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# LIST OF ABBREVIATION AND ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>BSS</td>
<td>Behavioural Surveillance Survey</td>
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<tr>
<td>DHS+</td>
<td>Demographic and Health Survey that includes HIV testing</td>
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<tr>
<td>HIV</td>
<td>Human Immune deficiency Virus</td>
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<td>ICPs</td>
<td>International Cooperating Partners</td>
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<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>JFTCA</td>
<td>Joint Financing and Technical Cooperation Arrangement</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MS</td>
<td>SADC Member State</td>
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<tr>
<td>NAA</td>
<td>National AIDS Authority</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV and AIDS</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother To Children Transmission of HIV</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised Controlled Trial</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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I. INTRODUCTION

The SADC region continues to bear a disproportionate burden of HIV infection with HIV prevalence averaging at 11% in the 15-49 age groups. This places greater imperatives for the development of new strategies and technologies to prevent the further spread of HIV and minimize the impact of AIDS (1).

The long term response to HIV and AIDS depends on progress made in research. All aspects of research are needed from understanding the basic biology of HIV, developing effective therapies to treat HIV-related diseases, understanding the determinants of HIV transmission and evaluating the effectiveness of a variety of approaches and interventions to preventing new infections including both biomedical and behavioral approaches and treatment, care and support strategies (2). Additionally, research needs to take account of the effects of HIV and AIDS beyond the clinical understanding into wider public issues such as socio-economic effects of HIV and AIDS.

The purpose of the Research Agenda is to guide the Secretariat, Members States, researchers and stakeholders to prioritise and harmonise research on HIV and AIDS in the region.

The document comprises of the following major sections: introduction, background, objectives, and the Research Agenda (process of development, guiding principles, priority research areas, operationalisation).

The areas of research articulated in the Research Agenda constitute research priority areas for researchers who are interested in conducting HIV and AIDS research in the region.

It is necessary to indicate that the document focuses on broader questions and areas of HIV and AIDS research and will be reviewed and updated as and when necessary. It is also important to note that this document is to serve as an initial step in assisting MS to develop their respective research agendas.
II. BACKGROUND

2.1. The HIV and AIDS epidemic in the SADC Region

The SADC Region is at the epicenter of the HIV and AIDS epidemic. It is estimated that of all people living with HIV and AIDS globally about 40% are living in the SADC Region. Although some countries have shown declines in adult HIV prevalence rates, the epidemic is still increasing in most of the other countries in the region.

Countries in the SADC region are experiencing different HIV epidemics characterized by varying levels of adult HIV prevalence rates, that is, prevalence rates among those aged 15-49 years, and even HIV prevalence rates among different population sub-groups are also different across Members States (3). Eight of the SADC Member States have adult HIV prevalence rates above 15 percent. These are Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Although some SADC Member States have generalized epidemics, the HIV prevalence rates are relatively low and range between 3.2 percent in the Democratic Republic of the Congo and 14.1 percent in Malawi (3). Two Member States, that is Madagascar and Mauritius have adult HIV prevalence rates less than 1%, thus, are characterized by concentrated HIV epidemics. It should be noted that in these two countries, although the HIV prevalence rates are low in the general population, prevalence is concentrated among certain population sub-groups. In Mauritius, for example, adult HIV prevalence is estimated at 0.5% but prevalence among prison inmates, commercial sex workers and Injecting Drug Users (IDUs) is between 15-25 percent (3).

These data show that there is need to fully understand the dynamics of the epidemic in the different countries to facilitate development of evidence based interventions. These data also suggest that there is a need of constant update of the available data to ensure that the responses are corresponding with current situations.
The epidemic continues to surpass efforts to contain it, eroding gains in health, education, food security and quality of life for the region. HIV and AIDS have diverted national resources from investments in development to tackling the resultant crises. At the individual level, family systems have begun to crumble under the strain of care and support to increasing numbers of people debilitated or orphaned by AIDS.

2.2. Overview of HIV and AIDS research in the SADC Region

The history of HIV and AIDS research in SADC date back to the 1980’s which focused on understanding the clinical aspects of the disease. To-date research in HIV and AIDS is multidisciplinary in nature focusing on many areas. This has resulted in many different institutions involved in research requiring greater need for coordination to promote research in prevention, treatment, care and support and to ensure proper utilization of research findings. As the field of HIV research contains diverse role players with competing interests and different agendas (that is, political, financial, professional and religious). Research priorities should be based on sound knowledge of the region’s epidemic and evidence of our local drivers of HIV. Research that contributes to or otherwise informs implementation of interventions that address the key drivers should therefore be given highest priority.

During the past two decades, concerted HIV prevention efforts have produced much success around the world. Unfortunately, the number of new HIV infections occurring is still globally high, and even higher in developing countries. Research studies conducted to date on HIV prevention in the region revealed that drivers of the HIV epidemic include multiple concurrent partnerships by men and women with low consistent condom use and in the context of low levels of male circumcision (4). Underlying these drivers are social and structural factors such as high population mobility, inequalities of wealth, cultural factors and gender inequality that render young women especially vulnerable to HIV infection. Although research has been conducted that generated these findings, there is still need for further systematic research to show the pathways through which these factors facilitate transmission of HIV (4).

One of the important areas of prevention of HIV infection is the effect of male
circumcision. Estimates of geographic correlation show that countries with high rates of circumcision have lower HIV prevalence (Helperin and Bailey 1999). This is backed by results of recent randomized control studies which suggest that male circumcision may have a protective effect on HIV transmission (Bailey, Moses, Parker et al 2007, Gray et al 2007). A systematic review of observational studies also adds to the body of evidence of the effectiveness of male circumcision (Siegfried 2005). The range of male circumcision activities is rapidly changing there is a need to conduct country level analysis to identify and document male circumcision activities.

According to recent randomized controlled trials, there is compelling evidence that male circumcision is partially protective to HIV infection. But the protective impact at the population level even when male circumcision has been rolled out is not well understood. There is still need to conduct social science research in order to better understand the deep-rooted cultural meanings attached to male circumcision among different ethnic groups (5). This may go a long way in guiding the on-going debate related to the latest biomedical findings on the protective effect of male circumcision against HIV.

In regard to the new preventive technologies, a number of HIV prevention trials of the safety and effectiveness of microbicides, AIDS vaccine and female barrier methods are underway in Botswana, Malawi, South Africa, Tanzania and Zambia, but there are currently no vaccines or microbicides that have been shown to be effective in HIV prevention (5, 6, 7). Some of the ongoing trials in Nigeria, Benin, India, South Africa and Uganda have been halted because of safety issues (Science Daily 2007). It may therefore take many years before the effectiveness of microbicides is established and they become available on the market.

The development of antiretroviral treatments that have lengthened the lives of people living with HIV has been one of the greatest successes in HIV and AIDS research. Although the correct use of sophisticated highly active antiretroviral therapy (HAART) may allow a patient to survive many additional years after infection, the benefits of HAART often come at a cost of serious side effects and toxicities. The continuous support for further research to determine the incidence, diagnosis and optimal management of the side effects, monitoring adherence and development of resistance is required.
A wide range of herbs and substances are used in developing countries to treat symptoms of AIDS (8). African medicinal plants have a role to play in alleviating many of the ailments associated with AIDS and have great potential in the care of People Living With HIV and AIDS (PLWHAs).

However it is cautioned that there is a need for more research to look into interactions with other drugs and systematic investigation of toxicity, efficacy, and safety of the traditional herbs. Furthermore, there need for collaborative research to validate the effectiveness of traditional/alternative remedies and to understand how they may affect treatment with modern medicines.

Care and support is crucial for enabling coping among PLWHAs and Orphans and Vulnerable Children (OVCs), in order to deal with medical and psychological issues at home, in schools and communities. There is a high demand for palliative care services due to the fact that, there are still limited solutions to medical problems such as cancer and AIDS. This is compounded by the limited access to ARVs.

On a wider note, there is need for more research on understanding the effects of HIV and AIDS beyond those infected. For example, there is need to study the problems faced by families whose relatives are infected, as well interventions to the working class, whose performance is affected by sickness or loss of their loved ones. Additionally, it is imperative to study the legal and institutional framework that can be used to protect those infected, as well as those affected by the pandemic. By implication, it is important to understand the social, political, and human rights contexts against which interventions will be implemented (9).

### 2.3. HIV and AIDS research challenges in the SADC Region

As the HIV and AIDS epidemic continues to grow worldwide, there is a need to direct research efforts toward developing prevention and treatment strategies to stem the epidemic within Africa and other resource scarce settings. However effective interventions can only be developed if they are informed by objective research findings.
HIV and AIDS research is impeded by common challenges that cut across most of the SADC countries. These include:

- lack of clearly defined research agenda at the regional and the country levels;
- weak financial and institutional capacities in conducting cutting-edge research; limited research funding;
- lack of ownership of research by Members States, national Universities and research institutions; because most researches are donor driven, poor coordination of research activities and utilization of the research findings, and sharing information on research findings;
- inadequate engagement of the community in research and ethical concerns;
- delays in approving some studies;
- poor knowledge transfer to facilitate the implementation of research findings to appropriate institutions
- absence and / or inadequate of research guidelines;
- limited capacity to conduct research especially clinical trials;
- absence of a comprehensive HIV and AIDS research data base.

The development of a comprehensive Research Agenda will assist in systematizing a roadmap to contribute in addressing the above concerns as individual MS research strategies are operationalize.

2.4. Rationale for a SADC HIV and AIDS Research Agenda

The SADC region is the hardest hit by the HIV and AIDS in the world. SADC Heads of States or Government committed to fight the epidemic when they signed the Maseru Declaration in 2003 and other regional, continental and global HIV and AIDS commitments. At the regional level, the SADC Secretariat is expected to take a lead role in facilitating Member States to objectively identify and better understand the key drivers and determinants of the HIV and AIDS epidemic in the region. It is these key drivers that will be addressed by HIV and AIDS interventions for positive impact.
As the HIV and AIDS epidemic continue to increase in the region, there has been concern for the need to conduct new research and further analysis of existing data to objectively better understand the drivers of the HIV and AIDS epidemic and to improve the HIV and AIDS response in the region. It is also important to note that to be effective this new and ongoing research must be well coordinated and a research network established to share findings across the SADC Member States.

According to participants to the Consultative meeting on the SADC HIV and AIDS Research Agenda, some of the concerns and common research challenges that have been raised above can be addressed by developing and operationalising a SADC HIV and AIDS Research Agenda that focuses on the following four broad areas of the HIV and AIDS relevant research:

- Social and behavioral research;
- Bio-medical research;
- Epidemiological studies; and
- Assessment of interventions and programmes.

The Research Agenda will provide guidance for a well coordinated and harmonized research relevant to the region and driven by Members States. It will therefore address HIV and AIDS research challenges in the region. Furthermore, the research findings can guide the design of effective HIV and AIDS interventions in the region to respond to the epidemic. Thus, the development of an HIV and AIDS Research Agenda for the SADC region is a key priority.

### III. OBJECTIVES

The overall objective of the SADC HIV and AIDS Research Agenda is to guide all the HIV and AIDS research to be conducted in the region. Thus, the region will be able to define and ensure that the research conducted assist in addressing the epidemic.
Specifically, the implementation of the Research Agenda will help:

- to inform researchers or institutions who want to conduct research on regional priorities
- to coordinate research undertaken in the region
- to ensure that research undertaken is guiding the regional HIV and AIDS response
- to provide a framework for the development of a national HIV and AIDS Research Agenda in the MS

It should be noted that the SADC Secretariat will not conduct research in the region. SADC Secretariat's role will be two-fold. Firstly, the Secretariat will facilitate MS to come up with HIV and AIDS Research Agendas. Secondly, the Secretariat will also assist in mobilizing resources for the implementation of the Research Agenda and will provide a platform for sharing the findings of the HIV and AIDS research done in the region.

IV. THE RESEARCH AGENDA

4.1. Process of developing the Research Agenda

The Research Agenda was developed through a process involving the following steps:

- Literature review and development of a concept note that defined the process and the time frame in the development of the Research Agenda

- Regional Consultation on HIV and AIDS research priority in the region: The consultation brought together representatives from Member States to broadly discuss HIV and AIDS research issues and to identify challenges and key research priorities to be addressed in the prevention of HIV and AIDS, care, treatment and support of PLWHA in the SADC region.
• Development of the Draft of the Research Agenda: This Draft was developed by the Secretariat according to the recommendations of the regional consultation on HIV and Aids Research issues and was circulated and reviewed by experts from Members States and the SADC Technical Advisor Committee

• Approval and endorsement by the relevant institutions of SADC.

4.2. Guiding principles

Research must be guided by the following principles:

• **Multidisciplinary and complementarity**: develop multidisciplinary and complimentary research on HIV and AIDS (biomedical, social/behavior, economics, system development and evaluation of interventions) in the region.

• **Coordination and collaboration**: ensure good coordination mechanisms and allow greater collaboration among researchers, research institutions in different Member States and in the region.

• **Credibility**: support research that will lead to prevention and treatment strategies that are effective, feasible and realistic for individual countries struggling with the burden of numerous infectious diseases.

• **Relevancy**: target research to contribute to HIV prevention and control strategies relevant and adapted for the needs of the region. The research must also inform interventions priorities and policies.

• **Gender sensitivity**: promote research that contribute to reduce gender disparities.

• **Ethical soundness**: promotion of bioethics values and practices in the conduct of HIV and AIDS research.

• **Human rights based**: promoting research that will ultimately ensure the protection and promotion of human and peoples’ rights of those affected and infected by HIV and AIDS in accordance to the rights enshrined in the international and regional legal instruments.
4.3. Priority areas of research

The key policy document that guides the design and implementation of HIV and AIDS interventions in the SADC region is the Maseru Declaration on HIV and AIDS, 2003 which has been operationalised by the SADC HIV and AIDS Business Plan has the following priority areas: (i) prevention and social mobilization, (ii) improving care, access to counseling and testing services, treatment and support, (iii) accelerating development and mitigating the impact of HIV and AIDS. Therefore the priority research areas are in line with these.

The priorities defined in the Research Agenda derived from the priorities identified by the Members States during the SADC HIV and AIDS Consultation meeting on the Research Agenda in Johannesburg in August 2007. They were also informed by the analysis of the factors that heighten vulnerability to infection with HIV and by the needs of lowering risk, preventing transmission through behavior change, preventing conversion from HIV+ to AIDS, prolonging life and enhancing quality of life.

These priorities are outlined in a broader sense and will be unpacked at the country level by the Members States in their national research agendas.
<table>
<thead>
<tr>
<th>AREAS</th>
<th>Research priorities</th>
<th>Justification</th>
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</table>
| 1. PREVENTION AND SOCIAL MOBILISATION | 1.1. Promote studies that permit better understanding of:  
- the behavioral and the psychosocial determinants of HIV related risk and protection  
- the consequences of HIV infection for individual and societies. | - To help in defining most effective strategies on how to change the behaviors that lead to HIV transmission and how to maintain protective behaviors once they are adopted  
- To continue with the studies already being undertaken |
<p>| | 1.2. Pursue clinical and basic sciences research in order to inform further development of HIV vaccine, topical microbicides and on any other of prevention in an ethically responsive manner | - With the development of appropriate biomedical interventions, there is the possibility for significant reductions in new infections. |
| | 1.3. Develop safe, feasible and low cost strategies to prevent perinatal transmission and explore the extent of none-sexual, none-maternal transmission of HIV to children | - To be successful, the promotion of MC as HIV prevention should not only be focused on the biomedical aspect but also be integrated into global, socio cultural approaches. Additional research will provide more information to prepare the ground, to highlight potential pitfalls, and flag anticipated consequences as further development of male circumcision as a prevention strategy is taking place. |
| | 1.4. Understand the deep cultural meanings attached to male circumcision and determine the impact of male circumcision on sexual transmission from HIV-infected men to women and refine male circumcision country studies | |
| | 1.5. Promote studies that assess the role of traditional male circumcision on the prevention of HIV transmission | |
| | 1.6. Promote studies on the factors influencing partner notification and disclosure | |
| | 1.7. Encourage more accurate studies to measure the epidemic of HIV | To get a clear picture of the levels, trends and dynamics of the epidemic. |
| | 1.8. Promote studies that measure and track expenditure and cost-effectiveness of HIV and AIDS interventions | |
| | 1.9. Promote studies that explore challenges and ways of improving coordinated monitoring and evaluation in the region | |</p>
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<th>AREAS</th>
<th>Research priorities</th>
<th>Justification</th>
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<tr>
<td><strong>2. TREATMENT – CARE AND SUPPORT</strong></td>
<td>2.1. Evaluate the determinants of both adequate and inadequate ART adherence including the social aspect</td>
<td>The identification of new less toxic drugs and simplified treatment schedules including traditional treatment continues to be of great importance to those infected by HIV</td>
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<td></td>
<td>2.2. Evaluate the development of resistance mutations to various antiretroviral medications by HIV subtype and the TB resistance</td>
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<td>2.3. Encourage clinical trials to support the development of new treatment regimens for adults and in pediatrics</td>
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<td>2.4. Examine the efficacy, safety and effectiveness of commonly used traditional herbal, alternative medicines in the treatment of HIV and related AIDS illness and assess the impact of nutrition</td>
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<td></td>
<td>2.5. Conduct studies to develop strategies for cost effective palliative care</td>
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<td>2.6. Evaluate the impact of TB and other communicable diseases on the treatment of AIDS</td>
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<td>2.7. Assess the impact of ART on the transmission of HIV</td>
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<td></td>
<td>2.8. Monitor the natural history of disease in the region</td>
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<td><strong>3. IMPACT MITIGATION</strong></td>
<td>3.1. Conduct research on preventing and mitigating the psychological and socio- economic consequences of HIV and AIDS</td>
<td>Research will support identify strategies and mechanisms to help OVC and infected people to cope with HIV and AIDS and its consequences</td>
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<td></td>
<td>3.2. Understand types and causes of stigma and discrimination and assess the impact on HIV and AIDS responses</td>
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<td>3.3. Promote studies that include research of the frameworks (legal, policy, institutional) that protects those affected and infected by HIV and AIDS</td>
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<td></td>
<td>3.4. Assess the existing strategies and programmes addressing challenges and vulnerabilities facing OVCY</td>
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4.4. Operationalisation of the Research Agenda

To ensure full implementation of the Research Agenda, there is a need for involvement of various stakeholders at both the country and regional levels in the design and execution of research. In addition, the capacity of local researchers and research institutions needs to be enhanced for ownership. Adequate resources should be allocated at regional and country level.

Furthermore, regulatory mechanisms of research should be clearly defined and followed both at country and at regional levels, to strengthen the ownership of research and adherence to research ethical.

4.1. Stakeholders

The key structures in the implementation of the Research Agenda would include the following: SADC Members States, HIV and AIDS Unit of the SADC Secretariat, Research Institutions, Civil Society, Private sectors organizations, Regional NGOs and International Cooperating Partners.

4.4.2. Roles and responsibilities

SADC Member States

At the national level, the implementation and monitoring of the HIV Research Agenda will be coordinated by the National AIDS Authorities (NAA) or by the specific research advisory board.

Each country will develop in line with the regional Research Agenda his national HIV and AIDS Research Agenda to address specific research priorities given the epidemiologic context of the country.

A fully functional national clearing structure is to be set up/strengthened to ensure the ownership of the research by the country and its alignment with the country Research Agenda.
All research will be undertaken at the country level by the relevant institutions of research and universities and other potential regional centre of excellence. In addition research to be undertaken in MS must be approved by respective National Research Ethic Committees/Bodies.

Each country will develop:
- a specific research agenda in line with the regional agenda and will address more specific research priorities given the epidemiologic context of the country
- regulatory mechanisms for research to ensure ownership and adherence to ethical
- policy and guidelines on research that will also take into account the protection of the rights of the findings of the research

**SADC Secretariat**

The SADC Secretariat, through the HIV and AIDS Unit will lead the coordination of the activities at the regional level and will assist in mobilizing resources for the operationalisation of the Research Agenda, with a special focus on mobilizing resources to support multicountry research on HIV and AIDS in relation to the regional integration. The Secretariat will also:
- assist MS in developing their national research agenda
- provide a platform for research institution to share new knowledge
- facilitate think tanks on topical issues to help translation of knowledge into policy

**International Cooperating Partners**

The UN system and other Regional and International Cooperating Partners, will play a key role in providing technical assistance at national and/or regional level in implementing research activities. They will also assist in funding research activities both at regional and national level.
Civil society, NGOs, and Private sectors organizations

The civil society and the private sector will be involved in the planning, implementation and evaluation of the research at regional or country level. They can also help in providing funds for research undertaken in the region. Regional actors are crucial in ensuring that a particular theme of research is coordinated at the regional level, in order to acquire credible information. There are also crucial at preparation stage of a regional research agenda, as well as monitoring progress of their member networks. National actors are important as they drive the operationalisation of any research at ground level.

4.4.3. Information and Dissemination

The rapid and effective dissemination of research findings and appropriate recommendations is critical in contributing to the multisectoral response to HIV and AIDS in the region.

The information must be available for utilisation at the national and/or the regional level by policy makers, national authorities, communities, target populations, researchers and all other relevant stakeholders. It is therefore hoped that research findings will generate constructive debate on possible interventions, provide credible regional data to various stakeholders, and also be foundation for well-informed regional and national policies.

At country level:
- define where necessary, specific mechanisms for the exchange of research information to increase the knowledge base necessary for developing HIV and AIDS interventions
- disseminate the research findings
- document best practices
- develop a comprehensive HIV and AIDS portal research database
At the regional level:

- convene HIV and AIDS conferences to disseminate research findings
- disseminate the research findings outside the region
- document best practices
- develop a comprehensive HIV and AIDS portal research database
- advocate for resources to facilitate implementation of the Research Agenda.
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