African Shared Research Agenda
Final Regional Advisory Group meeting – Presentation on research priorities

24 August 2023
# AGENDA 24 August 2023

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<td>Review of CHNRI methods and adaptation for ASRA</td>
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Reconnecting - Breakout Groups (5 min)

- Re-introduce yourself
- What events or platforms in the region/beyond would it be useful to share the ASRA?
Developing Shared Research Priorities

- Global Shared Research Agenda
- East Asia Pacific
- Latin-American Shared Research Agenda
- VAC and VAW Intersections Shared Research Agenda
- TFGBV
- Africa Shared Research Agenda
Why Develop the African Shared Research Agenda?

1. Identify evidence gaps
2. Assist research planning and fundraising
3. Serve as an advocacy tool
4. Serve as a monitoring tool
5. Guide grant-making in the region

Draws from the Global Shared Research Agenda for VAWG: www.svri.org/documents/global-shared-research-agenda-vawg
For too long research agendas have been set by too few, often the loudest, most senior in the room.
Introducing CHNRI
Advantages of CHNRI methodology

- Provides a systematic method for priority setting
- Measures collective optimism of technical experts
- Advantages and disadvantages of each research option become transparent, and the scores are intuitive
- Transparently presents opinions of many technical experts on all research options: limits personal bias and prevents a few individuals from dominating the process
- Presents a simple quantitative outcome
Framing the Scope of the Priority Setting Agenda

- Define domains
- Define boundaries in space (e.g., Global or LMIC)
- Define boundaries in time (e.g., next ten years)
- Define population of interest (e.g., adolescents/all)
- Define research interest (e.g., sexual violence)
- Use technical experts to assess likelihood of desired outcomes within this context
Definition of Priority Criteria

Answerability
(answerable, ethical, existing research capacity, wide approval?)

Relevance / Usefulness
(effective, deliverable, affordable, sustainable, addressing critical gap?)
Criteria Will Vary

- Answerability?
- Attractiveness?
- Novelty?
- Effectiveness?
- Potential for translation?
- Public opinion?
- Affordability and cost?
- Ethical aspects?
- Sustainability?
- Equity?
- Maximum potential impact on burden?
- Feasibility?
- Community involvement?
- Local research capacity?
- Generating patents?
How we adapted CHNRI
The Process

1. Scoping review
   - Advisory Group - domains and criteria
2. Question gathering
3. Consolidate questions
   - Advisory Group & Regional Expert Group Consultations
4. Scoring, analysis, report writing
5. Advisory Group Meeting to present findings
6. Wide dissemination
Adapting & Evolving CHNRI

“This is the first process I’ve been involved in that seems to take decolonizing research very seriously” (GEG, GSRA)
Five domains

Domain 1: Understanding GBV
Domain 2: GBV response interventions
Domain 3: GBV prevention interventions
Domain 4: GBV prevention and response at scale
Domain 5: Measures and methodologies
Addition of qualitative methods

- In addition to the question gathering survey, we conducted focus group discussions and key informant interviews with experts working on GBV:
  - Against LGBTQI+ people
  - Against women and girls living with HIV/AIDS
  - Against women and girls with disabilities
  - In Francophone countries in the region
Ranking instead of scoring questions

▪ Traditional CHNRI method produces scores based on applying the selected criteria to each research question.
▪ In past research priority setting exercises supported by SVRI, this approach was found to be complex and time intensive.
▪ So instead, we used a ranking approach – we asked experts to rank questions in each domain according to three criteria.
Criteria used for Question Ranking

**Answerability:** the likelihood that the research question can be answered and/or reach its objective within the proposed timeline

**Applicability:** the likelihood that the knowledge produced through the proposed research will be applied in policy and practice

**Maximum potential impact:** some research ideas will have a theoretical potential to reduce VAWG more than others
Findings of the question ranking survey
186 people completed the question ranking survey.
Top five ranked questions

1st (Domain 1)
What are the types and prevalence of GBV specifically affecting women and girls with disabilities, and women and girls living with HIV/AIDS, including sexual violence, early marriage, structural violence (e.g., denied access to health, education and legal services) and obstetric violence (e.g., forced contraception or sterilisation)?

2nd (Domain 3)
Which interventions working with religious and/or traditional leaders, or other social structures strongly imbued with patriarchy, have been most successful in preventing GBV and why?

3rd (Domain 4)
Which GBV prevention interventions, including social norms change and couples interventions, can/should be scaled in low resource and rural environments?

4th (Domain 2)
What can different interpretations of 'justice' tell us about how to shape justice programmes for survivors of violence?

5th (Domain 5)
How can we improve research methods to increase the accuracy of data and reporting of GBV?
Domain 1 - 1st

What are the types and prevalence of GBV specifically affecting women and girls with disabilities, and women and girls living with HIV/AIDS, including sexual violence, early marriage, structural violence (e.g., denied access to health, education and legal services) and obstetric violence (e.g., forced contraception or sterilisation)?

Domain 1 - 2nd

Which social and gender norms, including notions of masculinity, influence (negatively or positively) the perpetration of GBV?

Domain 1 - 3rd

What are the prevalence, risk and protective factors for online GBV in Africa (e.g., blackmail, cyberbullying, revenge porn, harassment, doxing, catfishing, etc), including among marginalised groups and those facing intersecting forms of discrimination, and what are the linkages and differences between online and offline GBV?

- Top three questions broadly consistent across expert groups.
- Much more variation in the 4th and 5th ranked questions, particularly among experts identifying as non-binary, LGBTQI+ or having a disability.
- Consistent ranking of questions across African sub-regions, but large differences for experts from HICs:
  - Climate change
  - Traditional, cultural and religious influence over norms
Top three questions broadly consistent across expert groups. Much more variation among experts identifying as non-binary, LGBTQI+ or having a disability.

Some regional variations - Question about circumcision not highly ranked in Southern Africa, and ranked first for HIC experts. **BUT note that evidence suggests that sanctions and incentives are not effective. However, first part of the question is still relevant.**

HIC experts, and experts working for bilateral/multilateral/UN agencies or in university education/research, ranked the question ‘**What are the most successful and sustainable local, indigenous community interventions to respond to GBV in Africa?**’ in second place, although this question was ranked lowly by African experts (in all sub-regions) and experts working in international, regional, national or local NGOs, CBOs & Govt.
Domain 3: Top 3 questions

- Strong consistency in top two ranked questions across almost all expert groups – some differences among experts in Central Africa, working in university or research settings, or working for the government.
- The question ‘Which interventions work to prevent GBV, including intimate partner violence and non-partner sexual violence, against women and girls with disabilities in all their diversity?’ ranked second among HIC experts.
- The question ‘What are the characteristics and motivations of the perpetrators of GBV, and which prevention interventions are most successful in shifting their attitudes and behaviours, including those in the highest risk categories for perpetration?’ ranked second among university/research experts.

Domain 3 - 1st
Which interventions working with religious and/or traditional leaders, or other social structures strongly imbued with patriarchy, have been most successful in preventing GBV and why?

Domain 3 - 2nd
Which local, indigenous community interventions have been developed and used to prevent GBV, and how successful have they been?

Domain 3 - 3rd
What is the impact of technology and mass communication, including media, social media and online modalities, on GBV prevention and behaviour change, including in rural and other hard to reach settings?
Domain 4: Top 3 questions

- First and second ranked questions were consistent across most expert groups, and sometimes reversed in ranking, with the only exception being among non-binary and HIC experts.
- Few ranking differences across African sub-regions, but HIC expert rankings are quite different.
- The question **What is the impact of anti-gender movements, including misogynist, homophobic and transphobic groups, on GBV prevention and response, and what are the best strategies to counter these movements?** Had a low ranking overall, but was higher for non-binary experts, HIC experts, and those working for local/national NGOs, GBV and government.
Domain 5 has most consistency & agreement in ranking of questions across expert groups. Two main variations:

- The question ‘What are the best methodologies for assessing the impact of social norms and behaviour change interventions to prevent GBV, including intimate partner violence?’ ranked third for experts working in bilateral/multilateral/UN agencies.
- The question ‘How can international methodologies, methods, tools and measures of GBV, including intimate partner violence, be adapted and standardised in Africa so that they are more culturally salient and locally appropriate, including for African family and community dynamics?’ ranked third among experts in HICs and among university/research experts.

**Domain 5 - 1st**

How can we improve research methods to increase the accuracy of data and reporting of GBV?

**Domain 5 - 2nd**

How can we incorporate indigenous knowledge production and practices in the conduct of high-quality ethical research on GBV?

**Domain 5 - 3rd**

What are the most effective and safest strategies, methods and tools for reaching and measuring GBV against LGBTQI+ people, including in population-based and general population surveys, especially in settings where LGBTQI+ relationships and identities are criminalised and persecuted?
Using mixed methods in priority setting is important and ensures meaningful participation from marginalised and under-represented groups.

Priority setting exercises that draw on the ‘wisdom of the crowd’ also need to be read alongside existing evidence/literature.

Experts’ perceptions of research priorities (or de-prioritisation) may sometimes be politicised, both in terms of high and low ranking — e.g., perception that “LGBTQI+ is not relevant here”.

There is a need to curate and disseminate current evidence to ensure we build on existing knowledge — e.g., efficacy of standalone communications campaigns; what are the essential components of effective VAWG prevention programmes; FGM prevention.
Questions and Answers
Guiding questions for break out discussions (10 min)

1. Did anything surprise you about the priorities identified or ranking?
2. Are there particular aspects of the findings that need further analysis/unpacking?
3. Any other reflections or points you think we should consider in reporting the findings (content/ process)?
Next Steps and Appreciation
Next Steps

- **Report on Process/Findings**: September 2023
- **Packaging into different formats, languages**: October 2023
- **Launch of ASRA**: November 2023
- **Wide Dissemination**: November onward
1. What are upcoming events/moments to share the ASRA?
   ○ Generation Equality Mid-Point Event (17 Sept, UNHQ)
   ○ 16 Days (25 Nov – 10 Dec) Theme: investing in prevention (virtual launch?)
   ○ Others?
2. What channels/platforms do you have to disseminate the ASRA?
Thank you for your contributions to the Regional Advisory Group and developing the ASRA!