



# LESSONS LEARNED FROM ENGAGING AFRICAN DIASPORA COMMUNITIES IN MICROBICIDES ADVOCACY

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## Common questions . . .

- 'Why do we not yet have a microbicide?'
- 'A 40–60% effective microbicides seems too low for anybody. Might this be a violation of someone's human rights?'
- 'How do researchers prove that it is the microbicides that is being effective and not other external factors such as the economic situation?'
- 'If a trial participant becomes positive, can they access ARVs? What happened to the women who sero converted in the trials that closed recently [cellulose sulphate]?'
- 'How are advocates and the campaigns involving men in what will initially be a woman's product?'

## Recommendations

The experiences of the UK African Microbicides Working Group demonstrate the unique role that diaspora communities can play in microbicides advocacy. Diaspora advocates can effectively influence key actors in the global North on behalf of themselves and African people 'back home' while also informing local perceptions about microbicides. Scientists and advocates can create effective partnerships with the diaspora by contacting organisations that work on migrant women's issues or on migrant health issues and informing them about their work. Microbicides offer a sense of hope and, in many cases, if diaspora groups have the opportunity to lead on the advocacy agenda themselves in collaboration with scientists and other advocates, they will take up the challenge. Their growing engagement in the UK forms part of an empowering process, which is contributing towards the realisation of microbicides for women.

## About the African Microbicides Working Group

The Working Group was established in 2004, as part of the UK Campaign for Microbicides.

The Group consists of 15 individuals that have experience of working on HIV and sexual health issues with African communities in the UK. They have different expertise (health promotion specialists, human rights advocates, community workers, policy analysts, social researchers, lawyers) and different reach (young people, people living with HIV, women's groups, migrant networks). The Group is coordinated by the African HIV Policy Network. It meets quarterly and is actively involved in events and discussions in the UK.

For more information, please visit [www.ahpn.org](http://www.ahpn.org)

## Introduction

African diaspora communities in the UK have a strong interest in advocating for microbicides, due to the concentrated African epidemic in the UK and the pandemic's impact 'back home'. The UK African Microbicides Working Group and the Global Campaign for Microbicides have creatively engaged African diaspora communities in learning and advocacy for microbicides.

## Activities

A 'train the trainers' skills-building session built the confidence of NGO and community advocates to engage the wider community. In partnership with local HIV organisations, advocates organised seminars in London, Manchester and Edinburgh, involving African women living with HIV and participants from refugee organisations, universities, family planning and sexual health clinics. The seminars, which focused on the science of microbicides and the ethics of the trials, contributed to creating a firm national advocacy base to lobby decision-makers for funding for research and development. A meeting and exchange of views with scientists at St George's University London through lab tours and visits to community settings added to their knowledge. The collaboration was chronicled in a BBC documentary, further raising the profile of microbicides in the UK.

## Lessons Learned

Challenges remain in explaining why it takes so long to develop a microbicide. Advocates have found it useful to draw parallels between microbicide development and the continuous progress of ARV research and development. Regular updates about developments in the field have been useful in sustaining enthusiasm amongst advocates and decision-makers.

Another challenge is widespread fears, exacerbated by the media, about the ethics of the Phase III trials. By developing HIV prevention research literacy, African advocates can effectively and credibly address their communities' deep-seated misconceptions and concerns about trials.

By building relationships with scientists, advocates are enhancing their scientific knowledge, enabling them to inform research and developing their capacity to undertake social research through their community work. HIV positive advocates are both managing expectations around the potential utility of microbicides to positive people and challenging scientists to move forward on addressing this need.

