the national civil society working group he helped start. He has developed terms of reference for the group and they are already engaging with researchers, policymakers and the media thereby shaping the country’s HIV response. He is also working with AVAC and HEPS-Uganda, his former hosts, in collaboration with other civil society partners and 2011 Fellow, Sylvia Nakasi, on a new project on male circumcision for HIV prevention. He is documenting lessons learned in the districts of Budaka and Pallisa in Eastern Uganda. He is also currently drafting an article about his work that he will submit to a peer reviewed journal.

Richard celebrates completing his Fellowship.
It was a busy year for South African 2010 Fellow Nono Eland. She conducted several workshops ranging from internal Treatment Action Campaign (TAC) Prevention and Treatment Literacy Practitioners (PTLPs) and Community Health Advocates (CHAs) workshops on prevention research literacy and current trials to broader civil society consultations on the CAPRISA 004 results at high level prevention research meetings in South Africa.

“This has meant a lot in my fellowship in terms of having to pitch the approach in these different meetings. Having my mentors work with me played a huge role.”

Nono notes that some of the key outcomes of steering these consultations for Nono as a Fellow include: improved communications skills especially during the interactions with the different members of the civil society and various groups that she has interfaced with; getting a much better grasp of trial results and what they mean to communities, and devising the simplest ways of explaining them to different advocates and community groups.

“I’ve learnt so much in the process. Sometimes I couldn’t believe I was saying the scientific things I said with such simplicity.”

Advocating to researchers, at high decision making platforms as well as to media has been fascinating for her. And to confirm this, Quarraisha Abdool Karim from CAPRISA said this of Nono, “It’s been great working with TAC on disseminating information and allowing us platforms to present. The Fellows present this work simpler and more perfect than we do. I am now going to call upon Nono to present with me where I go,” Quarraisha Abdool Karim, CAPRISA.

Explaining partial efficacy to advocates and communities stood out as one of her biggest challenges. But Nono got her most satisfactory analogy in one of the workshops she organized – the facilitator gave the example of an individual sitting three examinations. That if someone scores 60%, in one, 39% in another and 1% in a third, it doesn’t mean that that person passed all three at 100%. Such a person would have passed one highly, but would probably have to resit the others to get better scores. This emphasizes two things: one – you cannot add up results from different trials or interventions to get incremental benefit; and two – a single study cannot give a definite result. Additional studies are needed to confirm such results.

In 2011, Nono is finalizing the “Prevention in our Lives” booklet for TAC members. She will partner with AVAC’s Women’s HIV Tracking Project (WHiPT) South Africa teams to consolidate women’s voices around male circumcision for HIV prevention roll out in South Africa, and will continue voicing PrEP and Microbicides messages at the local, regional and national levels in South Africa, especially given her position as the head of the South African National AIDS Council’s Women’s Sector and the recent appointment as TAC’s Women’s Sector representative.
The "carry your office in your pocket" award for perseverance in the face of persecution goes to Gift, a "Clinton" of the African MSM community, a diplomat and a multitasking advocate.

The "who needs internet to change the world" for innovative engagement with grassroots women goes to Cynthia, documentarian, communicator and champion of women’s prevention.

The "I will not be denied" award for potent persuasion and negotiation to secure civil society representation goes to Alliance, who brought her unique, soft spoken but steel willed and clear eyed approach to engaging government, WHO and everyone in between.

The "go big or go home" award for fulfilled ambitions goes to Patrick, who wouldn’t take "think small" for an answer when it came to developing the curriculum he envisioned for his communities.

The "yesyes" award for multi-tiered advocacy goes to Nono, who rocked the mike at M2010, brought messages to treatment activists and helped make prevention research a part of the broader S. African agenda.

The "coalition-building champion" award goes to Richard who used his wit, wisdom, writing skills to craft a unique report on community engagement and create a new civil society coalition.

The "Media P.I." Award goes to Munya for his maverick communication and media engagement within trial sites - which has inspired them to see this as important activity and earned him the respect from scientists across the field.

The "perseverance, patience and passion" award goes to Jauhara for pushing the boundaries of her learning, her skills and her organization - open to guidance and critique, not afraid of hard work and always with a smile.
Coming up...

- Launch of the 2012 round of the AVAC Advocacy Fellowship - May 16
- HIV Vaccine Awareness Day - May 18
- Kenya National HIV/AIDS Conference - May 18-20
- Center for AIDS Research (CFAR) Conference Kampala - May 26-27
- South Africa National AIDS Conference - June 7-10, Durban
- AVAC Partners Forum - June 21–24, 2011 in East Africa
- Uganda National Council of Science and Tech: Community and Research conference - July 12-13, Kampala
- International AIDS Society Conference - July 17-20, Rome

About the Advocacy Fellowship

- Fellowship pairs emerging leaders in advocacy and activism with in-country organizations to develop and execute creative, context-specific projects focused on biomedical HIV prevention research.
- Fellowship projects focus on advocacy around clinical trials of vaccines, microbicides, pre-exposure prophylaxis or the rollout of proven interventions e.g. male circumcision for HIV prevention and ARV treatment as prevention strategies.
- Visit www.avac.org/fellows for details.

About AVAC

Founded in 1995, AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of AIDS vaccines, male circumcision, microbicides, PrEP and other emerging HIV prevention options as part of a comprehensive response to the pandemic.