

The Special Initiative

Contributed by Administrator

The Special Initiative

This is a five year project that involves three countries, namely Malawi, Swaziland and Kenya. Goals and Objectives
 Goal: To strengthen the evidence of the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings for reducing HIV (and associated stigma) and unintended pregnancies.

Main objectives:

Determine the benefits of different integrated models to increase range, uptake and quality of selected SRH and HIV services
 Determine the impact of different integrated services on changes in HIV risk-behavior; HIV related stigma and unintended pregnancies (in year 1 we will also investigate feasibility of measuring impact on STI/HIV incidence). Establish the efficiency of using different operational models for delivering integrated services in terms of: cost, utilization of existing infrastructure and human resources. Increase utilization of research findings by policy and program decision makers through involvement of and dissemination to key stakeholders.

Key Research questions

This project will answer three key sets of research questions:

1) What are the relative benefits of different models of integrated SRH and HIV services over separately provided services? Does integration lead to: increases in the numbers of clients using services; changes in the profile of clients attending services; increases in the range of services accessed by clients; improvements in the quality of services? 2) In the target populations, what is the impact of integrated services on: HIV related risk behavior; HIV related stigma; unintended pregnancy? What is the cost, feasibility and cost-effectiveness of providing selected integrated services? What is the cost of integrating HIV and/or SRH services with existing services? How do costs vary by model of integration? Does integration result in a more optimal utilization of existing infrastructure and human resources?

Background and Rationale There are many well-established reasons that support the rationale for linking SRH and HIV services closely. Most HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding. Many of the behaviors that prevent HIV transmission also prevent sexually transmitted infections (STIs) and some prevent unintended pregnancies. Individuals who use SRH services often benefit from HIV/AIDS services, and vice versa. Further, with nearly 40 million people living with HIV today, there is a clear need to respond to the sexual and reproductive health needs of HIV positive people. Over the last few years a number of international statements, position papers and advocacy efforts indicated the commitment of the international community to intensify linkages between SRH and HIV and AIDS at a policy and programmatic level. At a regional level the recent policy meeting in Maputo affirmed the need act on the bi-directional linkages. The WHO/UNFPA/UNAIDS/IPPF document, "Sexual and Reproductive Health and HIV/AIDS, A Framework for Priority Linkages" highlights some of the prioritized strategic programmatic interventions. It also highlights the "expected" benefits, including a) improved access to and uptake of key HIV/AIDS and SRH services; and b) reduced HIV/AIDS-related stigma and discrimination. Furthermore, the Framework recognizes the imperative for improved evidence to ascertain the magnitude of these benefits.