

Facing the Challenge

Appropriate and Effective Approaches to HIV/AIDS

Integration of HIV/AIDS prevention and treatment strategies into ongoing PRIME II programs continues to improve primary care providers' responsiveness to the global challenge of AIDS. This work includes an emphasis on "dual protection" within family planning services.

Background

PRIME II strives to link HIV/AIDS prevention and care with family planning and other reproductive health services to enhance both provider performance and quality of care. Technical assistance on guidelines, standards of care, training and other performance improvement interventions all offer opportunities for PRIME to work strategically to find the most appropriate and effective solutions for integrating HIV/AIDS-relevant services into wide-ranging programs.

Interventions and Results

Around the world, PRIME II takes leadership in helping to define the role of primary providers in the battle against HIV/AIDS. In August 2000, technical updates and discussions generated during a conference hosted by PRIME II with FHI, the UNC School of Medicine's Center for HIV/STDs and Infectious Diseases, and USAID led us to identify and agree on the principal strategies for PRIME's work in HIV/AIDS. PRIME has continued its global partnership with FHI, collaborating on an effort to address provider bias against condoms in Kenya. PRIME is also playing an important part in USAID's Safe Injections Task Force; we created a job aid on safe injections to prevent the transmission of HIV/AIDS and Hepatitis C for all USAID programs that donate auto-disposable syringes.

Meanwhile, PRIME has launched a series of regional efforts to raise awareness of our evolving role and to encourage programmatic links between family planning and HIV/AIDS. In September 2001, PRIME hosted a regional HIV/AIDS workshop in New Delhi, with participants from CARE, CEDPA, USAID/New Delhi, Intrah, and EngenderHealth. Armed with their new knowledge, participants drafted workplans to incorporate HIV/AIDS programming into existing RH work.

In West Africa, PRIME II is a lead partner on the secretariat of the Francophone MAQ subcommittee, advocating for integration of HIV/AIDS with FP as a top priority. PRIME hosted a meeting for the group's executive team, senior health officials,

Reviewing Results in PRIME II

Case Studies from:

- El Salvador
- Uganda
- Kenya
- Bangladesh
- India
- Rwanda
- Ghana
- Benin
- **HIV/AIDS Integration**
- PI Global Partnerships

PRIME II

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and medical school leaders from five Francophone countries to address joint planning and leveraging of resources from both national AIDS programs and family planning efforts. The conference action plan calls for the Francophone MAQ subcommittee to take several concrete steps in these integration efforts, including an ongoing assessment of best practices and lessons learned from country experiences to date.

A brief overview of HIV/AIDS-related components in several PRIME II programs in Africa provides a glimpse of ongoing efforts around the world:

- *Ghana*: Finalized an HIV/AIDS module aimed at adolescents as part of a self-directed learning package for nurse-midwives
- *Benin*: Worked with the MOH to update national protocols for service delivery, including HIV/AIDS
- *Tanzania*: Successfully modified guidelines and standards for safe motherhood to include HIV/AIDS prevention and management
- *Nigeria*: Thoroughly integrated HIV/AIDS subject matter into a regional MAQ Exchange
- *Rwanda*: Identified provider performance weaknesses in HIV/AIDS counseling and services during premarital clinical exams; PRIME is working with the MOH and learning institutions to address this content area and provide TA on maternal-to-child transmission (MTCT)
- *Uganda*: Emphasized HIV/AIDS/STI education and services in a successful pilot project to create adolescent-friendly RH services at primary-level facilities.

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