

EHPSA Regional Symposium

Cape Town 21-22 September 2016

Meeting note

1. Introduction

Evidence for HIV Prevention in Southern Africa (EHPSA) is a five-year programme (2014-2018) funded by UKAID and Sweden in partnership with the World Bank.

EHPSA is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, prisoners and men who have sex with men (MSM), through generating evidence of what works and why, and developing strategies to inform policy making processes.

An important mechanism to achieve EHPSA's aims and objectives in eastern and southern Africa (ESA) is to convene a series of regional fora and symposia where researchers, policy makers and other stakeholders share experience and best practice.

2. Objectives and nature of the symposium

The overall objective of the symposium was to provide a platform for EHPSA funded research institutions and key stakeholders to engage collectively on the concept of Evidence into Action (EiA), with the aim of strengthening the regional impact of EHPSA's EiA approaches.

Specific objectives include to:

- Engage with the concept of EiA as it relates to HIV and AIDS policymaking in the region;
- Define and assess the contribution of EHPSA research outputs to the existing evidence base;
- Identify opportunities, stakeholders and mechanisms to make EHPSA's collective contribution in the region more effective; and
- Provide an opportunity for stakeholders to validate three cross-cutting EHPSA reviews on: regional trends in a) funding and b) research for HIV prevention for adolescents and key populations; and c) the role of civil society in creating positive changes for key populations (KPs).

The meeting was attended by 64 EHPSA researchers and regional policy makers. It was opened by Dr Pierre Somse, UNAIDS Deputy Regional Director and EHPSA Advisory Board Chair.

The meeting was divided into formal presentations on EiA, EHPSA's cross-cutting reviews, a facilitated panel discussion and three Portfolio Commissions. Around half of the forum was devoted to the commissions,

which were an opportunity for policy makers and researchers to work towards a broad EiA strategy for EHPSA.

Presentations, webcasts and Portfolio Commission reports will be posted on the EHPSA website at <http://bit.ly/2ehcvqb> as soon as they are available.

3. Presentations

3.1 Setting the scene: challenges related to EiA and HIV policy making

- Josee Koch, EHPSA's Evidence into Action Technical Lead, defined evidence uptake and identified the hierarchy of different kinds of evidence that are used in HIV policy making. This evidence, however, is frequently overridden by cultural, political and economic factors. Policy uptake is also influenced by donor preference, ease and rapidity of implementation, institutional inertia and other non evidence-based factors. An understanding of this complex environment along with the building of coalitions and policy networks for HIV prevention are essential to get HIV prevention evidence into action.
- Ajoy Datta, Overseas Development Institute (ODI), shared lessons from a wide range of experiences of evidence-based policy making. Solutions for getting evidence into action include improved dissemination of evidence; capacity building of policy makers; correct identification of sympathetic policy makers and windows of opportunity; and an understanding of the political and policy landscape.

3.2 EHPSA's approach to EiA, monitoring and learning

Josee Koch outlined EHPSA's approach to policy influence and outlined key modalities used by the programme. These include:

- Research dissemination and EiA through early and continuous engagement with stakeholders (stakeholder engagement plans related to nine EHPSA-funded research studies);
- Engagement between academics and policy makers to build capacity (EHPSA Fellowship in Swaziland, two in process in Lesotho and Tanzania);
- Symposia to enhance understanding across portfolios and build relationships between researchers and key policy makers (June and October 2015; September 2016);
- Technical fora to stimulate discussion, sharing of expertise, strategies and lessons learned from the different research portfolios (March 2016, HIV and prisons; September 2016, HIV and adolescents; upcoming HIV and MSM, February 2017);
- Regional and global conferences to disseminate information and build networks (International Conference on AIDS and STIs in Africa, ICASA 2015; International AIDS Conference 2016, Global What Works Summit 2016, upcoming ICASA 2017, AIDS 2018); and
- Communications, including academic dissemination (journal articles, conference presentations); knowledge translation (website articles, blogs, webcasts, evidence briefs, leaflets etc), PR and media relations; and social media.

A dedicated monitoring and learning framework has been developed to track EHPSA's successes and lessons learned on the programme's EIA strategy.

3.3 Critical reviews

Catrine Shroff, Nordic Consulting Group, presented the preliminary findings of three cross-cutting reviews.

- **Resource allocations** to HIV prevention services for KPs: It is difficult to track planned or actual spending on KPs from publicly available sources. The tools that do exist are not used routinely and there are sensitivities around the use of funds for KPs and therefore transparency issues (often justified).
- **Research agendas** and influence of KPs on research priorities: Few countries have national research agendas linked to AIDS plans and other priorities, those that do are placed in ministries of health and not in national AIDS commissions. The proposal is to shift the focus of the inquiry to a trend analysis across the region.
- **Role of civil society** in creating positive changes for KPs: Nine clusters of case studies have been chosen, with each being focussed in a single country. These include policy change at national level (Kenya); applying national policies in practice (Tanzania); change at local government level (Kenya); changing public and private institutions (Swaziland); new HIV prevention methods (South Africa); improved HIV services for prisoners (Zambia), people who inject drugs (Tanzania), sex workers (South Africa); strengthening of the MSM movement (Kenya, regional). MSM differ from other groups as there is a growing movement at regional level.

Shroff answered queries from participants and received input for refining the research.

4. Panel discussion

Is operational research used to inform HIV prevention policy?

Stakeholders speak out.

A panel of five policymakers¹ discussed the topic of evidence-based policy making. Key insights:

- Policy may not be in line with new evidence from research due to lack of human and other resources (example ART initiation). There is no systematic way of taking evidence into policy. It depends on the credibility of the institution and the pressure from the political context. There is a national operational research agenda but it is outdated (Tanzania).
- In the case of Zambian Correctional Services, quality research does inform policy makers, but politicians may forget the scientific arm that informs them – their main concern is the political context. Evidence is

¹ Steve Letsie, SANAC Co-chair; Gareth Coates, SAT; Joel Suzi, Malawi NAC, Chilese Chisela, Zambian Correctional Services, Neema Makyao, Tanzania DOH.

important but fatigue may undermine policy change and implementation. “There needs to be a spark” (Zambia).

- Policy may change before the evidence is clear, or without evidence. Commitments are made in global fora before the system is ready (e.g. test and treat). The emphasis is placed on formative research. There are no mechanisms to generate new evidence while implementing programmes (Malawi).
- Evidence may not inform policy when dealing with issues of behaviour and faith (adolescent comprehensive sexuality education). It depends where the issue is located - if it is part of the national development plan the issue may assume sufficient importance (SA).
- Changes in government staffing and lack of skills may undermine policy uptake. We need to ensure that we are articulating the importance of the evidence clearly enough, and in ways that stakeholders understand. (Southern African AIDS Trust, SAT).

5. Portfolio commissions

Participants were divided into three portfolio commissions with purpose of:

- Defining the contribution of EHPSA’s studies (RRIF and critical reviews) to the evidence base at national, regional and global levels (Commission One);
- Identifying key national, regional and global stakeholders and opportunities for linking EHPSA evidence to greater impact (Commission Two); and
- Defining and prioritising practical EiA strategies for EHPSA – What next to ensure research uptake of EHPSA evidence (Commission Three).

6. Conclusion

In conclusion, EHPSA Team Leader Myles Ritchie explained how, since its inception, the EHPSA programme has developed and shifted from its initial traditional comfort zone of filling research gaps, into producing tangible products and finding constructive ways of using evidence.

UNAIDS’ Dr Pierre Somse summed up by saying “EHPSA is a game changer. It is engaging in answering difficult questions. Let us all become the army of Evidence-Into-Action and continue asking those questions.”