



Integra

Strengthening the evidence base for integrating HIV and SRH services

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Project Background

The Integra Initiative was a five year research project which aimed to gather evidence on the benefits and costs of a range of models for delivering integrated HIV and sexual and reproductive health (SRH) services in high and medium HIV prevalence settings in Sub-Saharan Africa, to reduce HIV infection (and associated stigma) and unintended pregnancies. Integra was a partnership between three organisations –the International Planned Parenthood Federation, the London School of Hygiene & Tropical Medicine (LSHTM), and Population Council. It was funded by the Bill and Melinda Gates Foundation.

Nature of the research partnership

- The initial Integra Initiative grant ran from 2008 until 2013 with the bulk of the research being conducted between 2009 and 2012 in Kenya, Malawi and Swaziland.
- IPPF was the lead agency with the donor and housed the project coordinator, led intervention implementation of one arm of the study (through IPPF Member Associations - MAs), and supported a broader dissemination of the research results (beyond peer reviewed journals).
- LSHTM led the research design and data analysis
- Population Council led the data collection and the intervention implementation of the other study arms.
- Whilst the initial grant has now come to an end, some small scale follow-on funding was received to continue with the data analysis and results communication and these activities are still ongoing.



THE WIND PICKED UP AND BRIAN SOON REALISED THAT INTEGRATION WOULDN'T BE WITHOUT IT'S CHALLENGES!

Things that worked well

- **Played to different strengths of each organization:** IPPF through national MAs were a strong entry point to do the research in country and are a leader in the field of SRHR-service implementation. LSHTM have the research design and analysis expertise and Population Council the research implementation expertise. Both IPPF and Population Council had close links with Ministry of Health authorities and Population Council is considered a capacity strengthening partner for governments.
- **Brought together different experiences:** This was a very complex project and being able to link a clear understanding of the national experience and realities of service implementation (IPPF) with a broad range of researchers at LSHTM on a large number of issues (stigma, costing, economics, fertility, community engagement etc.).
- **Good use of human resources:** In country researchers based at IPPF MAs and the use of LSHTM PHD students with the project has meant that there has been more personnel that were able to be on the ground/available to support the different aspects of the project and contributed to capacity building.
- **Growing appreciation of each other's challenges and mutual learning for communication of findings:** During the course of the project the team members were increasingly able to work through a range of challenges which deepened a mutual understanding of the challenges faced by research vs. implementing institutions. At analysis stage this led to productive discussions about what the findings really mean for policy and programme implementers and how the findings could be usefully communicated.

Key challenges

- **Competing priorities and complex institutional processes (particularly from perspective of the research institution):** IPPF had a dedicated project officer (though the individual changed) funded through the project, the PI at LSHTM still had a large number of other competing priorities as well as the project. There was also some initial disagreement about the priority for the grant (service implementation vs. research). These tensions, together with bureaucratic (and different) financial and reporting processes in both institutions, led to some delays in the process (and a lot of stress!).
- **The pressure to communicate the findings before the data analysis was complete:** The nature of a discrete project with an end-date and clear milestones from the donor, as well as pressure from IPPF MA clinics and government authorities for results, meant that the main dissemination event at the Houses of Parliament had to happen before the data analysis was complete. Therefore the development of the communications around the initial findings caused some tension between the partners (i.e. what can we and can't we say yet whilst also saying something!). This issue also arose later around publications: the need to get useable "Briefs" out before all peer-reviewed papers were published.
- **Communicating complex findings simply:** The Integra Initiative was such a large research project that many of the findings needed to be very nuanced and there wasn't a clear 'yes or no' answer to many of the questions. Understanding the complex research and putting it into 'layman's' terms was tricky, especially as implementing agencies tend to want clear recommendations to be able to act on, while academics are often reluctant to give concrete directions where results are very nuanced.

