

Civil Society Organisations' HIV/AIDS Advocacy in Southern Africa: A Systematic Review

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ABSTRACT

This study evaluates the advocacy efforts of civil society organisations (CSOs) in combating HIV/AIDS in Southern Africa, a region disproportionately affected by the global HIV pandemic. A qualitative systematic review was undertaken to synthesise empirical evidence on CSOs' contributions, drawing on 25 studies published between 2002 and 2022. The studies were identified through a comprehensive and systematic search of scholarly electronic databases, including Scopus, JSTOR, and Google Scholar, guided by predefined inclusion criteria focusing on CSO-led HIV/AIDS advocacy in Southern Africa. Following the retrieval of 207 records, titles and abstracts were screened, full texts were assessed for eligibility, and relevant data were systematically extracted from the final set of studies. The extracted qualitative data were subjected to an inductive thematic synthesis process, involving coding, categorisation, and manual interpretive analysis, which resulted in the development of five broad themes: community-based initiatives, advocacy and policy influence, partnerships and collaborations, innovative approaches to HIV/AIDS programming, and challenges and resilience. The findings establish the pivotal role of CSOs in shaping HIV/AIDS responses across Southern Africa, particularly through grassroots interventions, advocacy, strategic alliances, and innovation. Notably, CSOs have complemented incapacitated health systems and promoted rights-based approaches. However, reduced community-based programming and innovation, owing to shifting donor priorities, poses a threat to the progress made in localised HIV/AIDS programmes. To foster sustainable HIV/AIDS responses in Southern Africa, there is need to revitalise community-based programming, strengthen advocacy capacity, promote innovation, support CSOs' partnerships and networks, and address structural challenges. Future studies should include mixed-methods designs to analyse CSOs' HIV/AIDS advocacy efforts in Southern Africa from diverse perspectives, thereby expanding understanding of the complex dynamics of CSOs' advocacy in the region.

1. INTRODUCTION

The Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) epidemic continues to burden Southern Africa, with Eswatini, Lesotho, and South Africa recording the highest prevalence rates globally (UNAIDS, 2024). As of 2023, out of 25.6 million people living with HIV in Africa, 20.8 million resided in the Eastern and Southern African region (World Health Organization [WHO], 2023). These statistics highlight the daunting health challenges that have been imposed on the

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region by the pandemic, with far-reaching socio-economic and health consequences (Eghtessadi et al., 2020). Despite some progress in scaling up HIV testing and treatment programmes, the region continues to suffer from high morbidity, mortality, and new infection incidences (Parker et al., 2021). Notably, the priority groups such as adolescent girls, young women, gay men, and drug injectors, disproportionately contribute to new infections, accelerating the HIV burden (UNAIDS, 2024). Hence, effective prevention initiatives necessitate tailored intervention efforts, taking into cognizance the healthcare needs of these key populations (Gona et al., 2020; Parker et al., 2012).

Civil society organisations (CSOs) have played a critical role in responding to the HIV/AIDS epidemic worldwide, since its first appearance in the 1980s. CSOs include a wide range of organisations, from community groups, trade unions, non-governmental and other charitable organisations, religious institutions, professional associations, and foundations (World Economic Forum, 2018). The United Nations (UN) conceptualises CSOs as non-government, non-profit entities that advocate for social causes and serve as mediators between the public and authorities (UN, 2016). In the healthcare contexts, CSOs facilitate access to medical services and humanitarian assistance, contributing to health governance worldwide (Bartsch & Kohlmorgen; 2007). CSOs are influential in fighting global pandemics through advocacy efforts and provision of healthcare services, particularly in underserved communities (Doyle & Patel; 2008). The significance of CSOs in the face of disease outbreaks calls for health policymakers and governments to partner with these organisations to enhance public health gains (Greer et al., 2017).

A comprehensive understanding of the overall impact of CSO-led HIV/AIDS advocacy in Southern Africa is lacking, despite existing literature providing insights into specific advocacy areas. This gap highlights the need to probe further and document the full scope of cumulative efforts of CSOs' HIV/AIDS advocacy in the region. Hence, this study reviews literature from previous studies, synthesising findings to provide a deeper understanding of the contributions and roles of CSOs in shaping the HIV/AIDS response in Southern Africa, a region disproportionately affected by the global HIV pandemic. The primary aim is to evaluate the advocacy efforts of CSOs in combating HIV/AIDS in Southern Africa, with a focus on identifying achievements and challenges. It addresses the following research question: 'What is the impact of civil society-led advocacy on HIV/AIDS outcomes in Southern Africa?' This holistic approach encompasses the contribution of the CSOs towards the struggle against the pandemic and general health outcomes. The study's findings can be applied to guide the design of more effective advocacy initiatives, policy responses, and resource allocations, benefitting the region and providing insights relevant to combating the HIV/AIDS pandemic.

2. METHODS

This study employed a qualitative systematic review to synthesise empirical evidence on the contributions of CSOs to HIV/AIDS advocacy in Southern Africa. The specific methods used are outlined in the subsequent sections.

2.1 Inclusion Criteria

The inclusion criteria for this review comprised several clearly defined parameters to ensure the relevance and contextual appropriateness of the selected studies. First, only publications originating from or empirically focused on Southern Africa were included, encompassing peer-reviewed journal articles, scholarly books, book chapters, dissertations, and other academic papers, in order to capture a comprehensive range of evidence relevant to the regional HIV/AIDS context. Second, studies were required to explicitly examine the contributions, roles, or advocacy activities of civil society organisations, including non-governmental organisations, community-based organisations, and related actors, in addressing HIV/AIDS through policy influence, service delivery, rights-based advocacy, or community mobilisation. Third, only studies employing systematic and transparent research methods, whether qualitative, quantitative, or mixed-methods, were considered eligible, thereby excluding purely opinion-based commentaries, editorials, or anecdotal reports lacking methodological rigor. Fourth, the review was limited to publications written in English and published between 2000 and 2025, a timeframe selected to capture

both the evolution and contemporary dynamics of CSO-led HIV/AIDS advocacy following the expansion of global HIV/AIDS initiatives in the early 2000s. Studies that met all of these criteria were deemed eligible for inclusion and were subjected to further screening and thematic synthesis.

2.2 Search Strategy

To enhance transparency, rigor, and reproducibility, a comprehensive and structured search strategy was developed and applied consistently across all search engines. Boolean operators and truncations were used to capture variations of key concepts related to HIV/AIDS advocacy and civil society engagement in Southern Africa. The core search string combined terms as follows: 'HIV' / 'HIV/AIDS' and 'advocacy' / 'policy influence' / 'activism' and 'civil society organisation' / 'CSOs' / 'non-governmental organisation' / 'NGOs' / 'community-based organisation' and 'Southern Africa' / the names of individual Southern African countries. Search strings were adapted as necessary to align with the indexing and search functionalities of Scopus, JSTOR, and Google Scholar, the academic databases selected for the study.

These databases were deliberately chosen to ensure broad disciplinary coverage, depth, and inclusivity of relevant literature. Scopus was selected for its extensive indexing of peer-reviewed journals across the social sciences, public health, and policy studies, as well as its robust citation tracking capabilities, which facilitated the identification of influential and highly cited works on HIV/AIDS advocacy. JSTOR was included because of its strong archival holdings and comprehensive coverage of foundational and longitudinal scholarship in development studies, public health, and civil society research, allowing access to historically significant and theoretically grounded studies. Google Scholar was used to complement these databases by capturing a wider range of grey literature and non-traditionally indexed sources, including dissertations, reports, and regionally published studies that are particularly relevant in the Southern African context but may be underrepresented in conventional academic databases. Collectively, the use of these databases enhanced the comprehensiveness of the search and reduced the risk of publication and indexing bias.

2.3 Literature Search

A systematic literature search was conducted across these databases to identify publications that met the study's inclusion criteria. Keyword searches were used to refine results, and abstracts were manually screened to exclude studies with uncertain eligibility. Full-text articles were subsequently assessed for relevance. In addition, reference lists of eligible studies were reviewed to identify further relevant publications, thereby strengthening search completeness and reducing the likelihood of omitting pertinent literature.

2.4 Data Extraction

Data extraction was conducted systematically to ensure consistency and transparency across the included studies. A standardised data extraction template was developed and applied to each eligible publication. The following information was extracted: (1) the research aims and objectives; (2) the substantive focus and thematic orientation of the study; (3) the study setting, including country or sub-regional context within Southern Africa; (4) author(s) and year of publication; (5) research design and methods employed, including data collection and analysis techniques; and (6) key findings related to the contributions of civil society organisations to HIV/AIDS advocacy, alongside reported limitations and authors' recommendations for policy, practice, or future research. Extracted data were carefully reviewed for accuracy and completeness and organised into a structured dataset to facilitate comparison across studies. This qualitative dataset formed the basis for the subsequent thematic synthesis and interpretive analysis.

2.5 Synthesis and Discussion

Thematic synthesis was employed to inductively analyse the extracted qualitative data in a systematic and iterative manner. First, all extracted data relating to the roles, strategies, and impacts of civil society organisations in HIV/AIDS advocacy were read repeatedly to achieve familiarisation and immersion in the

dataset. During this initial phase, open coding was conducted, whereby meaningful segments of text from each study's findings were assigned preliminary codes that captured key ideas, actions, and outcomes described by the authors. These codes were generated inductively, allowing themes to emerge from the data rather than being imposed. In the second phase, related codes were examined for patterns and similarities and then grouped into broader analytical categories. This process involved constant comparison across studies to identify recurring concepts, convergences, and divergences in how CSOs' advocacy efforts were described across different contexts within Southern Africa. Categories were refined through iterative review, with overlapping or redundant codes merged and ambiguous codes clarified to enhance analytical coherence. In the final phase, higher-order themes were developed by synthesising and interpreting the categorised data. This manual interpretive analysis involved moving beyond descriptive accounts to identify underlying meanings, relationships, and explanatory insights across the studies. The resulting themes were reviewed in relation to the original data to ensure they were grounded in the evidence and accurately reflected the range of perspectives captured in the reviewed literature. A descriptive and analytical summary of the synthesised themes was then produced, providing an overview of the contributions of civil society organisations to HIV/AIDS responses in Southern Africa. The implications of these findings for practice, policy, and programme implementation were subsequently discussed.

2.6 Quality Appraisal

To assess the methodological rigor and credibility of the included studies, formal quality appraisal tools were applied. Qualitative studies were appraised using the Critical Appraisal Skills Program (CASP) checklist, while mixed-methods studies were assessed using the Joanna Briggs Institute (JBI) critical appraisal tools. These instruments evaluated clarity of research aims, appropriateness of study design, data collection and analysis procedures, ethical considerations, and the validity of conclusions. Only studies that met minimum quality thresholds were retained for thematic synthesis, ensuring that the findings were grounded in methodologically sound evidence.

2.7 Bias Minimisation Techniques

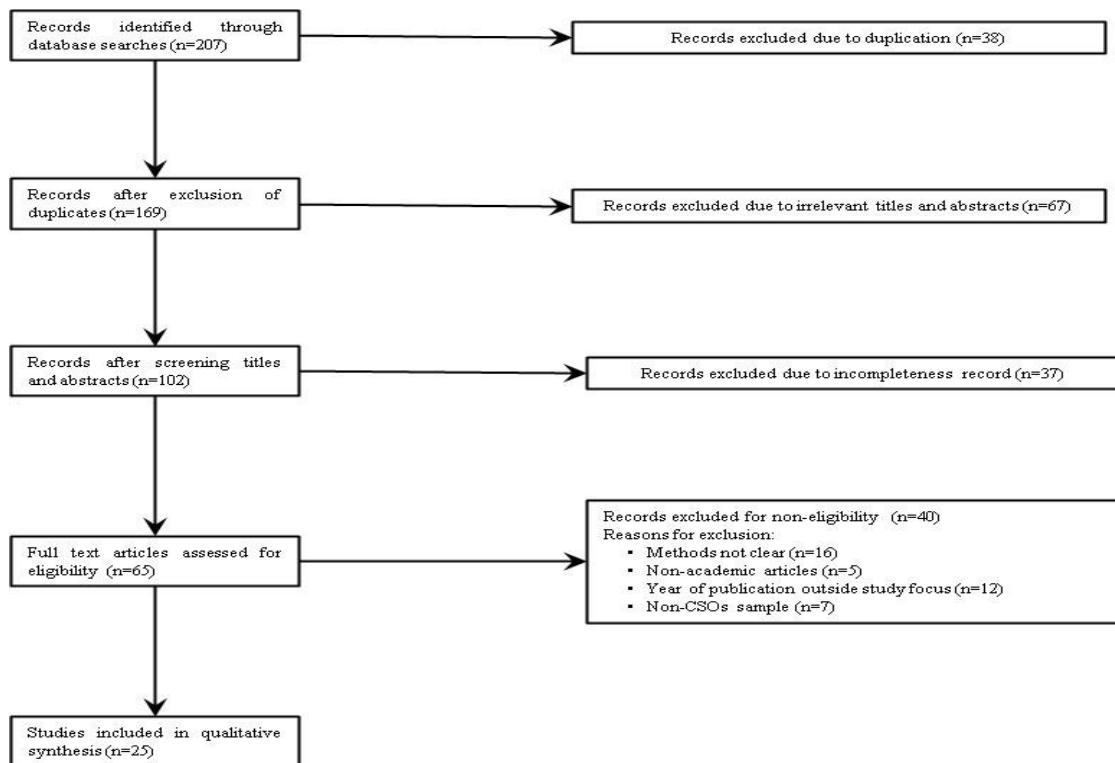
Several strategies were employed to minimise bias throughout the review process. First, clearly defined inclusion and exclusion criteria were established to reduce selection bias. Second, a stepwise screening process (title, abstract, and full-text review) was used to ensure consistency in study selection. Third, data extraction followed a standardised template to limit interpretive bias and maintain uniformity across studies. Reflexive thematic analysis was applied during synthesis, with careful attention to maintaining analytic neutrality and grounding interpretations in the original data. Finally, transparency in reporting the study selection process and thematic development enhanced the trustworthiness and credibility of the review findings.

3. FINDINGS & DISCUSSION

This section presents the results of the study selection process, outlining the characteristics of the selected studies, and highlighting the key themes that emerged from the qualitative synthesis analysis. The discussion that follows integrates the thematic findings with existing literature and theoretical models of civil society, shedding light on the implications of the study's outcome.

3.1 Study Selection Results

A total of 207 records were initially retrieved from the database searches conducted across Scopus, JSTOR, and Google Scholar. Following the removal of duplicates, titles and abstracts were systematically screened against the predefined inclusion and exclusion criteria to assess relevance to the study's objectives. This initial screening resulted in 102 articles being retained for full-text review. Full-text screening involved a detailed assessment of each article's methodological rigor, thematic focus on civil society organisations' HIV/AIDS advocacy, and regional relevance to Southern Africa. As a result of this process, 25 studies met all eligibility criteria and were included in the final qualitative systematic review. Figure 1 illustrates the study selection process and provides a visual summary of the screening and inclusion stages.



Source: Author, C. Mukenge

Fig 1. Study Selection for Eligibility

3.2 Study Characteristics

The selected studies span a period of over two decades, with publication dates ranging from 2002 to 2022, reflecting both early and more contemporary scholarly engagement with civil society responses to HIV/AIDS in Southern Africa. All included studies employed qualitative research designs, highlighting the emphasis on in-depth exploration of experiences, practices, and perceptions related to CSOs' advocacy roles. The studies were conducted across multiple countries within Southern Africa and examined diverse social, political, and health system contexts. Collectively, they sampled a wide range of civil society actors, including non-governmental organisations, community-based organisations, faith-based organisations, and activist networks, with the aim of exploring their contributions to HIV/AIDS advocacy, policy influence, service delivery, and community mobilisation. A detailed summary of the key characteristics of the included studies, including study settings, participant groups, and methodological approaches, is presented in Table 1.

Table 1. Study characteristics

Author(s) & Year	Region	Study Aims (Verbatim)	Subjects	Data collection methods	Data analysis methods
1. Godsaeter, A. & Söderbaum, F. (2017)	Southern Africa	"This article expands our knowledge about the role of civil society in the formulation and implementation of social policy at the regional level, and it focuses on the issue of HIV/AIDS in the Southern African Development Community (SADC)." (P 119)	Policy makers, donors and civil society representatives.	Semi-structured Interviews.	Thematic Analysis

2.Fowler, A. (2004)	Africa	The purpose of this paper is to “... address capacity building features of civil society that result from the HIV/AIDS pandemic in a comprehensive way”.	Non-governmental Organisations (NGOs)	Literature Review	Critical Analysis
3.Sabi, S. C. (2013)	Southern Africa	This study examines the role of civil society in policy advocacy, using the Treatment Action Campaign (TAC) as an example.” (p.1)	Civil Society Organisations	Document Analysis	Content Analysis
4.Godsäter, A. (2016)	Southern Africa	“The overarching aim of this book is ... to analyse the dynamics of civil society regionalisation in Southern Africa, both empirically and from a theoretical perspective, through analysing the cases of trade and HIV/AIDS.” (p. 1)	Civil Society Organisations	Case study	Critical Analysis
5. Sekalala, S. and Rawson, B. (2022)	Africa	“In this paper, we explore the strategies utilised by civil society organisations to improve access to medicines during the HIV/AIDS and COVID-19 health crises.” (p. 177)	Civil Society Organisations	Literature Review	Critical Analysis
6.Parker, R. (2011)	Southern Africa	“This article emphasises the key role that civil society organisations and activist initiative have played in the development of both government and intergovernmental agency responses to the epidemic.” (p. 22)	Civil society Organisations	Literature Review	Critical Analysis
7. Seckinelgin, H. (2004)	Sub-Saharan Africa	“This paper locates NGOs dealing with HIV/AIDS problems in sub-Saharan Africa into the larger governance context within which they function.” (p. 287)	Non-governmental organisations (NGOs)	Document Analysis	Critical Analysis
8.Jones, P. S. and. Hellevik, S. B. (2012)	Southern Africa	“In this article we explore what a regional approach [to HIV/AIDS advocacy], specifically in the SADC ... region, has implied in practice.” (p. 1)	Non-governmental organisations	In-depth Interviews	Thematic Analysis
9. Webb, D. (2004)	Sub-Saharan Africa	The study examines “the future roles for NGOs against HIV/AIDS in Sub-Saharan Africa” (p. 14)	Civil Society Organisations	Literature Review	Critical Analysis
10. Rau, B. (2006)	Africa	“This article discusses the role of civil society groups in responding to the HIV/AIDS epidemic ... primarily, but not exclusively on Africa ...” (p. 285)	Civil Society Organisations	Literature Review	Critical Analysis
11. Landman, C. (2014)	Southern Africa	“This article assesses the Churches, Channels of Hope (CCoH) training of the Christian AIDS Bureau for Southern Africa (CABSA) in terms of the two criteria laid down by Müller”. (p. 1348)	Faith Based Organisations	Case study	Interpretive analysis

12. Awoyemi, S. M. (2008)	Africa	The study analyses “The Role of Religion in the HIV/AIDS Intervention in Africa” (p. 811)	Faith-based organisations	Literature review	Critical analysis
13. Chikwendu, E. (2004)	Africa	“This paper focuses on the [HIV/AIDS] care provided by religious organisations [in Africa]” (p. 307)	Faith-based organisations	Literature review	Critical analysis
14. Seckinelgin, H. (2005)	Sub-Saharan Africa	“This article provides a theoretical assessment of the agency attributed to nongovernmental organisations (NGOs) within the emerging international governance of HIV/AIDS.” (p. 351)	Non-governmental organisations	Literature Review	Critical Analysis
15. McDonough, A., Rodriguez, D.C. (2020)	Africa	“This review investigates donor strategies used in the past to support CSOs as accountability advocates ...” (p.1)	Civil Society Organisations	Literature Review	Thematic Analysis
16. Wamai, R. G. 2014	Africa	This study focuses on “Civil Society’s Response to the HIV/AIDS Crisis in Africa” (p. 361)	Civil Society Organisations	Literature Review	Critical Analysis
17. Eghetessadi, R., Mukandavire, Z., Mutenherwa, F., Cuadros, D. Musuka, G. (2020)	Africa	This article outlines the role of African civil society in safeguarding gains registered to date in sexual and reproductive health and the response to HIV. (p. 286)	Civil Society Organisations	Literature Review	Critical Analysis
18. Were N, Hikuam F, Lakhani I, D Nibogora B, Mkhathwana M. (2021)	Sub-Saharan Africa	“This Viewpoint discusses the role of [civil society] advocacy in sub-Saharan Africa, the region hardest hit by HIV...” (p. e25719)	Civil Society Organisations	Literature Review	Critical Analysis
19. Kelly, K. and Birdsall, K. (2010)	East and Southern Africa	“The study takes stock of the exponential growth in the number of new civil-society organisations (CSOs) working in the HIV/AIDS field in East and Southern Africa during the period 1996–2004.” (P 1)	Civil Society Organisations	Case study	Descriptive statistics, Interpretive Analysis
20. Uzoaru, F., Nwaozuru, U., Ong, J.J., Obi, F., Obiezu-Umeh, C., Tucker, J. D. et al. (2021)	Sub-Saharan Africa	“We conducted a systematic review of the cost analysis of [Community-based] HIV testing interventions in [Sub-Saharan Africa] SSA”. (p. 1)	Community-Based Organisations	Systematic Literature Review	Interpretive analysis
21. De Neve, J. W, Garrison-Desany, H., Andrews, K.G., Sharara, N., Boudreaux, C., et al. (2017)	Southern Africa	“This study assesses mediators of a more harmonised approach to implementing large-scale CHW programmes for HIV in the context of complex health systems and multiple donors”. (p. e1002374)	Community health workers, donors, government officials, and expert observers	Semi-structured interviews, literature review	Thematic analysis, interpretive analysis
22. Tiendrebeogo,	Africa	“This study reviews principles, processes and practical activities of Faith-Based Organisations	Faith-Based Organisations	Literature Review	Thematic Analysis

G. and Buykx, M. (2004)		(FBOs) in Sub-Saharan Africa in their efforts to combat the Acquired Immune-Deficiency Syndrome (AIDS) pandemic." (p. 7)			
23. Rachlis, B., Sodhi, S., Burciul, B., Orbinski, J., Cheng, A. H. Y., & Cole, D. (2013)	Low-income African countries	"Our review aimed to systematically identify key CBC programmes focused on HIV/AIDS in resource-limited settings." (p. e20548)	Community-based organisations	Systematic Literature review	Interpretive analysis
24. Wanless, R. S. (2007)	Southern Africa	Its [The study's] overall purpose is to guide any group in how to integrate medical care with the power of community mobilisation and community services provided to [HIV/AIDS] patients in their homes and communities.	Community-based groups	Case study	Interpretive analysis
25. Okaalet, P. (2002)	Africa	This study examines "the role of faith-based organisations in the fight against HIV and AIDS in Africa" (p. 274)	Faith-based organisations	Document Analysis	Critical evaluation

Source: Author, C. Mukenge

3.3 Synthesis

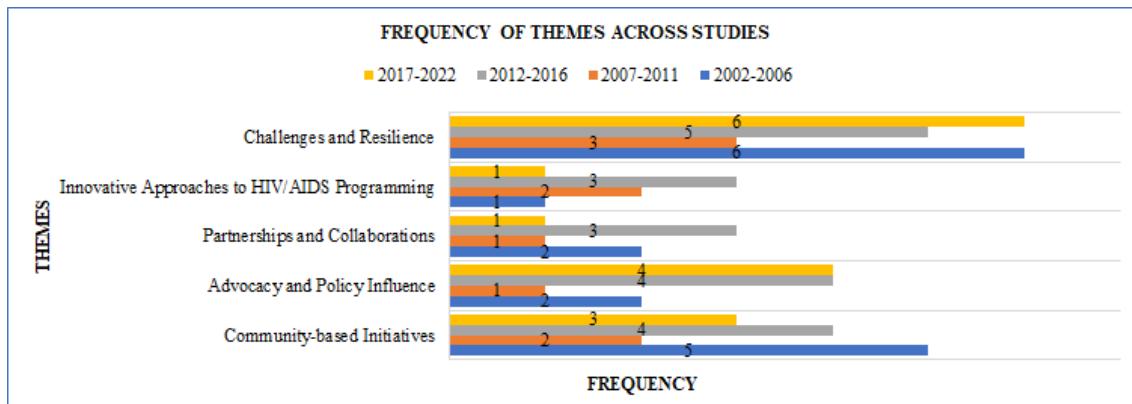
Through qualitative synthesis, five major themes emerged from the data, relating to CSOs' contributions to HIV/AIDS advocacy, directly addressing the study's research question. These themes and their corresponding studies are highlighted in Table 2.

Table 2. Themes and contributing studies

Themes	Contributing Studies	Number
1. Community-based initiatives	Tiendrebeogo and Buykx (2004); Wanless (2007); Rau (2006); Fowler (2004); Godsäter & Söderbaum (2017); Webb (2004); Awoyeni (2008); Okaalet (2002); Wamai (2014); Rachlis et al. (2013); Landman (2014); Macdonough & Rodriguez (2020); Eghtessadi et al. (2020); Seckinelgin (2005).	14
2. Advocacy and Policy Influence	Sabi (2013); Were et al. (2021); Godsäter and Söderbaum (2017); McDonough and Rodriguez (2020); Eghtessadi et al. (2020); Chikwendu (2014); Awoyemi (2008); Fowler (2004); Godsater (2016), Wamai (2014); Sekalala & Rawson (2022).	11
3. Partnerships and Collaborations	Godsäter & Söderbaum (2017); Awoyemi (2008); Jones & Hellevik (2012), Fowler (2004); Rachlis et al. (2013); Rau (2006); Godsäter (2016).	7
4. Innovative approaches to HIV/AIDS programming	Wamai (2014); Godsäter & Söderbaum (2017); Kelly and Birdsall (2010); Wanless (2007); Godsater (2016) Tiendrebeogo and Buykx (2004) & Rachlis et al. (2013).	7
5. Challenges and Resilience	Kelly and Birdsall (2010); Uzoaru et al. (2021); De Neve et al. (2017); Tiendrebeogo & Buykx (2004); Rachlis et al. (2013); Were et al. (2021); Rau (2006); Fowler (2004); Godsäter & Söderbaum (2017); Seckinelgin (2004); McDonough & Rodriguez (2020); Awoyemi (2008); Jones & Hellevik (2012); Godsater (2016); Chikwendu (2014); Eghtessadi et al. (2020); Sabi (2013), Parker (2011); Seckinelgin (2005); Chikwendu (2004).	20

Source: Author, C. Mukenge

The distribution of study themes across four established study year categories (2002-2006, 2007-2011, 2012-2016, and 2017-2022) revealed a temporal trend as illustrated in Figure 2, highlighting shifts in research focus over time.



Source: Author, C. Mukenge

Fig 2. Frequency of theme distribution across study year categories

The 'community-based initiatives' theme peaks during the earliest publications in this review (2002-2006), recurring in five studies, followed by a decline in later research. The 'advocacy and policy influence' theme gains prominence over time, appearing in just two studies in the 2007-2011 period, increasing to four studies in both 2012-2016 and 2017-2022 categories. The 'partnerships and collaborations' theme is sporadically represented, present in two studies from 2002-2006, one from the 2007-2011, three from 2012-2016, and another from 2017-2022 period. The 'Innovative approaches to HIV/AIDS programming' theme is common in the intermediate studies, featured in two publications published between 2007 and 2011, three in the 2012-2016 category, and each from both 2002-2006 and 2017-2022 periods. Lastly, the 'challenges and resilience' theme prevails across all study periods, appearing in six studies in both the earliest (2002-2006) and latest (2017-2022) categories, and in three and five studies in the intermediate periods (2007-2011 and 2012-2016).

3.4 Community-based Initiatives

CSOs have played a foundational role in community-based HIV/AIDS responses in Southern Africa, particularly in contexts where state health systems have limited reach. Fourteen of the reviewed studies highlight CSOs' effectiveness in delivering localised, culturally grounded interventions such as home-based care, stigma reduction, and treatment adherence support (Smith, 2016; Rachlis et al., 2013; Landman, 2014; Wanless, 2007; Godsater & Söderbaum, 2017; Webb, 2004; Macdonough & Rodriguez, 2020; Eghtessadi et al., 2020; Wamai, 2014). These efforts have been instrumental in filling critical gaps in healthcare access and promoting community ownership of HIV/AIDS programmes. These findings align with participatory and communitarian models of civil society, which emphasise grassroots engagement and social embeddedness as foundations of sustainable social action (Tocqueville, 2000). Tocqueville's notion of 'self-interest rightly understood' highlights how community engagement fosters collective responsibility and solidarity, enabling CSOs to engage local networks and trust to drive impactful social change. According to Dzinamarira & Moyo (2024) through building local networks and cultural knowledge, CSOs have been able to implement contextually relevant HIV/AIDS programmes that resonate with community needs and values, thereby enhancing uptake and impact.

The declining prominence of community-based initiatives after the mid-2000s suggests a shift toward structural and policy-oriented interventions. While organisations such as the AIDS Foundation of South Africa and AIDS Healthcare Foundation continue grassroots programming (Macdonough & Rodriguez, 2020; Wamai, 2014), donor preferences for measurable outcomes increasingly marginalise community-driven approaches (Kelly & Birdsall, 2010). From a Gramscian perspective of civil society as a site of social struggle, donor dominance can undermine local agency and reinforce external agendas at the expense

of contextual relevance (Gramsci, 1971). This dynamic reflects Gramsci's notion of 'passive revolution', wherein external forces shape civil society's priorities, potentially displacing grassroots voices and priorities. Sustainability literature emphasises that community ownership and participatory decision-making remain essential for long-term impact (Bizimana 2024; Neel et al., 2024). As Esone (2020) argues, strengthening community relationships enables CSOs to adapt interventions to local realities, reinforcing both relevance and resilience.

3.5 Advocacy and Policy Influence

Advocacy and policy engagement emerged as a central function of CSOs, with eleven studies documenting their role in promoting rights-based HIV/AIDS responses and influencing national and regional policy frameworks. Regional networks such as AIDS and Rights Alliance for Southern Africa (ARASA), Southern African Network of AIDS Service Organizations (SANASO), African Council of AIDS Service Organizations (AFRICASO), Pan African Treatment Access Movement (PATAM), and Southern African HIV and AIDS Information Dissemination Services (SAfAIDS), have advanced accountability, transparency, and the inclusion of people living with HIV/AIDS in policy processes (McDonough & Rodriguez, 2020; Eghtessadi et al., 2020; Sabi, 2013; Were et al., 2021; Fowler, 2004). These efforts reflect deliberative models of civil society, where CSOs act as intermediaries between citizens and the state by shaping public discourse and policy norms (Habermas, 1996). Habermas' concept of the public sphere underscores the importance of inclusive, rational dialogue in shaping policy, highlighting CSOs' role in facilitating marginalised voices and fostering democratic participation in health governance.

While advocacy gained momentum after 2007, CSOs' policy influence remains constrained by restrictive regulatory environments, politicisation of HIV/AIDS, and limited access to decision-making spaces (Awoyemi, 2008; Godsater, 2016; Wamai, 2014). Such constraints weaken CSOs' ability to hold governments accountable and marginalise key populations (McDonough & Rodriguez, 2020; Eghtessadi et al., 2020). The lack of inclusivity in policy dialogues often sidelines community voices, undermining the development of contextually relevant and effective HIV/AIDS strategies (Godsater, 2016; Awoyemi, 2008; Wamai, 2014; Chikwendu, 2014). Despite these challenges, recent advocacy successes, including CSO engagement in global health governance debates such as the WHO Pandemic Treaty, demonstrate growing influence (Sekalala & Rawson, 2022; Kaufman, 2020; Patterson, 2024). These developments highlight a shift from service delivery toward transformative advocacy, reinforcing civil society's role in shaping sustainable and rights-based HIV/AIDS responses (Dzinamarira & Moyo, 2024; UNDP & UNAIDS, 2024). Through engagement with global platforms, CSOs are amplifying marginalised voices and pushing for policies that prioritise equity, justice, and community needs.

3.6 Partnerships and Collaborations

Partnerships and collaborations were reported in only seven of the reviewed studies, indicating an unplanned but strategic engagement with several stakeholders. These collaborations include alliances with international organisations, governments, and other CSOs, both at the local and regional levels (Jones and Hellevik, 2012). Literature shows that collaboration and partnerships are an important component of HIV/AIDS CSOs' operations, enabling them to pool resources and competencies, increase service delivery, and reach vulnerable populations (Godsäter & Söderbaum, 2017; Fowler, 2004; Jones & Hellevik, 2012; Rau, 2006; Awoyemi, 2008). These partnerships are necessary for programme and financial sustainability, as they increase organisational legitimacy, access to funds, and policy influence (Rachlis et al., 2013). Effective partnerships are reliant on mutual accountability, trust, and effective communication to ensure collaborative success (Hushie et al, 2016). With these parameters in place, organisations are capable of building advocacy capacity, developing inclusivity, and enhancing long-term resilience in HIV/AIDS programming, as has been seen in regional CSOs networks such as the Society for Women and AIDS in Africa (SWAA), African Network for Care and Support for AIDS and TB affected families and children (AFCASO), and the African Coalition on AIDS Research and Innovation (ANCCA) (Haggard et al., 2025; Godsäter, 2016). Furthermore, through partnerships CSOs have so far been able to facilitate the sharing of

information, knowledge, and best practices, ultimately contributing to more effective and sustainable HIV/AIDS responses (Godsäter & Söderbaum; 2017).

The findings from this review also emphasise the crucial role of CSOs' partnerships and networks in enhancing effectiveness and sustainability of HIV/AIDS initiatives. Given that only seven of the selected studies address the role of partnerships and collaborations, this suggests that this aspect of CSOs' activities is either underreported or underemphasised in the literature, despite its obvious significance. Scholars highlight the significance of partnerships in mobilising resources, extending service provision, and reaching vulnerable groups (Hushie et al., 2016; McDonough & Rodríguez, 2020). The collaborations between CSOs, international organisations, national governments, and other non-governmental organisations, at the local and regional levels, demonstrate the potential of concerted efforts in impactful advocacy work. (Hushie et al., 2016). Consequently, CSOs' work in Southern Africa is effective and sustainable since through these partnerships, CSOs are able to tap into a larger pool of resources, knowledge, and networks, which enhances their ability to develop impactful HIV/AIDS programmes that contribute towards a more effective and sustainable response to the epidemic in the region (Elendu et al., 2025).

3.7 Innovative Approaches to HIV/AIDS Programming

Seven studies recognised CSOs as pioneers in HIV/AIDS activism in Southern Africa, particularly in introducing innovative outreach models, such as community theater, social media, and mobile health education. Such models have addressed controversial issues such as stigma, gender violence, and access to reproductive health, and have reached marginalised communities that are typically excluded from mainstream health systems (Godsater, 2016; Wamai, 2014). Through innovative strategies, CSOs have been able to reach vulnerable populations and promote behaviour change, resulting in ultimately more effective HIV/AIDS treatment and prevention outcomes (Rachlis et al., 2013; Wanless, 2007). Moreover, CSOs' innovative strategies have facilitated mobilisation and empowerment of the communities, enabling individuals and groups to take control over their health and well-being (Godsäter & Söderbaum; 2017). The adoption of innovative outreach models has also enabled CSOs to remain relevant in evolving contexts and respond to emerging needs, guaranteeing a more impactful and sustainable HIV/AIDS response (Kelly & Birdsall, 2010).

The observed decline in the subject of CSOs' innovative programming in literature published in the 2017-2022 period is concerning, given the significant impact of such programmes on public health outcomes (Kaufman, 2020; UNAIDS, 2024). For example, UNAIDS (2024) states that these innovations have led to a 59% decline in new HIV infections between 2010 and 2023, underpinning their significance and need for revival. The decline in innovative programmes and approaches to HIV/AIDS response may be attributable to a number of factors, including reduced donor investment in experimental programming or a drift towards evidence-based standardisation that may limit the piloting of new and innovative approaches (Phaswana-Mafuya et al., 2023). Also, resource constraints may have curbed the capacity of CSOs to innovate and adapt to constantly changing needs, potentially undermining the long-term sustainability of HIV/AIDS responses (Dzinamarira & Moyo, 2024). Despite this decline, Dzinamarira & Moyo emphasise that the legacy of innovative programming continues to yield significant public health benefits, highlighting the need for cultivating investment in innovative and effective solutions to sustain the drive the HIV/AIDS intervention goals.

3.8 Challenges and Resilience

Twenty out of twenty-five studies highlighted challenges facing HIV/AIDS CSOs in Southern Africa, including funding uncertainty, governance inefficiencies, regulatory limitations, and human resource deficiencies (Wamai, 2014; Jones & Hellevik, 2012; De Neve et al., 2017). These challenges limit service delivery and weaken CSOs' institutional capacity and long-term survival (Uzoaru et al., 2021). Donor dependency threatens programme continuity, with funding unpredictability jeopardising life-saving initiatives (Godsäter & Söderbaum, 2017). The recent reduction in President's Emergency Plan for AIDS Relief (PEPFAR) funding for Africa by the United States government, for instance, has resulted in

significant uncertainties for HIV prevention in the region (UNAIDS, 2025). Faith-based CSOs face moral dilemmas surrounding evidence-based prevention strategies, compromising inclusive and rights-based programmement (Awoyemi, 2008; Tiendrebeogo & Buykx, 2004).

CSOs in Southern Africa face inadequate infrastructure, low technical capacity, and high staff turnover rates, compromising their effectiveness (De Neve et al., 2017; Were et al., 2021; Kelly & Birdsall, 2010; Uzoaru et al., 2021). Inadequate infrastructure and technical capacity undermine service delivery, while high staff turnover disrupts programme continuity (Kelly & Birdsall, 2010; Uzoaru et al., 2021; Were et al., 2021). Stringent policies and laws restrict CSO operations and human rights agendas (McDonough & Rodríguez; 2020). A lack of robust monitoring and evaluation systems limits CSOs' ability to demonstrate impact and secure funding (Godsater, 2016). In addition, complex stakeholder relationships and resource limitations add to CSOs' challenges (Chikwendu, 2014; Eghtessadi et al., 2020). Addressing these challenges will be central to the long-term success and viability of CSOs in the region.

Despite these challenges, CSOs have also demonstrated resilience by capacity building, diversified funding streams, and community-driven responses (Phaswana-Mafuya et al., 2023). This resilience indicates the ability of the sector to respond to emerging challenges. As the trends in the data show, the challenges are persistent, but CSOs' evolving responses reflect some degree of resilience that can buffer against exogenous shocks in the future. For instance, CSOs have leveraged new financing models, including social entrepreneurship and crowdfunding, to reduce dependence on traditional donors and enhance sustainability (Elendu, et al., 2025). Moreover, community-based interventions have enabled CSOs to tap into local knowledge and expertise, resulting in more effective and context-specific interventions (Esone, 2020). Ultimately, the ability of CSOs to transform and innovate will play a crucial role in shaping the future trajectory of HIV/AIDS responses in Southern Africa.

4. CONCLUSION & RECOMMENDATIONS

The findings from this study highlight the unparalleled roles played by CSOs in Southern African HIV/AIDS responses, particularly at the grassroots level, through advocacy, strategic partnerships, and innovation. The results affirm that CSOs have been instrumental in complementing weak formal health systems, promoting rights-based approaches, and mobilising communities towards sustainable health outcomes. However, the temporal decline in community-based programmement and innovation indicates a concerning shift in donor priorities and operational focus that risk reversing the gains achieved through localised and context-specific programmement.

The study argues that CSOs' community-based programmes remain a cornerstone of effective HIV/AIDS programmement, especially in low-income contexts and rural areas. Their sustainability, however, is increasingly compromised by funding uncertainties and externally driven programmematic frameworks. Advocacy and policy influence, once peripheral, are now central to the work of CSOs in Southern Africa, contributing significantly to legal reforms and participatory policymaking. However, the impact of such advocacy efforts is eroded by constraining regulatory frameworks and very limited access to policy spaces. Partnerships and collaborations, not well documented in the literature, are key to resource mobilisation, programme expansion, and capacity building. The limited documentation of these partnerships signals the need for strengthening the recording and analysis of inter-CSOs' collaboration. Similarly, while CSOs have led significant innovations in outreach and education, the recent decline in creative programmement poses danger to the future effectiveness of HIV prevention and treatment interventions. Lastly, chronic problems, including governance challenges, donor dependence, and infrastructural and technical constraints, persist in weakening CSOs' responsiveness and sustainability.

Several recommendations can be drawn from these findings. There is a need to revive community-level HIV/AIDS programmement in Southern Africa, as this will enable CSOs to respond more effectively to local communities' unique needs and contexts, fostering more effective and sustainable interventions. Stakeholders need to invest in reviving grassroot HIV/AIDS programmes, promoting CSOs' autonomy, and

institutionalising participatory processes that are embedded in community needs and contexts. It is important to complement the advocacy roles of CSOs through legal reforms that widen civic space, enhance access to policymaking processes, and institutionalise mechanisms of engagement at national and regional levels. This will give voice to CSOs and enable them to hold governments accountable for their commitments to HIV/AIDS response. Both donors and governments should prioritise funding models that incentivize innovation in outreach and programming, given that innovative strategies have proven effective in reducing HIV infections and reaching marginalised populations. Further, CSOs need to pursue extensive collaboration with governments, other non-governmental organisations, and international actors, since such collaborations will foster legitimacy, consolidate resources, and amplify impact towards more effective HIV/AIDS responses. Systematic documentation of these partnerships is also crucial for policy learning and knowledge exchange. Addressing CSOs' structural and operational challenges is essential to achieve sustainable HIV/AIDS responses, including diversification of funding, capacity building, and regulatory reforms. Strengthening institutional resilience will enable CSOs to adapt to evolving public health contexts and continue to drive transformative change.

5. LIMITATIONS

The qualitative systematic review method potentially introduced study selection and interpretation biases. A rigorous screening procedure and thematic synthesis were employed in the study to address this limitation and to facilitate a comprehensive analysis of the selected studies. However, future research must consider incorporating mixed-methods designs to provide an analysis of CSOs' HIV/AIDS advocacy in Southern Africa, grounded on diverse perspectives, potentially recording quantitative trends and qualitative patterns that could further illuminate the complex dynamics of CSOs' advocacy in the region.

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CONFLICT OF INTEREST STATEMENT

The author declares that the research was conducted in the absence of any personal or professional relationships that could be construed as potential conflict of interest.

AUTHORS' CONTRIBUTIONS

The author conceptualised the research idea, designed the methodology, collected and analysed the data, wrote the original draft, reviewed and edited the manuscript.

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