

## The Reaction

- Shock, anger, confusion, disappointment
- Call for answers as soon as possible
- Relating this to N9 trials results
- Inconsistent information, media inaccuracies, silence from local researchers.
- Confusing messaging with other NPTs
- Nervous to talk about microbicides "too loudly"
- Local trial teams demoralized
- Resolve that research must continue & looking forward at better preparation
- AMAG called to action

# What worked? • Constant flow of information

- Advocates get to ask questions of researchers for themselves
- More and vocal advocates
- Researchers discussing openly
- MMCI kept messages consistent
- Concrete processes to follow up on.
- Partnerships strengthened and forged

# Learning lessons

- Planning ahead what will we do if results from CS are not clear?
- Communication is key!
  - In the past, mis-communication and lack of transparency fuelled underlying trust issues
  - Between researchers, advocates and each other
- Like past, media inaccuracies fuelled already volatile situation but not to the same degree
- Changing our messages around research process, expect more failures

- Scattered advocacy efforts on the ground not mobilized or proactive Resources badly needed for advocacy efforts on the ground Think ahead so that government officials are brought up to date (eg. N9...)
  - Current context is one where field actively involved in building better relationships



Important to ensure coordination, collaboration and communication with partners throughout the process and not only when responding to a crisis.

Advocates are **communicators** on the ground – the connection to communities, to larger HIV field, to government, media.

Need to build civil society and advocacy groups capacity on the ground

Strength of advocates as partners, as allies - not to be controlled or managed...

