

# Researching key and vulnerable populations

HIV research landscape in eastern and southern Africa

It is generally acknowledged that HIV policy and programming should be based on the best and latest evidence available from research and practice. This is all the more important for key populations in eastern and southern Africa, such as men who have sex with men, sex workers and people who inject drugs. In the absence of research evidence for these groups, policy and programming is often influenced by stigmatising attitudes and inaccurate beliefs.

The research landscape of the region, however, is not always favourable to providing this essential evidence. Much of the research for HIV prevention is undertaken by international researchers and agencies and funded by external donors who may not be concerned with the alignment of their study topics (or findings) with national needs. Policymakers are concerned<sup>1</sup> with inequitable relationships between international researchers and those in sub-Saharan Africa, and there have been recent calls for low- and middle-income countries to take an active role in leading research and research collaborations with researchers from high-income countries<sup>2</sup>.

The US government and the Global Fund provide about 90% of research funds at country level

To find out more about the situation in the region, EHP SA commissioned Nordic Consulting Group to look at the research landscape for key populations and adolescents in the six countries of Kenya, Malawi, South Africa, Swaziland, Tanzania and Zambia<sup>3</sup>. This is what we found out:

## Research Capacity

All six countries in this study have national research centres and ethical clearance bodies. However, research capacity varies widely across the countries.

- 1 Much attention was devoted to this topic at the EHP SA Symposium of 2015. See <http://www.ehpsa.org/evidence-into-action/ehpsa-events/symposium-june-2015>
- 2 Chu K, Jayaraman S, Kyamanywa P et al. Building research capacity in Africa. Equity and global health collaborations. PLoS Med 11(3): e1001612. doi:10.1371/journal.pmed.1001612
- 3 The discussion paper and other articles are available at <http://www.ehpsa.org/critical-reviews/hiv-prevention-research>



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Kenya and South Africa have relatively strong academic traditions and have been involved in cutting-edge HIV research since the early days of the epidemic, which has shaped policy and programming. For example:

- Kenya has a number of centres for HIV research based at universities, government facilities and part of international collaborations, based in Nairobi, Western Kenya and the Coast. These include one government body, two at the University of Nairobi, and three international research institutions.
- South Africa has a large number of centres for HIV research, many linked to universities across the country. Local researchers have good access to the global HIV scientific arena and actively participate in south-north and south-south research partnerships. Researchers based in leading US and UK universities are engaged in HIV prevention research, including for key populations.

Malawi and Swaziland have a comparatively modest national research capacity, each having only one public university. Much of the research on HIV prevention in these countries is conducted by international researchers and agencies, though in Swaziland the NAC commissions some HIV research.

Research capacity in Tanzania and Zambia falls between these two extremes: both countries have several centres or institutes conducting HIV prevention research, along with a number of international research agencies.

### Data repositories

None of the six national governments has an overview of the HIV research in its country in the form of an up-to-date data repository. The situation varies according to country:

- Malawi has an online database of HIV research initiatives for the dates 1994-2007 that contains information of studies relating to research on sex workers and adolescents, but nothing on prisoners, MSM or PWID. The National AIDS Commission is planning a new digital repository.
- The South African National AIDS Council is planning a new digital repository for HIV research.
- Kenya has launched Maisha Maarifa, an online HIV knowledge research hub that aims to become a centre of excellence in translating research results into policy and practice.

### Funding for research

Domestic funding for HIV research is very low in all six countries, including Kenya and South Africa. Funding from the US government, particularly PEPFAR, and the Global Fund make up about 90% of research funds at country level. Donor-funded research institutes may work closely with the NACs but may not propose topics outside the scope of international donor interests.



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### Other research stakeholders

In addition to researchers, there are other key groups that influence research, and the way research is used in-country.

1. National government: All six countries have well-established national AIDS councils that play an important role in developing policy and coordinating a multi-sectoral approach. All countries also have technical working groups (TWGs) which coordinate government, civil society and donor efforts on HIV. Four out of the six countries (Kenya, South Africa, Tanzania and Zambia and) have TWGs for HIV research. These are ideal structures for identifying research gaps and setting national research agendas.
2. Donors: The HIV field is unique in terms of the scale of international funding for both research and programmatic interventions. The Global Fund and PEPFAR constitute the largest donors in the six countries. Smaller donors include DFID, NORAD and the EU.
3. Multilateral agencies: Agencies such as UNAIDS, WHO and UNODC provide normative guidance and technical support to countries in the region.
4. Implementing organisations: Skilled and experienced non-governmental organisations provide many of the HIV prevention services in the region. Some of these agencies have research components, and/or work in partnership with researchers.
5. Civil society: Key population organisations, particularly for sex workers and MSM/LGBTI, are present in the six countries. South Africa and Kenya have strong KP organisations for MSM, LGBTI and sex workers. This sector is relatively weak in Swaziland and Malawi. Many of these organisations have strong reciprocal relationships with researchers: they provide access to their networks, influence research, and assist with dissemination of research findings.

The lack of research capacity and funding prevents countries from setting their own research agendas

### Conclusion

The lack of research capacity and domestic resources for research prevents countries from setting their own research agendas and ensuring that policy relevant research is undertaken. On the other hand, in some countries, there is a strong sense that donor-driven agendas have been critical in stimulating research and programming for stigmatised key and vulnerable populations.