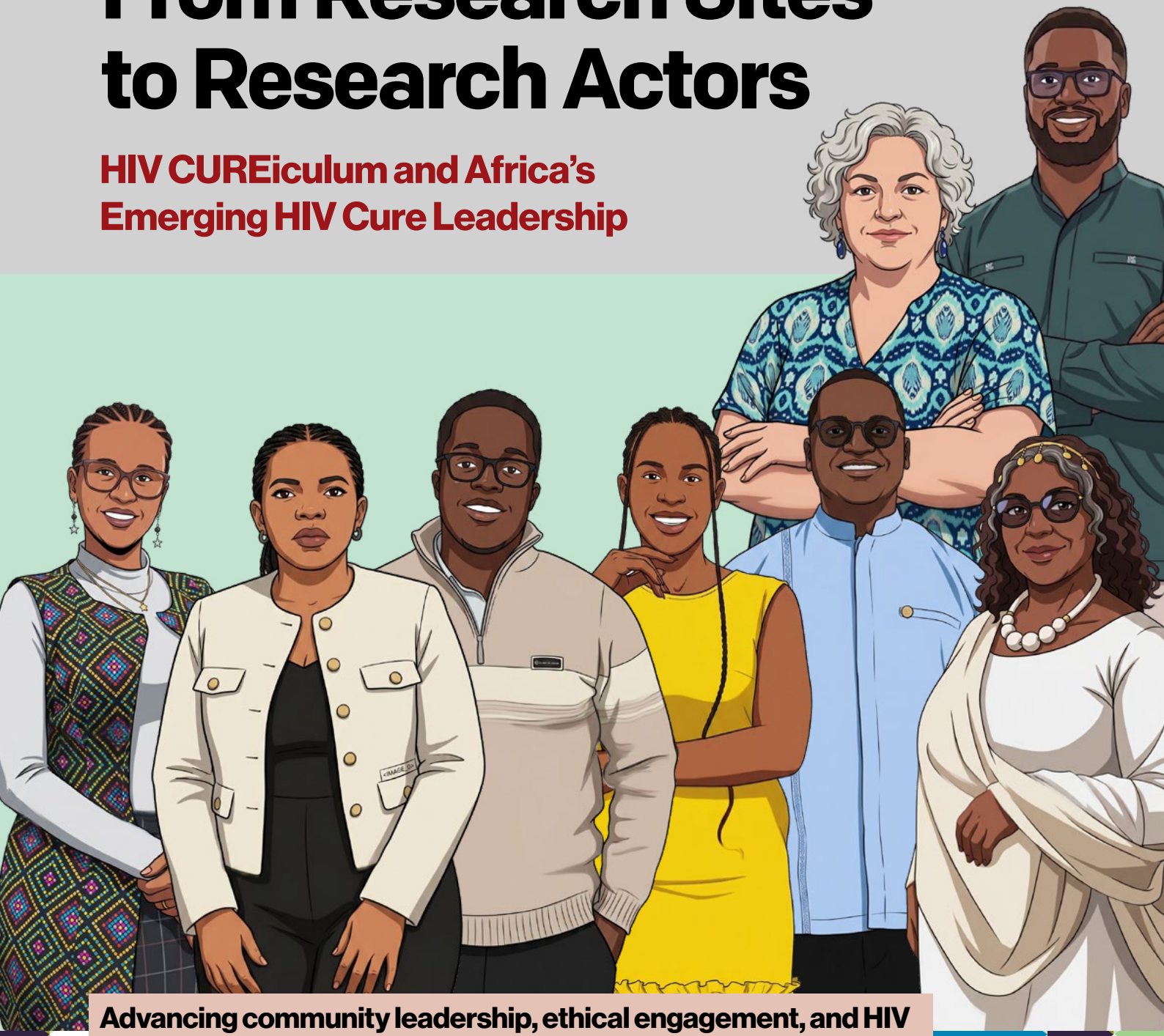
A Training of Trainers Report
March 2026 | Kigali, Rwanda

HIV CUREiculum

From Research Sites to Research Actors

HIV CUREiculum and Africa's Emerging HIV Cure Leadership



Advancing community leadership, ethical engagement, and HIV Cure implementation readiness across six African countries.

African Alliance
Altahaluf al'Afriqiu
التحالف الأفريقي

AHCC
AFRICA HIV CURE CONSORTIUM

Contents

01

Executive Summary

The HIV CUREiculum Training of Trainers (ToT), convened in Kigali, Rwanda from 16 - 28 March 2026, brought together National Trainers from Botswana, Cameroon, Kenya, South Africa, Uganda, and Zambia to strengthen African community leadership in HIV cure science, ethics, and advocacy.

Implemented by the African Alliance through its leadership role within the African HIV Cure Consortium (AHCC), the programme was developed in response to a growing challenge within the HIV cure landscape: while scientific progress continues to accelerate, community understanding, participation, and influence remain uneven and underdeveloped, particularly in regions most affected by HIV.

The ToT was intentionally designed not as a conventional training workshop, but as a competency-based readiness-verification process. The programme sought to answer a practical question: are community leaders equipped not only to understand HIV cure science, but to communicate it accurately, facilitate ethical engagement, and support meaningful participation in HIV cure research?

The HIV CUREiculum combines scientific literacy, ethics, facilitation practice, and implementation planning into a single structured learning model. Participants progressed through modules covering HIV persistence, cure pathways, clinical trials and analytical treatment interruptions (ATIs), research ethics and informed consent, and community leadership in HIV cure engagement. Across all modules, learning was grounded in participatory approaches designed to move participants beyond knowledge acquisition toward applied competence.

A defining feature of the programme was the integration of assessed teach-backs and national cascade planning. Teach-backs required participants to facilitate sections of the curriculum in simulated training environments, demonstrating their ability to communicate complex HIV cure concepts clearly, maintain scientific accuracy, apply ethical framing, and manage participatory learning spaces. Cascade planning required participants to translate learning into context-specific implementation strategies for national rollout.

The programme produced measurable gains in both scientific understanding and facilitation competence. Baseline assessments revealed substantial gaps in HIV cure literacy and ethical frameworks, with some foundational concepts scoring as low as 25 - 29% at pre-assessment. By the end of the training, post-assessment scores increased significantly, with several modules reaching 90 - 100% comprehension. Participants also demonstrated growing confidence in facilitation, ethical engagement, and practical implementation planning.

Importantly, the programme established a verified cohort of implementation-ready National Trainers capable of leading cascade trainings within their countries while remaining connected through an ongoing Community of Practice (CoP).

This structure supports continued mentorship, peer learning, technical reinforcement, and quality assurance throughout the rollout phase. Approved National Trainers will receive targeted subgrant support to lead country-level cascade implementation, helping shift community engagement beyond training alone toward locally led delivery, adaptation, and sustained participation.

The Kigali ToT ultimately represents more than a training intervention. It contributes to an emerging Africa-led model for HIV cure literacy and engagement, one that positions communities not as passive recipients of scientific information, but as active participants in shaping how HIV cure research is understood, governed, and implemented.

> I carry the flag of those who say, “Treatment keeps me alive, but a cure would change everything”.
>
> Sipokazi Sitsheke,
> Master Trainer, South Africa

To the advocates who have been trained, retrained, and trained again.

To those who have filled rooms, signed registers, completed workshops and carried toolkits.

To those who have been labelled 'beneficiaries' in one project and 'recipients' in the next.

To those whose brilliance has been framed as potential, not fact.

You have had your 'capacity built' for decades, often by people with less proximity, less insight, and less at stake than ***you***.

You do not need to be given power.

You need to reclaim what has always been yours.

The knowledge ***you***'ve built – through lived experience, political struggle and relentless advocacy – is not auxiliary to science. It is science.

The data ***you*** collect, the questions ***you*** raise, the ethical challenges ***you*** pose; these are not 'community add-ons'. They are foundational to the future of HIV Cure.

And yet, ***you***'ve been told to wait.

To participate only once protocols are finalised.

To advocate only within donor-approved frameworks.

To remain a sub-recipient, never a principal recipient.

To trust that inclusion is coming, if only ***you*** remain polite.

But the time for politeness has passed.

This is a moment for audacity.

The CUREiculum is not another training. It is a signal. A call. A set of tools designed not to shape ***you*** into someone else's definition of readiness, but to affirm that ***you*** are already ready.

Ready to take space in scientific discourse.

Ready to challenge exclusion in national strategic plans.

Ready to lead clinical engagement, demand ethical transparency, and hold governments and global actors accountable.

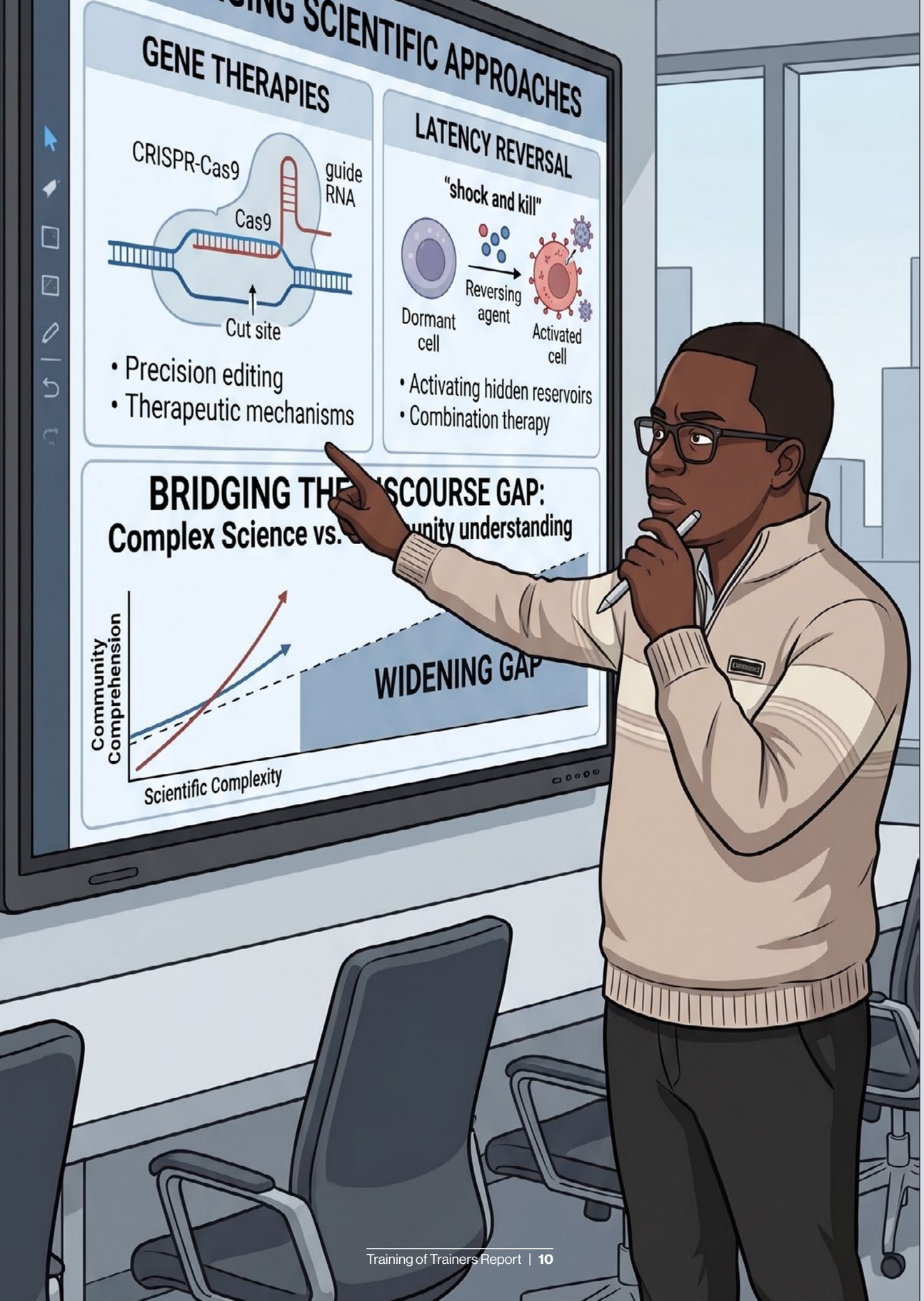
You do not need to ask for inclusion. ***You*** are already included, by the work ***you***'ve done, the lives ***you***'ve saved, and the truths ***you***'ve spoken.

What remains is to seize the infrastructure, shape the narrative, and demand that the cure be delivered – not as a gift, but as a right; on your terms, in your language, for your people.

Because readiness is not something handed down from a podium.

It is something ***you*** carry every time ***you*** walk into a room, knowing exactly what justice looks like.

And it looks like you!



02

Background and Rationale

Scientific progress toward an HIV cure continues to accelerate globally. Emerging approaches involving broadly neutralising antibodies, immune modulation, gene therapies, latency reversal, and analytical treatment interruptions are reshaping the future of HIV research.

Yet alongside this progress, significant gaps remain in community understanding, ethical engagement, and meaningful participation in HIV cure discourse, particularly across African contexts where the burden of HIV remains highest. As HIV cure science becomes increasingly complex and clinically advanced, the gap between scientific discourse and community understanding risks widening further.

Without intentional investment in community literacy and ethical engagement, there is a growing danger that HIV cure research processes become inaccessible to the very populations most affected by HIV, weakening trust, participation, ethical accountability, and long-term implementation readiness.

Historically, African communities have too often been positioned primarily as sites of research participation rather than as active actors in shaping scientific agendas, ethical frameworks, and implementation pathways. This disconnect risks undermining trust, limiting meaningful engagement, and weakening the long-term relevance and accessibility of HIV cure interventions.

The HIV CUREiculum was developed to respond directly to these challenges. Led by the African Alliance through the African HIV Cure Consortium (AHCC), the curriculum seeks to strengthen community literacy, ethical engagement, and leadership within HIV cure science. AHCC brings together researchers, clinicians, regulators, policymakers, and community actors to strengthen an Africa-led HIV cure agenda grounded in both scientific excellence and community accountability.

The approach recognises that scientific advancement alone cannot deliver an equitable or implementable HIV cure response. Effective HIV cure research must also be socially grounded, ethically accountable, and responsive to the realities of the communities it seeks to serve.

The Kigali ToT formed a critical component of this broader strategy. Its purpose was not simply to transfer information, but to build a cohort of National Trainers capable of accurately communicating HIV cure science, facilitating community-centred engagement processes, and supporting country-level rollout through structured, community-led cascade implementation.

> I see myself as a bridge, someone who can translate complex scientifc ideas into language communities understand.
>
> Martin Nuwamanya,
> Master Trainer, Uganda

03

Curriculum Development and Pilot Testing

The HIV CUREiculum was developed through an iterative and community-informed process led by the African Alliance within the African HIV Cure Consortium (AHCC). From its inception, the curriculum was designed not simply as a technical training package, but as a structured approach to strengthening African community leadership within HIV cure science, ethics, and advocacy.

Recognising the complexity of HIV cure research and the need for accessible but scientifically accurate engagement tools, the curriculum development process prioritised both technical rigour and community accessibility and usability. Particular attention was given to how complex scientific concepts could be translated into language and learning approaches that remain accessible without compromising accuracy or ethical integrity.

Prior to the Kigali Training of Trainers, the HIV CUREiculum underwent pilot implementation processes in Kenya and Zambia. These pilots served as critical testing environments for both curriculum content and facilitation methodology, allowing facilitators and participants to assess how effectively the material translated within real-world community and advocacy settings.

The pilot phase generated important insights that directly informed refinement of the curriculum ahead of the Kigali ToT. Feedback highlighted areas where scientific concepts required further simplification and contextual grounding, particularly in relation to HIV persistence, cure pathways, analytical treatment interruptions, and emerging biomedical approaches. The pilots also reinforced the importance of strengthening ethics and community engagement components, particularly around informed consent, risk communication, trust-building, and the management of expectations within HIV cure discourse.

In addition to strengthening content, the pilots informed refinements to facilitation approaches and curriculum structure. Adjustments were made to module sequencing, participatory learning exercises, pacing, and the balance between technical input and reflective discussion. This process helped ensure that the curriculum remained responsive to different levels of prior knowledge while maintaining fidelity to core scientific and ethical principles.

The pilot phase further validated the importance of grounding HIV cure engagement within lived realities and community experience. Participants engaged most strongly where scientific concepts were connected directly to issues of access, inequality, stigma, healthcare systems, and historical experiences of research participation. These lessons shaped the final structure of the Kigali ToT and reinforced the programme's broader commitment to community-led engagement rather than one-way information delivery.

Importantly, the pilot process demonstrated that the HIV CUREiculum functions not as a static training manual, but as an evolving and adaptive learning framework capable of strengthening both scientific literacy and community leadership across diverse African contexts. The Kigali ToT therefore represented not an initial testing phase, but the next stage in a broader process of refinement, validation, and implementation readiness.

> ...you need to be sure that you carry your community along with you, community engagement and mobilisation are very important - the bottom line is leadership...
>
> Professor Nicaise Ndembi,
> International Vaccine Initiative, Rwanda

04

Institutional Engagement and Strategic Partnership

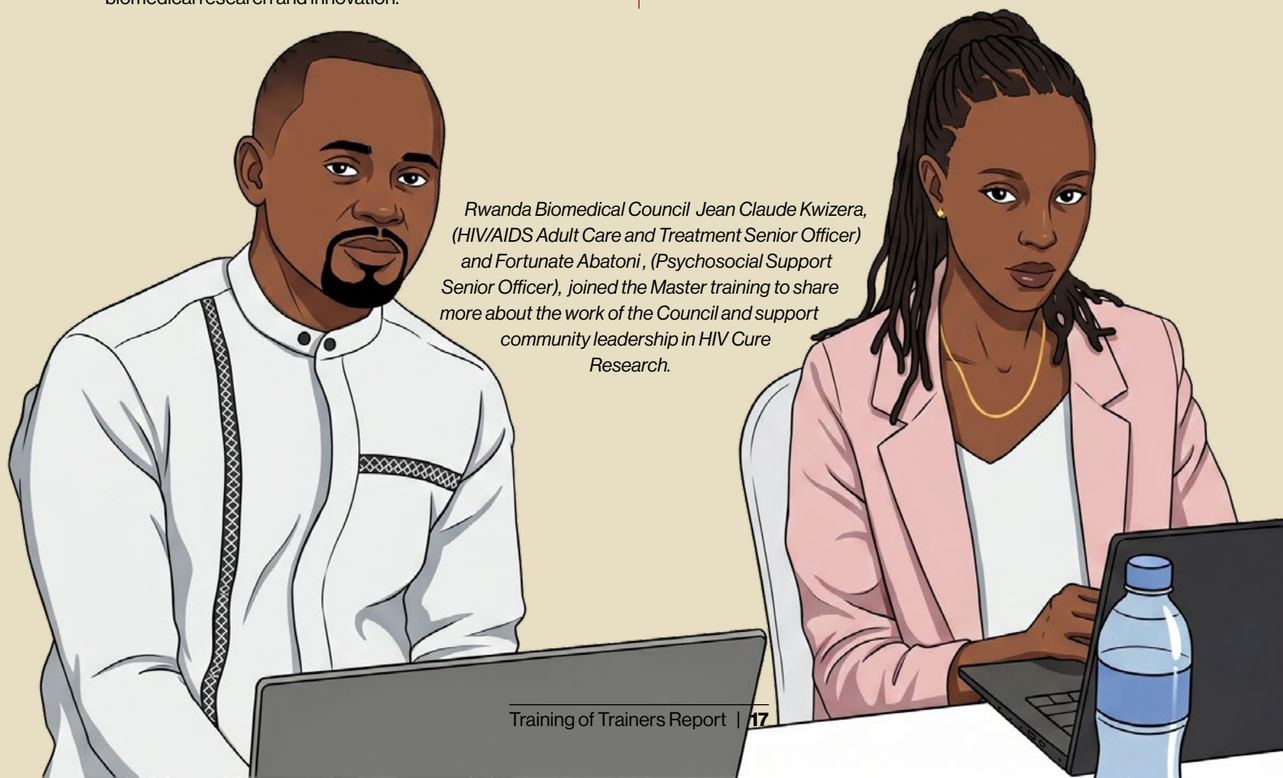
The Kigali ToT also benefited from engagement with key continental and national health institutions, reinforcing the growing recognition that community leadership must form part of Africa's broader HIV cure and biomedical research ecosystem.

During the training, participants were joined by representatives from the Rwanda Biomedical Centre, whose participation grounded discussions within Rwanda's broader public health and research landscape and highlighted the importance of strengthening relationships between communities, national health institutions, and research systems.

The programme also engaged with leadership from the International Vaccine Institute Africa Regional Office, including reflections from the Institute's African regional leadership on the future of African participation and leadership within global biomedical research and innovation.

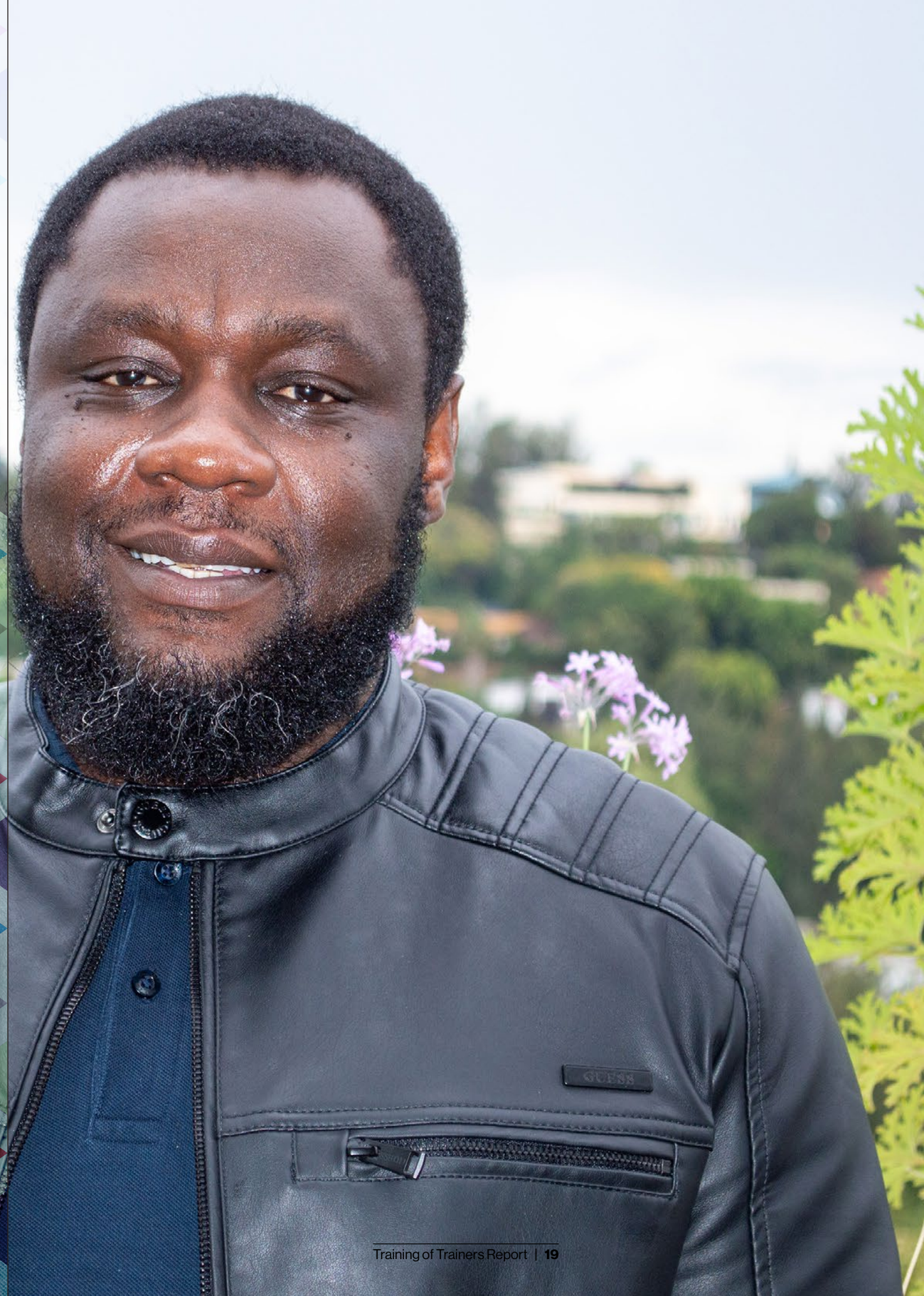
These engagements reinforced the importance of building community engagement models that are scientifically informed, ethically grounded, and integrated within broader continental health and research priorities.

Together, these contributions helped situate the HIV CUREiculum within a wider movement toward Africa-led scientific and community leadership, regional collaboration, and stronger alignment between communities, research institutions, and public health systems.



Rwanda Biomedical Council Jean Claude Kwizera, (HIV/AIDS Adult Care and Treatment Senior Officer) and Fortunate Abatoni, (Psychosocial Support Senior Officer), joined the Master training to share more about the work of the Council and support community leadership in HIV Cure Research.

> Our continent bears the highest HIV burden, yet holds the expertise and lived experience to shape equitable cure strategies.
>
> Albert Machinda,
> Leader, Zimbabwe



05

Programme Design: From Training to Verified Readiness

The ToT was designed as a competency-based training model structured around three integrated stages:

1. **Knowledge acquisition**
2. **Facilitation and translation**
3. **Demonstrated readiness through application**

This design recognised that HIV cure engagement depends not only on scientific understanding, but on the ability to translate complex concepts into accessible, ethical, and community-relevant dialogue.

Knowledge Acquisition

Participants engaged with structured modules covering HIV persistence and viral reservoirs, current HIV cure strategies and pathways, clinical trial design and analytical treatment interruptions (ATIs), research ethics and informed consent, and the role of community leadership within HIV cure research processes. The programme intentionally framed HIV cure science within broader social and political realities. Discussions connected biomedical concepts to issues of trust, stigma, access, inequality, and post-trial accountability. This ensured that participants understood HIV cure research not simply as a scientific endeavour, but as a process deeply connected to community realities and health systems.

Facilitation and Translation

The second stage focused on strengthening participants' facilitation skills and ability to communicate complex scientific concepts accessibly and responsibly.

Participants engaged with the HIV CUREiculum Facilitator Guide while practising participatory adult learning methodologies such as role plays, guided discussions, small-group exercises, reflection sessions, scenario-based learning, and "each-one-teach-one" activities designed to strengthen confidence, participation, and practical facilitation competence.

A major emphasis was placed on translating complex science into accessible language without compromising scientific integrity. This distinction between knowledge and translation became a central feature of the programme. Facilitators repeatedly emphasised that effective HIV cure engagement depends not only on what trainers know, but on how responsibly, ethically, and accessibly they are able to communicate that knowledge within community settings. Participants were therefore encouraged to think critically about language, framing, power, and trust, particularly in areas where scientific uncertainty remains high or where communities may carry historical mistrust of research institutions.

Participants practised responding to difficult questions, addressing uncertainty, and navigating sensitive discussions around risk, ethics, and research mistrust.

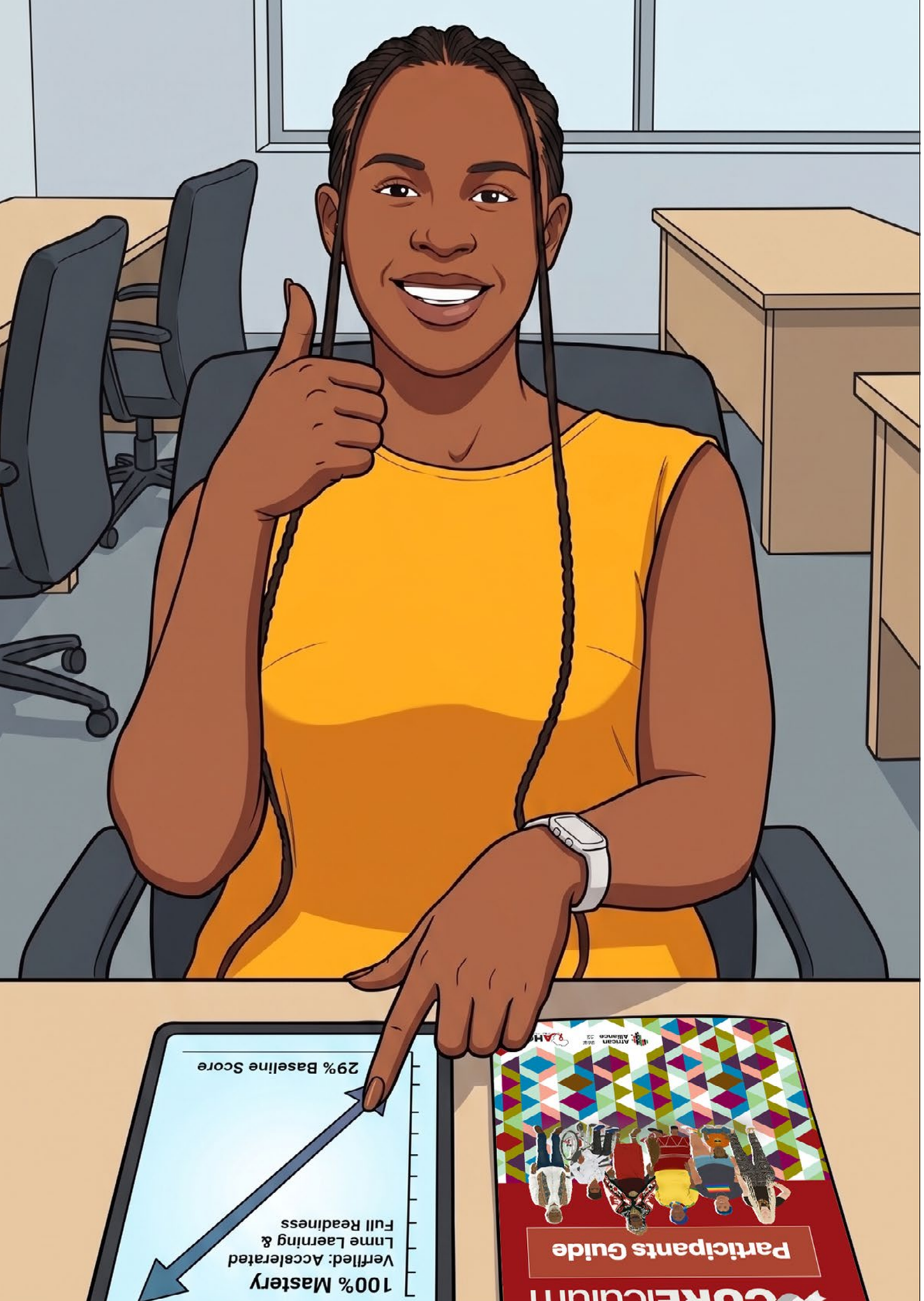
Demonstrated Readiness

The final stage focused on validating implementation readiness through assessed teach-backs and national cascade planning.

Teach-backs required participants to facilitate curriculum sessions in simulated training environments. These assessments evaluated participants' ability to maintain scientific accuracy, translate complex content clearly, apply ethical framing, facilitate participatory learning environments, and effectively manage group engagement and discussion. In parallel, participants developed national cascade plans outlining how the curriculum would be implemented within their respective countries. These plans included identification of priority communities, stakeholder ecosystem mapping, delivery approaches, implementation timelines, ethical safeguards, and context-specific adaptation strategies designed to support practical and responsive national rollout. Together, these processes ensured that readiness was demonstrated rather than assumed.

Research is my passion, it is all about the WHO, WHAT, WHY, HOW, WHEN, WHERE, it's all about discovery and exploring.

Caren Kamau,
Master Trainer, Kenya



06

Curriculum Overview

The HIV CUREiculum is structured around two complementary learning tools: the Facilitator Guide and the Participant Guide.

The Facilitator Guide provides detailed delivery guidance, including session sequencing, grounding techniques, facilitation approaches, and participatory learning methods. The Participant Guide translates complex HIV cure science into accessible, community-centred content supported by visuals, case studies, and applied tools.

The curriculum progresses across five core modules:

MODULE 1: INTRODUCTION TO HIV CURE

Introduces the rationale for HIV cure research, viral persistence, and foundational cure concepts.

MODULE 2: ETHICS AND LEADERSHIP

Explores informed consent, risk, historical inequities in research, and ethical engagement principles.

MODULE 3: HIV PERSISTENCE AND CURE STRATEGIES

Examines why HIV is difficult to cure and reviews emerging scientific approaches.

MODULE 4: HIV CURE TRIALS

Focuses on clinical trial design, analytical treatment interruptions, and research participation.

MODULE 5: COMMUNITY ENGAGEMENT AND LEADERSHIP

Positions communities as active actors in shaping HIV cure research processes and accountability.

Across all modules, learning was intentionally participatory and practice-oriented.

An important design feature of the HIV CUREiculum is the integration of structured facilitator and participant toolboxes throughout the curriculum. These toolboxes provide additional reference materials, case studies, facilitation techniques, and extended learning resources that support deeper engagement beyond core sessions. This approach allows the curriculum to introduce foundational concepts first, while creating structured pathways for participants to progressively engage with more advanced and technically complex material.

The toolbox model was particularly important in balancing accessibility with scientific depth, ensuring that participants were not overwhelmed during initial learning while still retaining access to more detailed content and applied resources as confidence and comprehension increased.

07

Programme Results

Verified Trainer Readiness

The ToT resulted in a verified cohort of six National Trainers, each positioned to lead country-level cascade implementation and strengthen broader HIV cure engagement processes within their respective national contexts.

All participants successfully completed:

- Structured teach-back assessments
- Curriculum delivery simulations
- National cascade planning presentations

Participants demonstrated increasing competence in:

- Scientific communication
- Facilitation practice
- Ethical framing
- Participatory learning management
- Community engagement approaches

Assessment Findings

Structured pre- and post-assessments demonstrated significant learning gains across both scientific and ethical domains.

FROM KNOWLEDGE GAPS TO IMPLEMENTATION READINESS

Community-powered learning. Measurable transformation. Real readiness.

Starting Point: Limited Foundations
25-29%
Baseline Understanding
Participants entered with major gaps in foundational HIV cure concepts and ethics frameworks.

Strong Improvement Across Modules
79-100%
Post-Training Comprehension
Strong gains across core scientific and ethical domains.

Significant Learning Gains Achieved
+61
Percentage Point Gain
Largest gains achieved in foundational science and ethics.

Full Mastery In Applied Modules
100%
Mastery Achieved
Full mastery achieved in Modules 4 and 5: HIV Cure Trials and Community Engagement.

READINESS WAS DEMONSTRATED, NOT ASSUMED.

From literacy to leadership.
From participation to preparedness.

MODULE-BY-MODULE TRANSFORMATION

Module	Focus area	Baseline score	Post-training score	Learning gain	Key shift
1. HIV CURE FOUNDATIONS	Basic science, cure concepts, research landscape	29%	90%	+61pp	Strong conceptual gains
2. ETHICS & LEADERSHIP	Ethical frameworks, human rights, leadership	25%	79%	+54pp	Improved ethical reasoning
3. HIV PERSISTENCE	Viral persistence, reservoirs, latency	90%	92%	+2pp	Knowledge consolidation
4. HIV CURE TRIALS	Clinical trials, design. pipeline, endpoints	High ≥ 85%	100%	+10-15pp	Full mastery achieved
5. COMMUNITY ENGAGEMENT	Meaningful engagement, advocacy, accountability	High ≥ 85%	100%	+10-15pp	Full mastery achieved

READY TO LEAD. READY TO TRANSFORM. READY FOR A CURE.

Key findings included:

- Baseline scores as low as 25–29% in foundational HIV cure concepts and ethics frameworks
- Post-assessment scores reaching 79–100% across modules
- Learning gains of up to +61 percentage points
- Full mastery achieved in Modules 4 and 5. These gains reflected not only improved content retention, but increasing confidence in interpreting and applying HIV cure concepts within real-world community engagement settings.

Areas of strongest improvement included:

- HIV persistence and cure rationale
- Clinical trial literacy
- Informed consent and ethical engagement
- Community participation frameworks
- Ongoing complexity areas included:
- Immunotherapy
- Advanced biomedical cure approaches

WHAT WE IMPROVED. WHERE WE GO NEXT

Key learning gains from the ToT and priorities for continued support

AREAS OF STRONGEST IMPROVEMENT

Major gains in knowledge, understanding and applied facilitation across these core areas.

HIV PERSISTENCE AND CURE RATIONALE
Stronger understanding of how HIV persists, viral reservoirs, and why cure research is needed.

CLINICAL TRIAL LITERACY
Deepened knowledge of trial design, analytical treatment interruptions, risks and future directions.

INFORMED CONSENT AND ETHICAL ENGAGEMENT
Improved comprehension of consent, risk-benefit balance, ethics frameworks and participant protection.

COMMUNITY PARTICIPATION FRAMEWORKS
Stronger ability to design inclusive, participatory and community-led engagement approaches.

ONGOING COMPLEXITY AREAS

Topics that remain technically complex and require continued reinforcement and mentorship.

IMMUNOTHERAPY
Lower post-assessment performance indicates continued complexity in understanding immune-based approaches and mechanisms.

ADVANCED BIOMEDICAL CURE APPROACHES
Emerging biomedical strategies remain challenging and require simplification and ongoing technical support.

OUR RESPONSE
Targeted mentorship, simplified learning tools, peer exchange and science updates through the Community of Practice.

WE ARE BUILDING THE CAPACITY TO UNDERSAND, THE COURAGE TO QUESTION, AND THE POWER TO SHAPE THE FUTURE OF HIV CURE RESEARCH.

These findings indicate strong knowledge acquisition while also identifying priority areas for continued mentorship and technical reinforcement during cascade implementation.

Strengthened Training Capacity

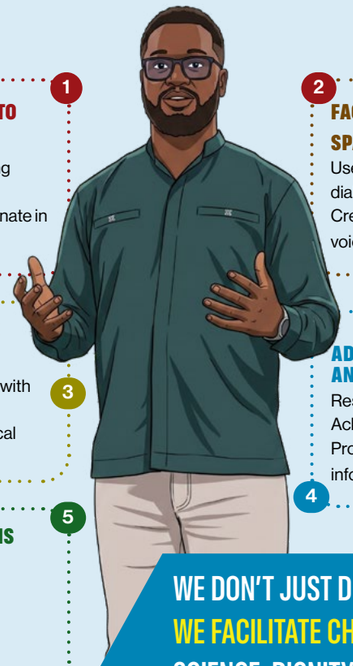
Participants demonstrated growing ability to:

- Translate complex science into accessible language
- Facilitate participatory learning spaces
- Manage sensitive discussions responsibly
- Address misinformation and uncertainty
- Ground HIV cure conversations within lived realities

Facilitator and peer feedback consistently noted improvements in clarity, structure, confidence, and ethical framing.

FROM UNDERSTANDING TO IMPACT: TRAINERS WHO INFORM, ENGAGE AND EMPOWER.

Participants demonstrated growing ability to lead inclusive,
ethical and impactful conversations on HIV cure science in their communities.



1 TRANSLATE COMPLEX SCIENCE INTO ACCESSIBLE LANGUAGE

Simplify difficult concepts without losing accuracy.
Use clear, relatable examples that resonate in real life.

2 FACILITATE PARTICIPATORY LEARNING SPACES

Use interactive methods that encourage dialogue, reflection and shared learning.
Create safe, inclusive spaces where every voice.

3 MANAGE SENSITIVE DISCUSSIONS RESPONSIBLY

Navigate stigma, fear, risk and mistrust with empathy and respect.
Protect confidentiality and uphold ethical standards.

4 ADDRESS MISINFORMATION AND UNCERTAINTY

Respond to myths with facts.
Acknowledge what we don't know.
Promote critical thinking and credible information.

5 GROUND HIV CURE CONVERSATIONS WITHIN LIVED REALITIES

Link science to people's experiences, challenges and hopes.
Center dignity, culture and community priorities in every conversation.

WE DON'T JUST DELIVER CONTENT.
WE FACILITATE CHANGE.
SCIENCE. DIGNITY. COMMUNITY.

> There is no justice in a cure discovered through African bodies but controlled by institutions far from Africa.
>
> Decolonising HIV research means shifting power, not just sharing data."

Barrack Owino,
Lead Facilitator, Kenya

> There is hope that one day we may move beyond lifelong treatment and move toward a future here HIV can be cured.
>
> Lynette Mwale,
> Master Trainer, Botswana

08

Implementation-Ready Cascade Plans

A central outcome of the ToT was the development of implementation-ready national cascade plans that translated learning into practical action.

Rather than producing generic rollout concepts, participants developed context-specific implementation pathways grounded in the realities of their countries, communities, and health systems.

These plans reflected careful consideration of who needs to be engaged, how training can realistically be delivered within existing resource constraints, and what structures already exist that can support meaningful HIV cure engagement.

Participants identified priority communities and stakeholder ecosystems relevant to their national contexts, including people living with HIV, community-based organisations, advocacy platforms, research institutions, and broader health sector actors. This process demonstrated a growing understanding that effective HIV cure engagement depends not only on delivering information, but on navigating relationships, trust, influence, and access within existing systems.

The cascade plans also reflected increasing strategic and operational thinking. Participants outlined feasible rollout approaches aligned to available resources, timelines, and logistical realities, while also anticipating potential implementation barriers such as competing priorities, low participation, or stakeholder resistance. Importantly, ethical considerations and safeguarding principles were integrated throughout the planning process rather than treated as separate components. Participants demonstrated awareness of the importance of informed participation, responsible communication, and the need to manage expectations carefully in a field where scientific developments continue to evolve.

By the conclusion of the programme, participants exited not only with strengthened technical knowledge, training and faciltation skills facilitation skills, but with clear and actionable implementation pathways capable of supporting immediate cascade rollout within their respective countries. Collectively, the initial cascade plans project engagement across national, sub-national, and community levels through a combination of trainings, stakeholder dialogues, mentorship processes, and community engagement activities capable of reaching diverse constituencies across the HIV response ecosystem.

Community Engagement and Ethical Positioning

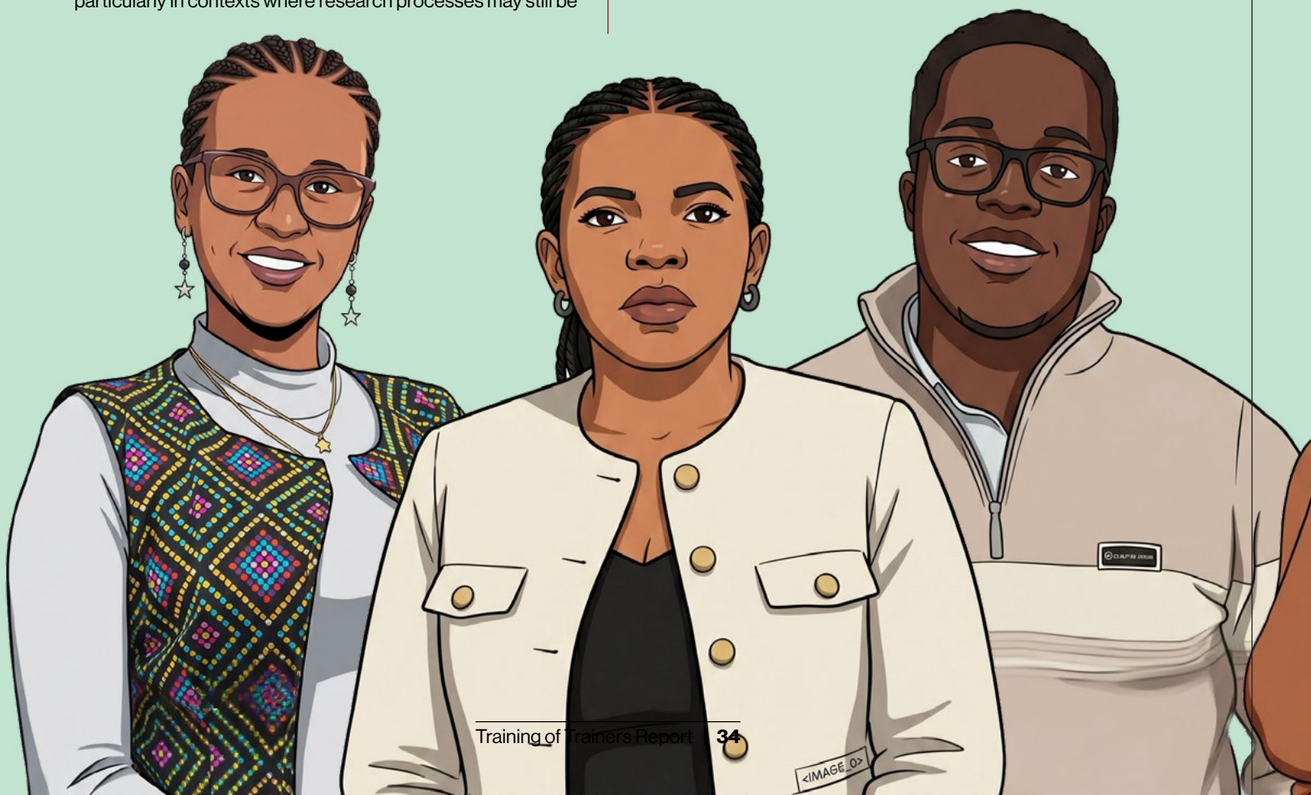
Community engagement and ethical accountability remained foundational to the HIV CUREiculum throughout the training process. Participants were encouraged to critically examine the structural and social realities that continue to shape HIV cure engagement, including stigma, discrimination, mistrust in research, unequal access to healthcare and clinical trials, and the historical exploitation of African communities within biomedical research spaces.

These discussions reinforced that meaningful engagement cannot be reduced to consultation alone. The programme also challenged approaches to advocacy and engagement that rely too heavily on individual personalities or isolated technical expertise without strong community grounding. Participants reflected on the risks of advocacy becoming disconnected from the constituencies it claims to represent, particularly within highly technical research environments. In response, the HIV CUREiculum advances a movement-building approach in which trainers operate not as distant technical experts, but as accountable community anchors capable of connecting scientific discourse to lived realities, collective action, and sustained community participation.

The programme positioned communities as essential actors in shaping how HIV cure research is designed, communicated, implemented, and interpreted. Participants explored the importance of building engagement approaches that centre dignity, lived experience, inclusion, and community ownership, particularly in contexts where research processes may still be viewed with caution or scepticism.

Ethics was treated not as an isolated module, but as a continuous responsibility embedded across all aspects of HIV cure engagement. Through practical scenarios, applied discussions, and facilitated reflection, participants engaged with issues of informed consent, voluntary participation, risk-benefit balance, safeguarding, and post-trial access. Particular emphasis was placed on the responsibility of facilitators and community leaders to communicate uncertainty honestly, avoid creating unrealistic expectations, and support informed dialogue around emerging HIV cure science.

This approach reinforced a central principle underpinning the HIV CUREiculum: that HIV cure research must not only be scientifically rigorous, but also socially accountable, ethically grounded, and shaped in partnership with the communities most affected by HIV.



Cascade Rollout Strategy and Reach

The cascade rollout planning process demonstrated that participants were thinking beyond isolated trainings toward broader ecosystem engagement capable of strengthening HIV cure literacy, ethical dialogue, and community participation across multiple levels of the HIV response.

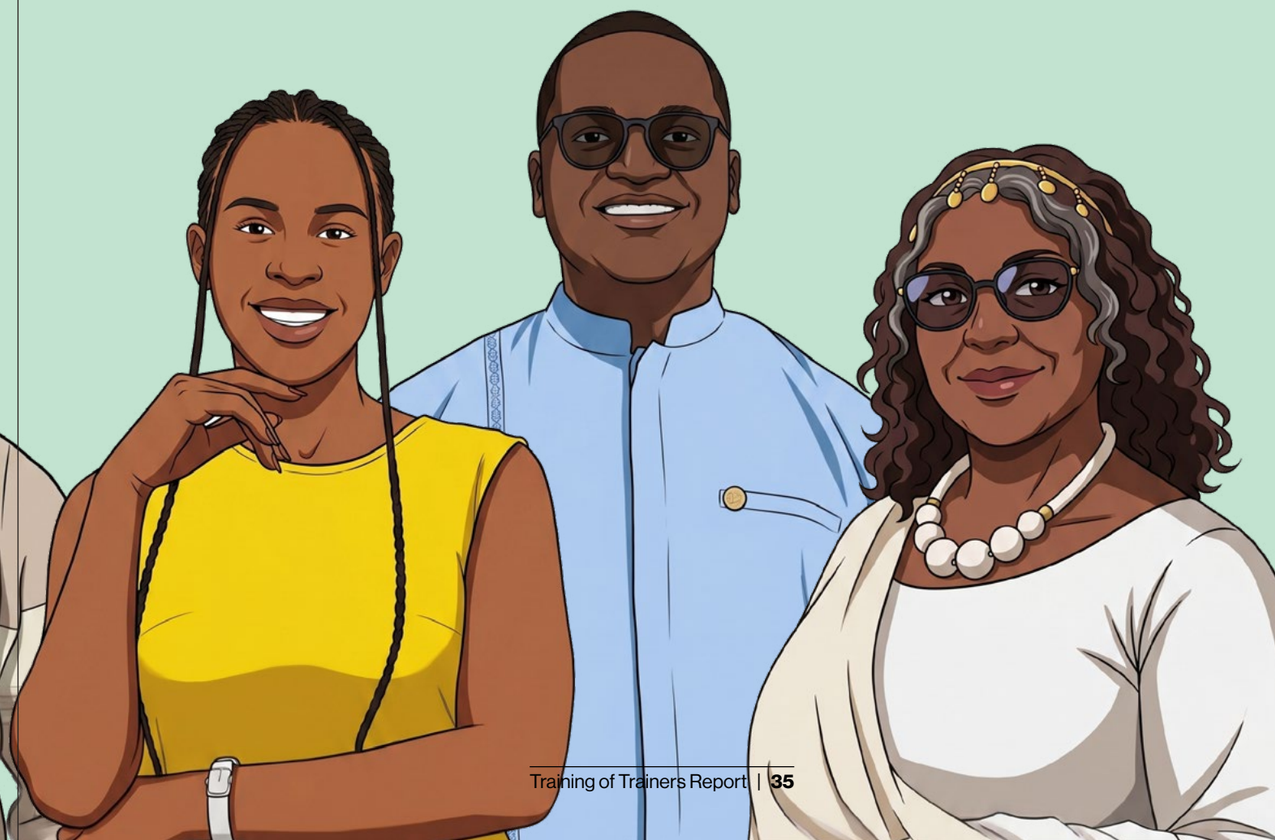
Across the six participating countries, cascade plans combined national-level training delivery with sub-national and community-based engagement approaches designed to extend reach beyond traditional advocacy and research audiences. Rather than focusing exclusively on technical actors, participants identified a diverse range of constituencies for engagement, including people living with HIV, key populations, youth-led organisations, community-based organisations, civil society networks, advocacy platforms, researchers, ethics stakeholders, and broader public health actors.

The plans reflected a deliberate strategy to position HIV cure engagement within existing national systems and community structures rather than creating parallel processes. Participants incorporated stakeholder mapping, partnership-building, and engagement with national HIV strategic planning structures, research institutions, ethics bodies, and regulatory actors. Several plans also included structured engagement with Ministries of Health, National Strategic Plan (NSP) actors, and regulatory or ethics stakeholders to strengthen alignment between community perspectives and national HIV research and policy processes.

Importantly, the cascade strategy was designed as more than a training expansion exercise. It reflected a broader movement-building approach aimed at strengthening long-term community participation and influence within HIV cure discourse. Participants proposed layered engagement models that combine formal trainings with mentorship, peer learning, documentation, reflection processes, and ongoing Community of Practice participation.

The rollout framework further demonstrated strong attention to implementation realism. Plans incorporated phased delivery approaches, prioritisation strategies, resource-conscious implementation models, and locally grounded adaptation processes capable of responding to differing political, linguistic, cultural, and health system contexts across participating countries.

Collectively, the cascade plans provide the foundation for a coordinated, multi-country HIV cure engagement effort capable of reaching diverse constituencies while maintaining scientific accuracy, ethical integrity, and strong community grounding.



> Cure transcends scientifc achievement; it represents the potential for freedom.
>
> Vernon Musale,
> Master Trainer, Zambia

09

Challenges and Lessons Learned

The ToT highlighted several important considerations for future implementation.

Variation in baseline knowledge required adaptive facilitation approaches capable of supporting participants with differing levels of prior exposure to HIV cure science.

The programme also reinforced the ongoing challenge of balancing scientific accuracy with accessibility, particularly in areas where HIV cure science continues to evolve rapidly.

Assessment findings further demonstrated that complex biomedical concepts require continued reinforcement beyond a single training cycle, underscoring the importance of sustained mentorship and technical support.

Importantly, the programme reaffirmed the value of competency-based learning models. Teach-backs and implementation planning provided a stronger measure of readiness than knowledge-based assessments alone.

The ToT also demonstrated the value of cohort-based learning and peer exchange. Participants benefited significantly from cross-country dialogue, shared problem-solving, and collaborative reflection, strengthening both confidence and consistency across the cohort.

10

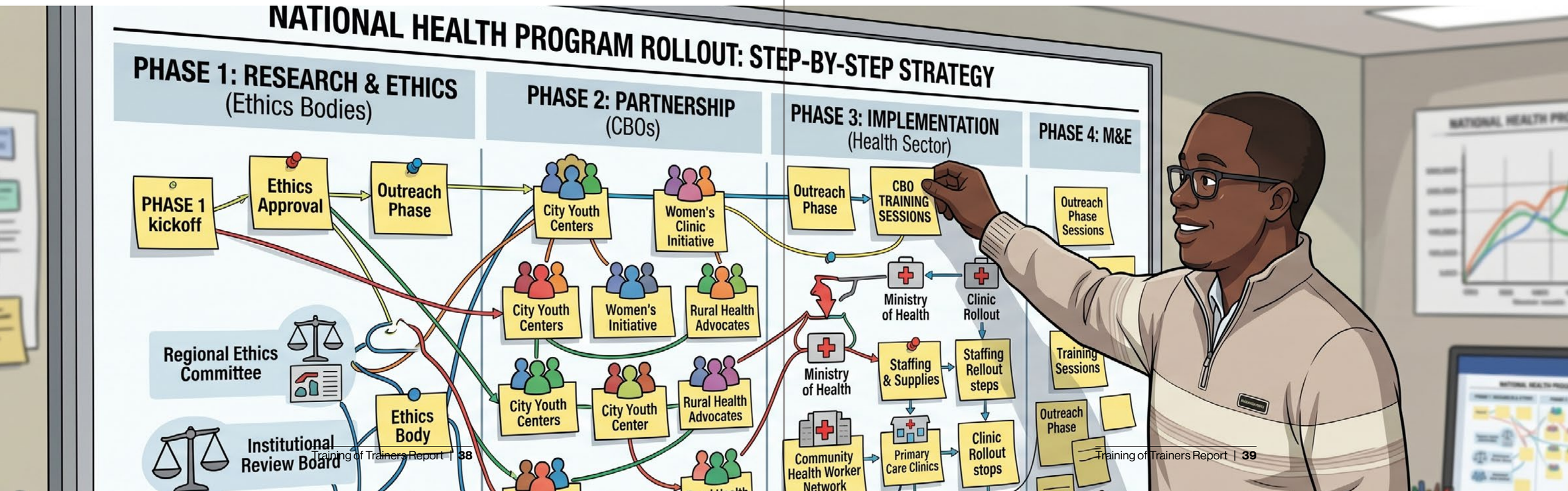
Next Steps

Following the ToT, focus now shifts toward supported national implementation and quality assurance.

Immediate next steps include the finalisation and approval of national cascade plans and budgets, ensuring alignment with programme standards and available resources. Approved National Trainers will receive targeted implementation support and subgrant funding to support country-level cascade rollout, community engagement activities, and local adaptation processes aligned with HIV CUREiculum standards. Importantly, the rollout model moves beyond traditional training-only approaches by pairing competency verification with direct implementation support, enabling National Trainers to lead and resource country-level engagement processes rather than remaining dependent on externally driven programming.

National cascade trainings are expected to take place between April and August 2026, supported by ongoing mentorship and technical guidance from the African Alliance. This support will focus on content delivery, facilitation quality, stakeholder engagement, ethical framing, and adaptation to local contexts.

Progress will be monitored through structured attendance tracking, short reflection reports, and ongoing engagement through the Community of Practice (CoP). The CoP will provide technical reinforcement, peer learning, science updates, problem-solving support, and cross-country alignment.
Together, these mechanisms aim to ensure that rollout remains scientifically accurate, ethically grounded, and responsive to local realities.



> When communities move from being participants in research to owners of the knowledge it produces, science becomes liberation."
>
> Khadija Richards,
> Lead Facilitator, South Africa

11

Conclusion

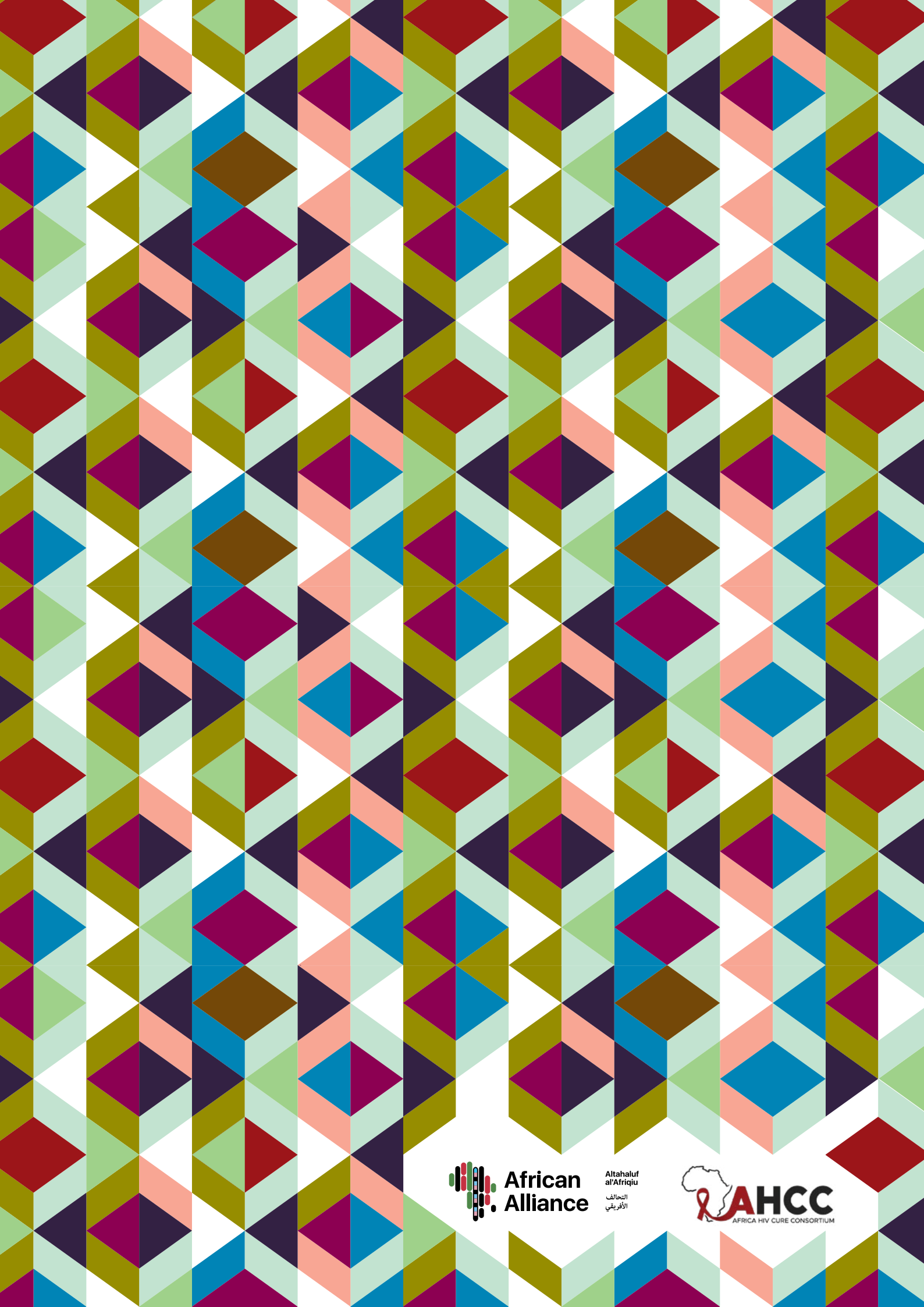
The HIV CUREiculum Training of Trainers marks an important step toward repositioning Africa within the HIV cure landscape, from a site of research participation to an active force shaping HIV cure engagement, ethics, and accountability.

The programme positioned communities not as peripheral actors within HIV cure research, but as essential participants in shaping how scientific knowledge is interpreted, communicated, governed, and applied within African contexts. Through competency-based learning, ethical engagement, and implementation planning, the ToT strengthened the ability of National Trainers to lead HIV cure literacy and advocacy efforts grounded in both scientific integrity and lived realities.

The Kigali ToT ultimately demonstrates that meaningful HIV cure engagement requires more than scientific progress alone. It requires trusted and resourced community leadership, ethical accountability, accessible communication, and structures that allow communities to participate not only in research, but in shaping its direction and relevance.
As national cascade implementation begins, the HIV CUREiculum provides a tested foundation for a broader Africa-led model of HIV cure engagement, one that seeks to strengthen the relationship between science, communities, and accountability across the HIV response.

At a moment when HIV cure science is advancing rapidly, the HIV CUREiculum argues that scientific innovation without community power risks reproducing the same inequities that have historically shaped global health research. The future of HIV cure engagement in Africa will depend not only on biomedical breakthroughs, but on whether communities are recognised, resourced, and trusted as co-architects of that future.

> My work has always been about restoring dignity and hope. Training others to advance the search for an HIV cure means bringing that hope to even more communities.
>
> Priscilia Somuta,
> Master Trainer, Cameroon


African Alliance
Altahaluf al'Afriqiu
التحالف الأفريقي
AHCC
AFRICA HIV CURE CONSORTIUM