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Interagency Coalition on AIDS and Development
Evaluation of Prevention-Related Activities

FINAL REPORT

Submitted to



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Submitted by



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BACKGROUND

In 2011, the Interagency Coalition on AIDS and Development (ICAD) commissioned San Patten and Associates, Inc. to conduct an evaluation of its work on HIV prevention in recent years. The purpose of the evaluation is to assess ICAD's contributions to HIV prevention, and to plan for its future involvement in the field. In addition, the evaluation will provide ICAD with useful lessons that can be applied to other areas of focus within the organization.

METHODS

The evaluation was based on an analysis of ICAD prevention documents and activities, related documents produced by other National Partners, and interviews and focus groups with key stakeholders (i.e. ICAD members, National Partners and ICAD funders/partners in prevention work).

San Patten worked with ICAD staff to:

1. Develop an evaluation framework and interview questions
2. Analyze ICAD prevention documents, evaluations of prevention activities, ICAD membership surveys and ICAD website traffic
3. Scan prevention related documents produced by other National Partners
4. Analyze gaps in prevention documents
5. Conduct interviews with stakeholders (ICAD members and National Partners involved in prevention work)
6. Analyze outputs from gap analysis, stakeholder interviews, activity evaluations
7. Produce evaluation report

The interview guide used for the key stakeholder interviews is included in Appendix A.

SUMMARY OF ICAD'S PREVENTION-RELATED ACTIVITIES

ICAD has produced a number of prevention-related resources and hosted a number of educational workshops and meetings relating to HIV prevention issues. Text Box 1 summarizes ICAD's outputs relating to HIV prevention since 2002.

Immediately apparent is that ICAD has been very actively involved in HIV prevention resource development, meeting facilitation and hosting, and skills building workshops. These activities have spanned from local to national to international in scope.

Below is a listing and description of all of the activities ICAD has led or co-developed with national and international partners.

Fact Sheets

ICAD has produced eight fact sheets¹ relating to HIV prevention issues. Their titles are listed below:

- HIV/AIDS: Mother-to-Child Transmission (April 2002)
- AIDS Vaccines and the Developing World (February 2002)
- HIV/AIDS and Prevention Options for Women (March 2003)
- Tools, Trends and New Technologies in HIV Prevention (March 2008; revised December 2009)
- Current Issues in HIV Prevention (September 2008)
- The Impact of AIDS Vaccine Research on Health Systems Strengthening (November 2008)
- PrEP as a Potential HIV Prevention Method (December 2009)
- Understanding the Research Process for NPTs (November 2010)

Reports

ICAD has commissioned several reports relating to HIV prevention. Some of these reports are proceedings and evaluation reports of national meetings that ICAD has co-hosted. The titles of the reports are listed below.

- Prevention Programs in Developed Countries: Lessons Learned (August 2009)(http://icad-cisd.com/pdf/Publications/Prevention_Programs_in_Developed_Countries_Lessons_Learned_FINAL.pdf)
- Proceedings and Evaluation Report: Prevention technologies in the broader spectrum of HIV prevention (CAHR, May 2010) (http://icad-cisd.com/pdf/Ancillary_Event_Proceedings_and_Evaluation_Report_FINAL_EN.pdf)
- New prevention technologies and vaccine development Report: Satellite meeting Montreal March 4, 2010 (http://icad-cisd.com/pdf/NPT_and_Vaccine_Development_EN.pdf)

Text Box 1: ICAD's Prevention-Related Outputs

8	Fact Sheets
3	Reports
8	Webinars
3	Presentations / Panels
7	National Symposia, Meetings and Workshops
14	Local Skills-Building Workshops

¹ These can be downloaded from http://icad-cisd.com/index.php?option=com_content&view=article&id=58&Itemid=136&lang=en

Webinars

In recent years, ICAD has hosted or co-hosted webinars (web-based seminars) to engage its members, partners and other stakeholders in knowledge exchange around HIV prevention issues. The titles of the webinars (or webinar series) are listed below:

- The Impact of AIDS Vaccine Research on Health Systems Strengthening (December 2008)
- Science and Technology as an International Development Strategy: The global AIDS vaccine effort (October 2009)
- Oral Pre Exposure Prophylaxis (PrEP): Potential advantages and challenges to comprehensive HIV prevention programs in Canada (in collaboration with CATIE, CAS, CPHA - December 2010)
- New HIV prevention technologies and their implications for HIV prevention in Canada – five-part webinar series (in collaboration with CATIE, CAS, CPHA - July and August 2011)

Presentations and Panels

ICAD has participated in and hosted several speakers to advance advocacy and awareness regarding HIV prevention issues with researchers and policy makers. These presentations included:

Microbicides Panel at CAHR conference

- With CAS, co-hosted panel at 2009 CAHR conference on microbicides as part of comprehensive prevention; antiretroviral based microbicides; community engagement in clinical trials. Approximately 75 people attended.

Science and Technology as an International Development Strategy: The global AIDS vaccine effort, a presentation by Dr. Apuuli, Director General of the Uganda AIDS Commission (October 2009)

- Session at Canadian Conference on International Health
- Presentation at the University of Ottawa

In Women's Hands: Microbicides as a Female-Initiated HIV Prevention Tool

- With CAS and ACPD, co-hosted this event for civil society and parliamentarians. Included presentations by Marvelous Muchenje, Louise Binder, Marc-André LeBlanc, and MP Raymonde Folco, and showing of In Women's hands film (December 2009).
- With ACPD, co-hosted an event on Parliament Hill for civil society and parliamentarians. Included presentations by Zeda Rosenberg (IPM), Seth Berkley (IAVI), MP Carolyn Bennett and Marvelous Muchenje (2010).

National Symposia, Meetings and Workshops

ICAD has played a key role in organizing and hosting multi-stakeholder national meetings to advance knowledge exchange and dialogue regarding new HIV prevention technologies. These national meetings have been instrumental in building preparedness, creating critical analysis of implications for Canada, and identifying research, programming and policy priorities. The following are the national events hosted or co-hosted by ICAD in recent years:

PrEP workshop (November 2009)

- ICAD hosted a one-day workshop addressing the critical questions related to PrEP research (i.e. for which communities is PrEP likely to be of most use? What data do we need around sub-optimal dosing? What are potential side-effects? What are social implications of associating PrEP with high risk communities? What about risk to resistance? What are implications around behavioral disinhibition? What challenges to drug access will occur? Is PrEP relevant to Canadian context?). The workshop featured presentations from people involved with PrEP trials in different countries and different contexts (i.e. MSM in Peru, and serodiscordant heterosexual couples in Kenya)

Prevention technologies in the broader spectrum of HIV prevention

- Co-hosted with CAS and CATIE at the Canadian Association of HIV Researchers conference (May 2010). This day-long ancillary meeting brought together 39 researchers, community and public health workers, community members and government stakeholders to explore how new HIV prevention technologies, including vaccines, microbicides, post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), may fit within the broader continuum of HIV prevention strategies already in use.

Microbicides Symposia

- ICAD organized the 1st Microbicides Symposium in 2003 and supported the organization of the following two symposia (March 2005, April 2006)

New HIV prevention technologies research: Regulatory, policy, programming and research implications for Canada

- Co-hosted with CAS, CATIE and CPHA with funding from the CIHR (September 2011). This was a national meeting to prepare Canadian stakeholders for the introduction of NPTs and to move the results of research into policy and programming. Specifically, ICAD helped to convene this in-person working meeting with relevant stakeholder groups (policy-makers, community representatives, researchers, public health and the private sector) to identify research needs and priorities that will clarify how NPTs may work in the Canadian HIV prevention landscape, and to identify regulatory, policy, programming barriers and issues that need to be addressed.

Local Skills Building Workshops

ICAD has developed several series of workshops which have been delivered across Canada in partnership with local AIDS Service Organizations, community-based organizations and universities. Each of the workshops includes presentation slides, speaker notes, interactive exercises, and resource hand-outs.

Building Community Engagement in Vaccines Efforts in Canada and Africa (CHVI project)

- In partnership with the Southern African AIDS Trust and the New HIV Vaccine and Microbicide Advocacy Society (NHVMAS)

- Activities included:
 - Development of training modules
 - The delivery of 12 workshops to a combination of media and community representatives (3 in Canada, 4 in Southern Africa, 5 in Nigeria)
 - Delivery of a satellite session at the 16th International Conference on AIDS and STIs in Africa
 - Development of a lessons learned toolkit on the partnership model used to develop the training package and workshop series

New Prevention Technologies workshops

- Three variations developed: one day introductory workshop; two day workshop targeting students; two day workshop with focus on ethics
- Three pilots delivered in Ottawa, Toronto and Halifax
- Seven more workshops delivered in Ottawa, Halifax, Montreal , Toronto, Winnipeg, Calgary, Vancouver
- Workshops co-hosted with ICAD members (or other orgs. when members not available or appropriate e.g. for universities)

Partnerships

Finally, ICAD maintains ongoing partnerships with national and international bodies engaged in HIV prevention and new prevention technologies. These partnerships include:

Partnership with International Partnership for Microbicides

- Since 2003, ICAD has been IPM's civil society partner in Canada. ICAD has supported IPM's efforts to seek and renew funding from the Canadian government and to raise awareness about microbicides among civil society in Canada.
- This agreement ended in 2011 due to funding cuts from the Canadian government.

Partnership with International AIDS Vaccine Initiative

- Since 2008, ICAD has been one of IAVI's Canadian civil society partners. ICAD helps IAVI reach an international development audience.
- In addition, ICAD updates IAVI on developments within CIDA and advises IAVI regarding funding and partnership renewal opportunities in Canada.

HIV Vaccine Preparedness Advisory Committee

- ICAD staff member sat on this committee for CAS project on preparing the Canadian public for the introduction of HIV vaccines

Canadian Microbicides Action Plan (CMAP) Implementation Committee

- ICAD has been a member of the CMAP Steering Committee (now Implementation Committee) since its inception.
- ICAD shared responsibility of co-hosting this group between 2006 - 2011
- Led the organization of face to face meeting in December 2009

In addition, ICAD is a member of several relevant listservs in order to maintain staff’s familiarity with NPT issues: IRMA, MAG-Net, PrEP Committee, NHVMAS. ICAD shares key information that may be relevant to its partners and members through the ICAD newsletter, weekly news digest and website.

Website Development and Maintenance

ICAD maintains a website that has a Prevention Technologies section. Between November 1, 2010 to June 30, 2011 (eight months), the Prevention Technologies page was viewed 129 times (English version) and 61 times (French version), comprising 0.92% of ICAD’s web traffic (English version) and 0.44% (French version)². On average, individuals spent 2:04 minutes on the prevention page. This is higher than the average amount of time spent on any other page (1:40 minutes). The table below indicates the number of pageviews for Prevention Technologies, compared to those on other thematic pages.

Title of landing page (themes)	Number of Pageviews (EN and FR)	% of total for thematic pages
Prevention Technologies	190	21.42
Aboriginal and Indigenous Issues	158	17.81
African and Caribbean Diaspora	234	26.38
Funding Universal Access	82	9.24
Gender and Sexuality	97	10.94
Health Systems Strengthening	72	8.12
HIV/AIDS and Disability	167	18.83
HIV/AIDS and Food Security	89	10.03
Social Determinants of Health	297	33.48

STAKEHOLDER INTERVIEW DATA

This section provides an analysis of the interview data from 8 key stakeholders. Appendix B includes the names and affiliations of the key stakeholders who agreed to and/or were available for an interview.

How ICAD should be involved in HIV prevention

Key stakeholders were reminded of ICAD’s mission: *to provide leadership in the response of Canadian international development organizations and Canadian HIV organizations in reducing the impact of the global HIV and AIDS epidemic*. They were then asked: “Ideally, how would you like to see ICAD involved in the general area of HIV prevention?”

² ICAD does not have statistics about the number of downloads of documents from the website. These numbers are not necessarily accurate. It is generally understood that website trackers are not precise. However, the statistics can be useful in comparing the popularity of different pages.

All of the key informants noted that HIV prevention fits well with ICAD's international development mandate. In particular, they saw value in ICAD's involvement with HIV prevention through the following avenues:

- Translating international models in measuring the efficacy of HIV prevention programs (beyond counting outputs such as condom distribution)
- Train-the-trainer educational programs for HIV prevention within African communities living in Canada
- Building networks between HIV organizations internationally and Canadian organizations, and facilitating access to HIV prevention materials "with a strong credible evidence-base"
- ICAD provides information to its members and links them to public engagement efforts on global issues such as access to treatment, care and support as well as prevention methods.

"Absolutely HIV prevention fits within its mandate as a global health and development issue, particularly around meeting development aims of rights, gender equity, social determinants of health. HIV prevention has been a key leveraging point for these other issues."

How ICAD should be involved in new HIV prevention technologies

Although all of the key informants did feel that ICAD has a role to play in advancing new HIV prevention technologies (NPTs), their responses were qualified by noting that there need to be a link with international development and global health perspectives. They noted that ICAD needs to make the following linkages between NPTs and global health:

Bridging global and domestic research and programming

- Monitor global developments in NPT research and development, particularly profiling "work that's being done by domestic researchers on the international stage", and ensure that international work orgs and domestic orgs are updated on the latest info on NPTs
- Helping to translate to potential rollout in Canada, getting messages from international findings/responses to domestic organizations is an important role
- Taking lessons learned from the international context to apply to the domestic scene, such as in relation to community uptake, challenges and successes in rolling out NPTs
- Providing analysis of the potential impact of NPTs on the global epidemic

"I do see [NPTs] as a nice fit for ICAD. We need to build a global understanding of the impact of a NPT on the global epidemic as well as the domestic epidemic – and it's ICAD's job to make this bridge. A lot of the NPT research is done through international development organizations, not just HIV organizations. We need to stay updated with what's happening on the global stage."

Making a strong link to global health and development

"Connections between Canada and the global context – could be improved. Without knowing their staffing situation, what they seem to be really good at is collecting information and distributing that information out to members. But it would be useful to have some analysis from ICAD – such as a policy person on staff to be able to connect the dots for me about the implications for various members and their international work. Such as...this is what you can expect for NPT roll-out in eastern Africa, these are some of the barriers that would be relevant and this is the kind of advocacy that you can do to improve access."

- Framing NPTs as a development issue, making better linkages with gender, rights, poverty and other development areas where ICAD has been a very strong advocate in the past
- Analyzing NPTs from a global health perspective, moving from biomedical approaches to long-term sustainable development, specifically by linking to health systems strengthening, contributing to more effective delivery of existing HIV prevention programs, and enhancing policies and programs that address the broader determinants of health
- Link to advocacy for increased access to care in developing countries, “especially in rural communities in resource-limited settings that are still struggling to get access to basic medications and first-line ARVs. We’re still not able to provide general health care.”
- Knowledge translation around NPTs, specifically regarding their implications for communities in the developing world, given concerns about affordability and challenges of roll-out.
- Helping to analyze the potential global impact of NPTs, and exploring new and improved ways of HIV prevention

“I’d like to see ICAD really well articulating how NPTs fit into the development architecture. It’s understanding the implications or impact of NPT science on addressing HIV as a global health issue – that should be the focus. And also advocating for the equitable distribution of science dollars that will have the most impact on those most vulnerable globally.”

Skepticism about the relevance of NPTs

One of the key informants from an AIDS service organization shared some perceptions of NPTs which indicated some common misconceptions about NPTs, and in turn led to reservations about the relevance of NPTs for ICAD’s mandate. Some of the misconceptions about NPTs included:

- NPT research and development is largely driven by pharmaceutical companies
- Community-based HIV/AIDS organizations don’t play a role in implementing biomedical interventions
- Practical supports, helping people access health care, providing sexual health education and service referrals, access to testing and providing support (“grassroots services”) are separate from NPT implementation and delivery
- NPTs will be likely only available in, or priority will be given to, people in developed countries

These are the kinds of misconceptions that ICAD can play a role in dispelling, and does address in its NPT educational resources and training workshops.

Feedback on ICAD’s NPT work

Feedback on Workshops, Webinars and Fact Sheets

Key informants were asked about the usefulness of ICAD’s work on NPTs and how it could be improved. Their feedback is generally highly positive and their comments are summarized below:

- *“The session that they brought was excellent and wonderful learning, so more of that information is awesome.”*

- *“I’ve appreciated the organization, I look at their website regularly, and I think they’re a very helpful organization and doing good work.”*
- *“ICAD has built their visibility as a trusted source for information sharing on NPTs in Canada, and are seen as an authority.”*
- *“I really like their webinars as educational opportunities, they have a great website, and fact sheets on specific issues and populations. The resources that they put out are excellent.”*
- *“We were really honoured to be able to partner with ICAD to deliver that workshop. We found the information presented very well. It was timely. I liked the part about how do you really look at statistics and what they really mean – that was really beneficial for us, because it’s something we get asked all the time, so it was good for us to learn how to be more clear. We have all-day staff meetings, and have a “what’s new” and “shop talk” session and often talk about research findings, and now we’re able to analyze the stats – it’s a good refresher for some of us.”*
- *“The work to date has been incredibly informative as I was just starting to get into the area of HIV prevention, so the training and knowledge enhancement has been fantastic. It was a great introduction to NPTs.”*
- *“There’s a hunger for that information now. It’s the ASOs’ responsibilities to do the frontline education. But what ICAD presented about NPTs is meeting a real need given the huge changes in information and our clients are always asking for that information, and read a lot of information that they can misinterpret.”*
- *“I like the webinars a lot because they’re very accessible.”*
- *“The workshops have been fabulous. They are highly useful – it’s new information so it’s helpful to get the information more than once. I went to an initial workshop two years ago, and then again as part of the pre-CAHR satellites.”*
- *“A lot of ASOs are waking up and thinking it’s not just a hypothetical thing anymore, it’s now a reality with implications for their own education and training work.”*
- *“While I’m aware of the resources from other national partners, I don’t consult them very often. Whereas I do read the ICAD weekly bulletin religiously, and find them more relevant. ICAD shouldn’t be afraid to repost information resources covered by the other NPs.”*
- *“They send out the weekly bulletin and I read it every single week – it’s one of the few listserves that I use and forward every week.”*

Suggestions for Next Steps and Improvements

- More in-depth analysis of the “reality” of what NPTs will mean for community-based prevention and support programming in Canada
- Provide information on NPTs more regularly via webinars
- *“Although it is useful to have ICAD give an overview of “the science” of NPTs, ICAD needs to change focus to how NPTs are going to impact the broader social determinants of health, and the role it will play in the broader global HIV prevention project.”*
- *“Perhaps a next step is an awareness campaign.”*
- *“Maybe they could tweet stuff that’s in their bulletin?”*

“They have worked well at the micro-level to define what are NPTs, but now I’d like to see them move to a broader global framework and context.”

ICAD's unique contribution (vis-à-vis other national partners)

The key informants were asked to reflect on the unique contributions that ICAD can/does bring to NPT information, above and beyond what the other national partners (e.g., CATIE, CAS, CPHA) provide.

Their responses are summarized below:

- One of the national partners noted the positive aspects of the national partners collaborating on NPT issues: *“The webinar series [over Summer 2011] had big numbers given that it’s summertime. It shows that there’s big demand for these resources and training. Webinars can be very boring, so I’m impressed that we’re getting this kind of response - obviously there’s a demand for training and information sharing.”*
- The partnership with the other NPs seems to be working well, getting people from all different sectors domestically. The messaging around the global impact and domestic impact can be well-delivered through this partnership.
- Several of the key informants noted that they also have wondered about the unique roles of each of the national partners, and find their multiple forms of engagement with NPT issues to be confusing: *“It’s good for us to pull information in from all these different sources. But it’s confusing to me what the different roles of the national partners are.”*
- Because of its international focus, ICAD’s focus should be from the unique perspective of the intersection between HIV and development, and the “bigger global perspective.” One of the key informants noted that vaccines and microbicides will have great importance in developing country contexts, or wherever gender inequality is more pronounced.
- ICAD should keep up with positioning NPTs as a global health good, speaking as a development coalition with an HIV focus to explain why we need to mobilize funding for NPTs and help roll them out
- Focus on the implications of NPTs from a development perspective, and what they would mean for communities in the developing world.
- Linkage to the global HIV and development architecture, and ensure that NPT issues are represented “at these constituencies and at those tables.”
- Because ICAD brings global expertise and engages with non-ASOs, it can help to “mainstream” NPT issues into international development dialogues.

“They should be less involved in knowledge transfer with Canadian constituencies – that’s a better fit for CATIE’s and CAS’s mandate – it’s science but not necessarily development science. That’s what ICAD should be more focused on, and translating it back into a global health discussion of NPTs.”

“If people start talking about NPTs as part of their religious group’s or development group’s activities, then the education spreads much further. ICAD’s training workshops with those kinds of organizations is a real strength, connection to that community.”

“CAS, ICAD and CATIE – they all bring something to the table. CATIE does a good job focusing on the biomedical aspects of NPTs, and providing accessible and relevant information for frontline organizations. CAS brings the social analysis and community mobilization within the HIV sector. ICAD brings the global contexts, from a development impact and awareness of NPTs’ huge impact on high-prevalence countries, discussing HIV at a global public health issue.”

“I really like the way that the partnership is working – this is a highlight. We all bring something unique to that partnership and it’s exciting. We’ve always had a good partnership with ICAD around international issues. We’re a little more cautious around NPTs because we’re not all sure what our goal is. I appreciate that ICAD is doing this kind of evaluation.”

Non biomedical prevention information

The key informants were asked what information they would you recommend that ICAD provide with respect to sociobehavioral or other non-biomedical prevention options. Their suggestions are provided below:

- One of the key informants called on ICAD to critically analyze how NPTs fit into the dominant development paradigm, and how it should be supporting that paradigm (or not):

“ICAD should be looking at the intersection between aid effectiveness, Millennium Development Goals, and innovation. We’re moving towards very scientific ways of defining innovation. The money behind Gates Foundation and Grand Challenges Canada is from a very scientific view – clinical, basic or intervention science, and it rarely crosses into strong social science research. In that context, NPTs really fit into that aid paradigm right now – so it brings into question if NPTs really are a development issue.”

- Another key informant was very supportive of ICAD expanding its prevention education to sociobehavioural elements of prevention:

“This kind of information is missing and is a big challenge. We have moved so far into the realm of scientific solutions to development problems that we have lost the focus on the human perspective on what is really driving the issues around HIV – the social determinants of health and broader development issues that are the drivers behind the disease.”

- One of the key informants referred to some of ICAD’s other supports that have been very useful to its members (such as the international engagement toolkit), to promote involvement and action on a global scale, and to provide ways for individuals to become engaged globally in ways which are “more meaningful than buying a Red cellphone” such as social mobilization using social media.

- A key informant noted that the gender elements of prevention should be a greater focus for ICAD. Non-biomedical perspectives of prevention would include analysis of gendered relationships, how they’re influenced by culture, and how that increases the vulnerability to HIV/AIDS, such as through gender-based violence:

“We need to build sensitivity of coming in as a western NGO about how relationships should be structured, and having to witness abuse in contexts where women have fewer choices, and how to bring both men and women into the conversation to change social norms around sexual relationships. Talking to community leaders, to women and men, to looking at early intervention programs around sexually healthy relationships; family structures, roles and responsibilities, economic control within families.”

- Another request was that ICAD provide support to its members about programmatic lessons learned from international contexts, such as how to design effective HIV education and awareness campaigns, community dialogue facilitation, addressing stigma and discussing taboo issues.
- More opportunities for ICAD members to discuss and share learnings with each other, beyond just at the AGM, such as by convening webinar discussions or meet-ups over twitter: *“ICAD could facilitate our connection to each other.”*

Prevention issues in specific populations

Key informants were asked if they would recommend that ICAD provide information about prevention issues in specific populations. Their responses are listed below:

- One of the key informants noted that the populations which are the focus for most Canadian HIV/AIDS organizations are not always relevant to organizations working in developing countries:

“CATIE is very focused on the Canadian context and ASOs in Canada tend to focus on populations like MSM which are not always relevant to communities in east Africa (where it’s primarily young women who are affected).”

- Several of the key informants noted that the most obvious population focus for ICAD would be populations from endemic countries, and from Asian countries, but only if there is a strong link *with ICAD’s broader mandate and with the development and global health context:*

“Unless there’s strong best practice sharing. But simply working with these populations in Canada, and developing domestic programs moves away from their mandate.”

- Another key informant noted that ICAD could bridge domestic and international work by focusing on the most vulnerable populations that face stigma and discrimination, regardless of which part of the world they live in. Specifically, ICAD could build public understanding of the root causes of people who use drugs or are involved in the sex trade, and make the linkages between poverty as a driver of HIV risk (such as with First Nations communities).

“IDUs – such as educating the public around the value of safe injection sites, the role of stigma and discrimination; MSM; women and men involved in sex work – these are the three taboo groupings, and the most vulnerable to HIV.”

- One suggestion was that ICAD provide information about serodiscordant heterosexual couples around issues of reproduction, perhaps by conducting a global scan. Another suggestion was to provide support to Canadian organizations working with immigrant populations, helping to understand more about their HIV-related situations in their countries of origin.

Getting the balance right between domestic and international information

Key informants were asked if they felt that ICAD was getting the balance right in providing information on what is going on in HIV prevention in Canada versus internationally, and if ICAD makes useful linkages between the Canadian and international contexts. Their responses are summarized below:

- *“I would say that they aren’t too balanced. My impression is from just one ICAD meeting – it was heavily focused externally to Canada. But it was an interesting dynamic. Some reactions from African people at my table felt that the dialogue was a bit paternalistic, and they had the sense that Canadians are going overseas to provide their expertise. ICAD needs to bring more of a focus to the Canadian context.”*
- *“I’m focused mostly internationally, and I don’t feel like ICAD has ignored that aspect. I’m happy with the balance so far.”*
- *“I can really see the impact of the loss of the CIDA Small Grants Fund. It’s reflected in the attendance and kinds of discussions at the ICAD AGMs, and I see the ongoing struggle to engage ASOs in global work when they are struggling to make ends meet locally.”*

Treatment as prevention

Key informants were asked about the relevance of treatment as prevention for their work, and how ICAD could support them in addressing this issue.

- *“We have discussed it at staff meetings and done blog articles, given core training to partner agencies in the community that includes new prevention technologies along with the debates, controversies and ethical issues. Our approach is to say that this is a new approach, share the results from studies, explain what those findings mean, and that people make their own decisions about treatment as prevention.”*
- *“It’s definitely relevant to the Legal Network because of human rights concerns for push to get people on treatment, same as push for HIV testing. ICAD should also be raising human rights into their discussions of treatment as prevention.”*
- *“ICAD has done a good job of articulating the issues of treatment as prevention from the ethical side of things, and have done knowledge transfer.”*
- *“This issue is a disconnect between those of us who are working with a Seek and Treat approach, versus what is happening in poor countries. The likelihood of that intervention working in Canada is much higher, while at the same time we’re not replenishing the GFATM and cutting back commitments to provision of ARVs. The implications for people living in the epicentre is limited – this is a disconcerting advocacy issue. I’d like to see ICAD take on more of the advocacy issue – keep naming the radical differences between how HIV is managed in Canada, versus the constraints in international settings.”*
- *“Yes and no – we don’t have any treatment-related supports but we do pay attention to this issue. It’s information that we’d use for educational programs and pass on to partners in Africa for advocacy efforts.”*

“This issue is a challenge – after the last round of PrEP research, there were some interesting perspectives of PrEP as a bourgeoisie party solution for people who can afford to fill prescriptions for protecting themselves, versus is it a viable prevention option given that there are people who can’t afford treatment? It’s an interesting ethical question that we’re all going to have to learn to talk about and handle. When you talk about treatment access, increasingly that includes prevention access (PrEP) – it’s going to be a balancing act that will be challenging in messaging. ICAD especially because of its international focus, will have to consider how it balances those access issues – it may mean writing some briefs and background papers that may be critical in nature, for policy makers and not necessarily for general public consumption. It’s a set of ethical questions that needs discussion and debate – when you talk about drug formulary coverage, perhaps there are models that could be borrowed from, like with HPV vaccine or smoking cessation aids.”

CONCLUSIONS AND IMPLICATIONS

ICAD has a long history of working in the area of new HIV prevention technologies. ICAD’s involvement originated with advocacy for investment in global vaccines and microbicides research and development, and ICAD played a key role as a member of the advisory committees which directed the development of the Canadian Microbicides Action Plan, and the Canadian HIV Vaccines Plan. More recently, ICAD has been extensively engaged in the development of educational resources on NPTs, including fact sheets, multi-stakeholder national meetings, webinars and training workshops – all focused on NPTs and their potential implications for Canada.

All of the key informants have commended ICAD's prevention work and have found it useful, accessible and informative. They have noted, however, that ICAD's contributions to NPTs should be more focused on critical analysis of the interface between NPTs and international development issues, policy implications and application to community-based programs based on findings from international contexts. In particular, key informants encouraged ICAD to make the link between NPTs and issues of gender equity, access to care, and global health.

ICAD should continue to pursue prevention work, in partnership with the other national partners, and contribute through its unique international mandate. Ideally, ICAD should engage its staff more actively in policy analysis to explore the implications for broader global health and international development agendas. While ICAD has been commended for its knowledge transfer role in raising community awareness of NPTs, it now needs to go to the further step of critically analyzing the place of NPTs in resource-poor settings, and its potential impacts on broad development issues such as health care capacity, gender inequities, stigma and discrimination, and funding priority setting.

Key informants commended ICAD for asking questions of its partners and members to reflect on the role of NPTs in its programming.

APPENDIX A – Key Informant Interview Questions

Preamble: Thank you for agreeing to participate in this interview. The purpose of the interview is to provide ICAD with evaluative and needs assessment information about its work related to HIV prevention. The interview will take about 30 minutes to complete. Your responses will be anonymous, and I will be taking notes as the interview progresses to capture your answers.

As a bit of background, increasingly over the last few years, ICAD has been providing information and capacity building in the form of fact sheets, webinars, meetings and workshops focusing on new prevention technologies. ICAD is interested to know what its members and partners think about their role in HIV prevention information.

Questions:

1. As a reminder, ICAD's mission is to *provide leadership in the response of Canadian international development organizations and Canadian HIV organizations in reducing the impact of the global HIV and AIDS epidemic*. ICAD helps Canadians contribute to international HIV/AIDS work and ensures that the lessons learned from the global response to HIV/AIDS are utilized by Canadian organizations to improve prevention, care, treatment and support work in Canada. Ideally, how would you like to see ICAD involved in the general area of HIV prevention?
2. Increasingly, ICAD has been working in the area of NPTs...how well does this focus fit within their mandate?
3. Based on what you have seen of ICAD's work on NPTs, how useful would you say it is? How could it be improved?
4. What does ICAD bring to NPT information that is different from the other national partners?
5. What information would you recommend that ICAD provide with respect to sociobehavioral or other non-biomedical prevention options? How do those information needs differ for Canadian versus international contexts?
6. Do you think ICAD has a role in providing information about prevention issues in specific populations? If so, what would you recommend?
7. Is ICAD getting the balance right in providing information on what is going on in HIV prevention in Canada vs. Internationally? Does ICAD make useful linkages between the Canadian and international contexts? If not, do you have any suggestions on how this can be improved?
8. As you may know, there has been quite a bit of new evidence on the efficacy of treatment as prevention. How does this issue fit into your work? How do you think ICAD should incorporate this into their prevention work?
9. Do you have any other comments or suggestions for ICAD regarding HIV prevention?

APPENDIX B – Key Stakeholders Interviewed

Contact Person	Position	Organization
Joanna Hiebert Bergen	HIV/AIDS Program Coordinator	Mennonite Central Committee
Simonne C. LeBlanc	Executive Director	AIDS Calgary
Claire Holloway Wadhvani	Executive Director	CAPAIDS Network Inc.
Bronwyn Barrett	Support Programs Coordinator	Positive Women's Network
Richard Elliott	Executive Director	Canadian HIV/AIDS Legal Network
Ken Clement	CEO	Canadian Aboriginal AIDS Network
Marnie Davidson	Project Coordinator	Canadian Public Health Association
Kim Thomas	Program Manager	Canadian AIDS Society