Framework for Integration of HIV services in Sexual and Reproductive Health Services – and other services-in Jordan

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANT	Antenatal Care
HIV	Human Immunodeficiency Virus
BCC	Behavior Change Communication
CBO	Community Based Organization
CMR	Clinical Management of Rape Survivors
GPs	General Practitioners
HPC	Higher Population Council
FOCCEC	Forearms of Change Center to Enable Community
FP	Family Planning
ICCS	The Islamic Charity Center Society
IDU	Injectable Drug Users
IFH	Institute for Family Health/ Nour Al Hussein Foundation
INGO	International Non- Government Organization
IPPF	International Planned Parenthood Federation
JAFPP	Jordanian Society for Family Planning and Protection
JHAS	Jordan Health AID Society
KPs	Key population- High Risk Population
MCH	Maternal and Child Health
MOH	MOH Ministry of Health
MSM	Men Who Have Sex with Men
NGO	Non- Government Organization
Obst/Gyn	Obstetrics and Gynecology
PEP	Post- Exposure Prophylaxis
PHC	Primary Health Care
PHCF	Primary Health Care Facility
PLHIV	People Living with the Human Immunodeficiency Virus
PNC	Postnatal Care
PRs	Palestinian Refugees
PUD	People Who Use Drugs
SGBV	Sexual Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Reproductive Rights
STDs	Sexual Transmitted Diseases
STIs	Sexual Transmitted Infections
SW	Sex Workers
TOT	Training of Trainers
UNAIDS	The United Nations Program on HIV and AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Introduction

Sexual and Reproductive Health (SRH) and HIV services have similar characteristics, target populations and desired outcomes. In low resource settings, both services typically offered through decentralized public health services. The services mainly serve populations of reproductive age, with the intention of improving the quality of life of clients through informed decision and meeting unmet needs for care. Clients seeking HIV or SRH services often share common needs and concerns, particularly about sexual outcomes. Integrating the services therefore enables providers to efficiently and comprehensively address these concerns. This approach is considered essential to meet international development goals and targets including the Sustainable Development Goals—particularly SDGs 3, 5 and 10.

The potential benefits of integration have been widely cited. Since 2004, the need to expand integration to include HIV and SRH services has been recognized and increasingly implemented and examined with greater rigor in the world. Integrated HIV and SRH services proposed as an umbrella framework for delivering comprehensive services, including MCH services. WHO/UNFPA /UNAIDS/IPPF as early as 2005 documented the advantages of integrating HIV and SRH services which according to them summarized by:

- ✓ Improved access to and uptake of key HIV and SRH services;
- ✓ Better access of people living with HIV to SRH services tailored to their needs;
- ✓ Reduction in HIV-related stigma and discrimination;
- ✓ Improved coverage of underserved/vulnerable/key populations;
- ✓ Greater support for dual protection;
- ✓ Improved quality of care;
- ✓ Decreased duplication of efforts and competition for scarce resources;
- ✓ Better understanding and protection of individuals' rights;
- ✓ Mutually reinforcing complementarities in legal and policy frameworks;
- ✓ Enhanced program effectiveness and efficiency;

Integration in this context "refers to different kinds of SRH and HIV/AIDS services or operational program that can be joined together to ensure collective outcomes. This would include referrals from one service to another. It is based on the need to offer comprehensive services" (WHO, UNFPA, UNAIDS, 2008).

Vision

Ensure universal access to sexual and reproductive health-care services, including HIV/AIDS services, information, education and integration of comprehensive sexual and reproductive health package into national strategies and programs.

UNIVERSAL HEALTH COVERAGE

Goals

Strengthen HIV/AIDS services by integrating service delivery within SRH services – and others-in the context of universal health coverage

Objectives

Main objectives:

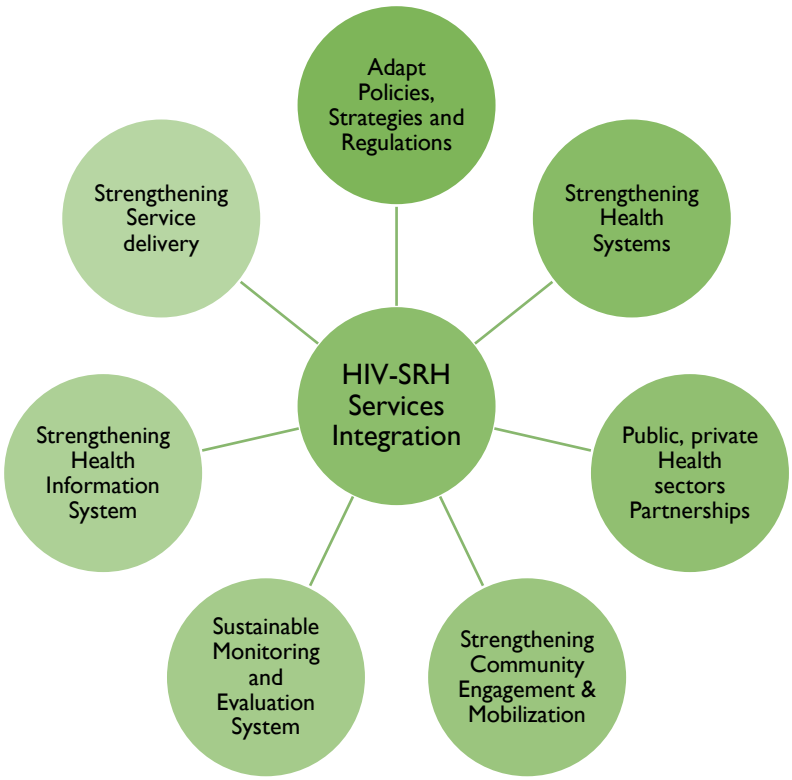
1. Improve integrated HIV/AIDS responses at the policy, systems, facility and community levels.
2. Improve and maximize access to quality comprehensive, essential SRH services in primary care facilities within the framework of PHC.

REACH ALL, LEAVE NO ONE BEHIND

Guiding principles

1. Universal access to quality, affordable and comprehensive SRH services
2. Confidentiality and privacy
3. Efficiency
4. Patient-centered
5. Cultural sensitivity
6. Involvement, participation, coordination and partnerships
7. Reduced inequalities
8. leadership and governance

HIV-SRH Services Integration Pillars



Factors Promoting or Inhibiting Effective Framework

Promoting Factors (Enablers)

- Positive attitudes and good practices among providers and staff
- Ongoing capacity building
- Involvement of the community and government during planning and implementation
- Simple, easily applied additional services which add no costs to existing services
- Non-stigmatizing services
- Male partner inclusion
- Engagement of key populations

Inhibiting Factors (Challenges)

- Lack of commitment from stakeholders
- Non-sustainable funding
- Clinics understaffed/low morale/high turnover/inadequate training
- Inadequate infrastructure, equipment, and commodities
- Poor men and youth accessing SRH -and other services-
- Women not sufficiently empowered to make SRH decisions
- Cultural issues ; Adverse social events/domestic violence incidence
- Poor program management and supervision
- Stigma preventing clients from utilizing services

Operationalization to Implementation

Essential steps should take place to ensure efficient HIV-SRH service integration as no change will be possible and enduring without political support and commitment[1]. Governments and stakeholders are in a privileged position to set priorities for guaranteeing the health of their populations. Once support and commitment are gained from high-level decision-makers, the following should be undertaken:

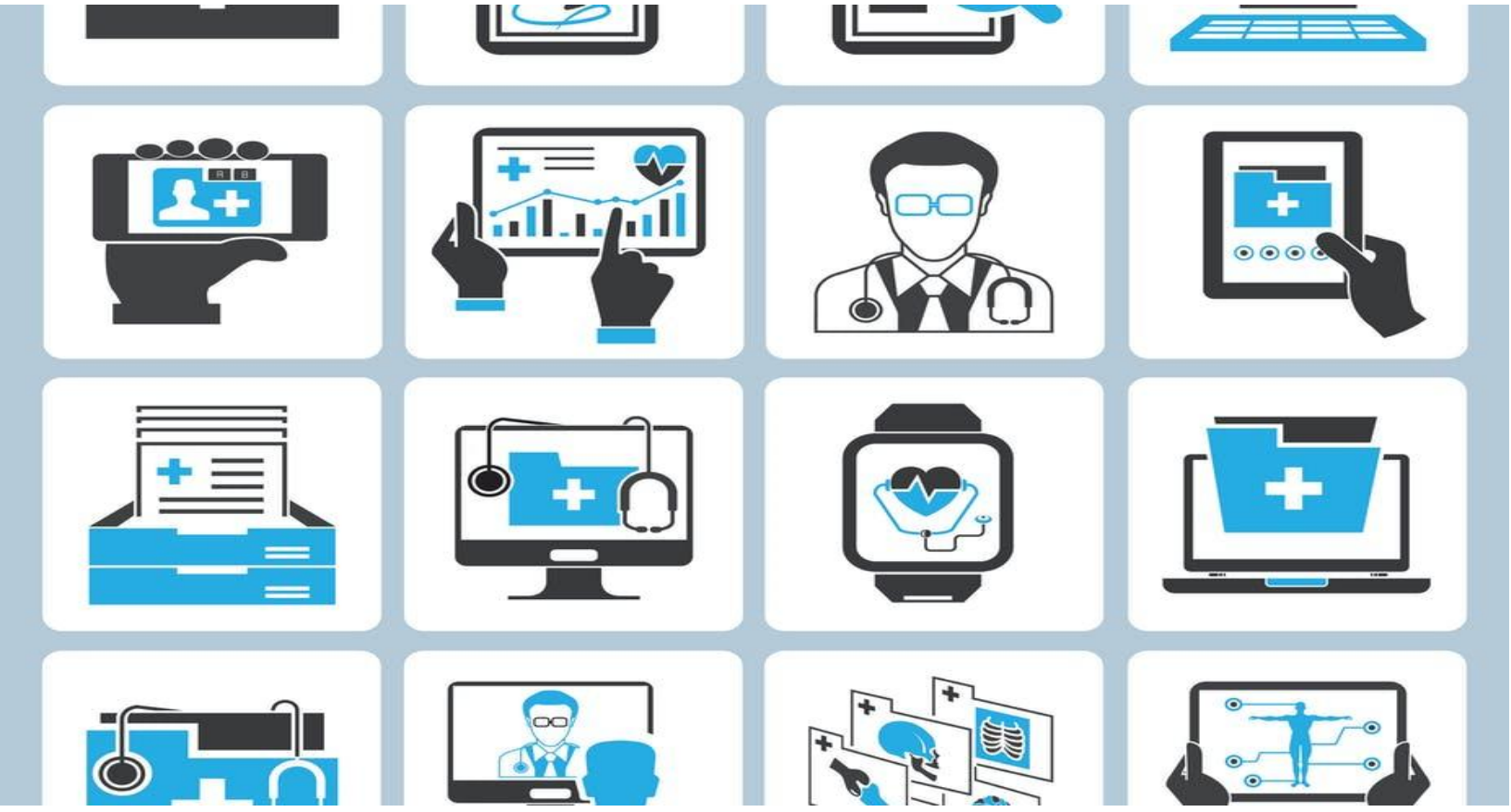
1. Undertaking a health needs assessment for SRH;
2. Determine the capacity of primary care facilities, including doctors, nurses, midwives, social and community workers;
3. Identify the best strategies to bridge the identified gaps (e.g., though resource shifting, capacity building, and retraining the current workforce) and the models of service delivery (e.g., integrated services; dedicated clinics within PC; evening clinics (access); and specialized additional resources).
4. Define clear measurement and monitoring indicators (monitoring and evaluation, possible scorecard)
5. Costing and long-term benefits
6. Identify health facility infrastructure appropriateness (responsiveness to HIV requirement)
7. Public engagement and involvement: Governments need to take SRH issues seriously and invest enough resources to reach young people with the right messages and appropriate services
8. Establishing a think tank to bridge the gap between policy and practice. It should help develop independent, social policy that is informed by the public and practitioners – a balance between public engagement and direct influence.

[1] UNFPA Framework for Sexual and Reproductive Health Integration in Primary Health Care of the Arab States

The integration of SRH services in PHC has emerged as a necessary element in the provision of comprehensive health services to lower costs and improve outcomes (World Health Organization, 2008). Integrated health services will benefit both providers and patients. These benefits include:

- Improving the quality of the services;
- Reducing duplication and costs;
- Optimizing the use of resources; and
- Providing a more comprehensive health care (Warren CE, Mayhew SH,Hopkins J, 2017 Sweeney S, Obure C, Terris - Prestholt F, et al, 2014).

Moreover, the delivery of a well-planned service can improve uptake of SRH services, thus ensuring cost-effectiveness, efficiency, improved universal access to health care and financial sustainability (Warren CE, Mayhew SH, Hopkins J, 2017).



Actions, Activities and Interventions for HIV-SRH Service Integration

Policies, Strategies and Regulations Adaptation

Good policies and a favorable policy environment are key to capitalize opportunities for:

- Strengthen the capacity of government leaders to serve as effective stewards of health programs
- Build local capacity to advocate for a supportive HIV policy environment
- Design policies based on evidence of clients' needs and programs that work
- Strengthen the efficiency and effectiveness of national HIV programs
- Engage PLHIV/KPs, women, and civil society groups in the policy process
- Facilitate multi sectoral cooperation to plan and carry out HIV programs
- Enhance policy and program monitoring and accountability
- Develop policy decision making tools and use analytical models to understand resource needs, and assess system efficiencies, policy impacts, and equitable access to antiretroviral therapy
- Improve health outcomes by addressing barriers due to stigma and discrimination, gender inequalities, socioeconomic status, operational issues, and other factors that prevent people from seeking the HIV prevention, treatment, and care services they need.

Enabling policies and strategies supporting HIV-SRH integration

1. **Creating a supportive political/legislative environment;**
2. **Ensuring sustainability; and**
3. **Coordinating different stakeholders, including the community**

Interventions	Basic requirement	Results/ measurement[2]
Review policies and strategies support HIV-SRH integration Develop policies that address integration and provision of a comprehensive package of services based on context, needs and capacities.	• Adopt HIV-SRH integration framework under the National SRH Strategy • Establish a national task force team including community to adapt and advocate for policies and strategies' needed revision and endorsement	• Required policies, regulation and strategies adapted • • HIV-SRH integration framework adopted under National SRH Strategy • supportive political environment has been created • A budget has been allocated • Relevant Stakeholders ;including the community are involved/engaged • Task force team responsibilities' identified
Develop regulations related to HIV -STIs health insurance coverage in primary and secondary health care services	• Revision of existing regulations to define gaps in service provision and coverage • Identified required policies, regulation and strategies	Health insurance package defined and endorsed
Review MOH internal by-Laws crucial to facilitate health coverage, service provision, linkages between MOH related directorates, referral system and case management.	• Review service delivery processes and procedures • Review roles and responsibilities of MOH related health directorates	• Service delivery processes reformed • Work flow restructured • Transparency and accountability procedures enhanced
Adapt legal instruments of communication, advocacy, community engagement, rights for health (response to SDGs)	• Develop/ improve communication strategies, instruments and material responded to human rights issues	• Communication strategy including detail action plans developed
Develop political commitment to prioritize financial sustainability of the integration of HIV- SRH services	Allocate tasks and responsibilities among different entities and institutions	• Budget allocated
Establish a multi sectoral, multidisciplinary coordination mechanism (committee/working group) for advocacy purposes and raise the awareness of policy-makers to prioritize the integration of SRH/HIV services strategically and financially, using evidence-based research (response to SDGs).	• Effectively and systematically collect, analyze, communicate, and use data related to the process and outcomes of health policy development and implementation.	• Integration mechanisms developed • Integrated HIV-SRH systemized
Promote Evidence-based	• Include specific data within	• Data available and visualized

[2] Performance indicators listed under "monitoring and evaluation)

Enabling policies and strategies supporting HIV-SRH integration **1. Creating a supportive political/legislative environment;** **2. Ensuring sustainability; and** **3. Coordinating different stakeholders, including the community**		
Interventions	**Basic requirement**	**Results/ measurement[2]**
Responses for Women and Girls	DHS (population and Health Survey)	• Vulnerable groups identified

Health System Strengthening

The strongest health systems provide universal health coverage: all people can access health care when they need it without being impoverished by the costs. Services are distributed equitably so that people in even the most remote areas can reach them and services meet the needs of all residents, including women, youth, and minorities. A strong health system is embedded inextricably within the communities that it serves, and with them is able to learn, adapt, and adjust to changing circumstances, including crises, while continuing to ensure that all of the following six pillars work in concert:

1. Effective **governance** ensures that standards of care and targets for coverage are set, monitored and maintained and that services are cost effective;
2. **Information** is collected from service delivery points to inform local and national level decision-making regarding key public health interests
3. **Human resources** are sufficient in number and effectively trained, deployed, supervised, and supported. Providers are licensed, motivated, and incentivized to deliver the highest quality of care possible to targeted populations so that opportunities for care are not lost;
4. **Finances** for health services are generated, pooled, allocated, and managed to ensure equitable access to care at all income levels.
5. Pharmaceuticals, diagnostic tests, vaccines, and other **key supplies and commodities** are procured and delivered to points of service to ensure consistent supply at all times in a condition that maximizes their effectiveness and affordability;
6. The **delivery of preventive and curative health services** is coordinated to provide a full continuum of care. Clients are treated with dignity and respect and access to services that prevent or treat the most common causes of illness is ensured;

Reform/restructure health system towards service integration approach		
Interventions	**Basic requirement**	**Results/ measurement**
Standardization of health referral mechanisms	• Form committee represent all health sectors to review and improve the referral mechanisms •	• HIV-SRH comprehensive package and delivery model has been decided and identified • Mentorship and training programs has been created • Ownership (supervising) entity nominated • Health information system unified • Community Based Health Information System (CBHIS) Established • Service delivery protocols and clinical guides developed/improved • Referral forms and tracking
Develop specific national and protocols and management guidelines for integrating HIV services within PHCF	• Nominate national ownership • Specialized committee developed from all stakeholders • Allocate financial resources	

Reform/restructure health system towards service integration approach		
Interventions	**Basic requirement**	**Results/ measurement**
		system standardized
Enhance the capacity of service providers on the HIV service protocol / clinical guidelines Introduce the human rights based approach (including privacy and information safety for PLHIV) to the service providers' capacity building program	• Develop a mentorship and training package curricula /materials • Allocate financial resources • Prepare TOT training package • Build partnerships with human rights NGOs to conduct the needed capacity building programs	• Capacity of family medicine and GPs practitioners enhanced to provide HIV service according to the standardized protocol / clinical guidelines • Capacity of ancillary staff enhanced to provide services for PLHIV/KPs
Improve and unify the national health information system (HIS[3])	• Assign specialized and qualified team to develop/ improve HIS • Develop health information system that assure PLHIV/KPs privacy and confidentiality (coded data)	• Improved health information system utilize across health service facilities' • Encrypted PLHIV/KPs data system developed and utilized
Ensure accountability through an effective monitoring and evaluation system	• Develop proper measurement for monitoring and evaluation plan • Different stakeholders shared responsibility to follow up on performance reporting	• Monitoring and evaluation system developed • Performance indicators tracked towards progress

[3] Developed HIS should ensure PLHIV/KPs anonymity

Service Provision

HIV related services should be integrated within SRH and PHC services at primary and comprehensive health centers.

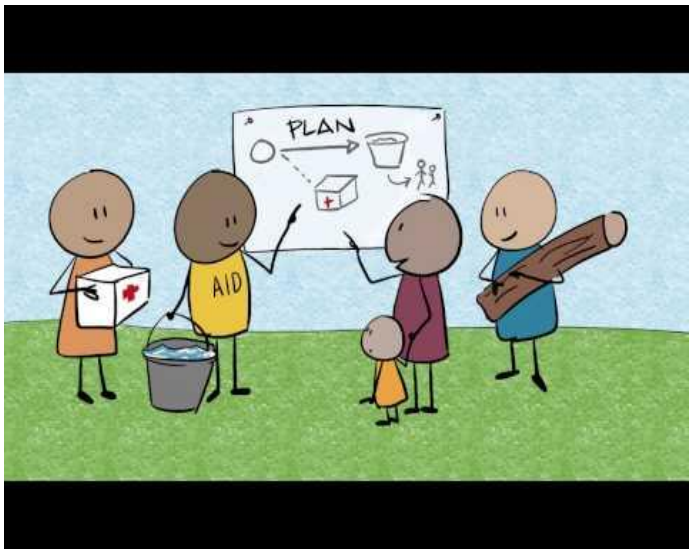
1. Basic service package should be defined
2. Access for all KPs and PLHIV should be granted including men and young people
3. Initial risk assessment and counseling to be provided to all at risk -or upon request
4. Management guidelines and case flowcharts should be developed including specific roles and responsibilities
5. Facilities level Referral pathways should be defined and strengthen
6. Training package for health staff should be developed and integrated within going on training/capacity development activities
7. Basic requirements for the services provision should be provided, e.g. rapid test, lab tests etc

HIV-SRH integrated service delivery		
Interventions	**Basic requirement**	**Results/ measurement**
Define integrated essential services package	• Mapping of available HIV services • Mapping of RSH services • Mapping of PHC services • Define gaps in available services	• Service provision gap identified
Define minimum essential infrastructure and basic requirements for integrated services	• Define minimum needed (infrastructure, health providers, equipment, supplies, etc)	• Minimum standards requirement check list developed and used
Introduce unified service delivery Guidelines (logarithm and flow charts) on integrated package	• Define roles and responsibilities of different health providers • Define needed service delivery guidelines • Define gaps in service delivery guidelines	• Service delivery guidelines and flowcharts created
Introduce unified national training package	• Assess available training packages • Define gaps in training packages	• National training package unified
Improve infection and quality control processes and procedures	• Review and improve clinical guides • Unify quality control templates and checklist	• Quality and infection control guideline unified and used across PHCF
Piloted HIV-SRH-PHC integration model	• Set selection criteria for piloted PHCs • Assess availability of base-line requirements • Ensure availability of all requirements • Implement pilot phase according to service delivery guidelines and flowcharts • Monitor implementation • Evaluate end of pilot phase • Disseminate results • Update service delivery guidelines and flowcharts accordingly • Expand as needed	• Piloted model implemented and assessed

HIV-SRH services Integration			
Service (SRH & HIV)	**Incorporated processes**	**Basic requirement**	**Further actions**
HIV counseling	SRH services: Antenatal, postnatal, FP, Obst/Gyn, SGBV, PHC; GPs, family health clinic, dental clinic	Integrated SRH within PHC Qualified staff Private Counseling rooms	People at risk referral for voluntary testing
Voluntary testing for KPs/ vulnerable women and men	SRH services: Antenatal, postnatal, FP, Gyn/Obst, SGBV, PHC; GPs, family health clinic, dental clinic	HIV and STIs Rapid test supplies Qualified trained staff	Referral for specialized tests
Prevention of vertical transmission – (4 prongs[4])	SRH services: FP, ANC, PNC Pediatric care, newborn clinic	HIV Rapid test supplies Qualified trained staff	Referral for specialized tests
Treatment (enrolment on ART, retention in care)	Initiation of counseling at SRH, PHC	Referral pathway	Referral to specialized center
Care (follow up, viral load testing	Initiation of counseling at SRH, PHC	Referral pathway	Referral to specialized center
medical care for other diseases)	PHC clinics	Qualified trained staff	Referral for specialized services when needed
specific HIV-related co-morbidities,	PHC: Family Health clinic, GPs	Qualified trained staff	Referral for specialized services when needed
Support (social, financial, medical equipment, psychological)	SRH/PHC support services	Qualified trained staff	Referral for specialized services when needed

[4] http://mo.itg.be/demo/PMTCT/5_fourpronged_strategy_for_prevention_of_mothertochild_transmission.html

Community Engagement and Mobilization



At the community level, service recipients and providers should be involved in assessing population needs and current services gaps. To generate a conducive policy environment, it is valuable to gain support from the local communities (including PLHIV and KPs), media, religious groups and academics.

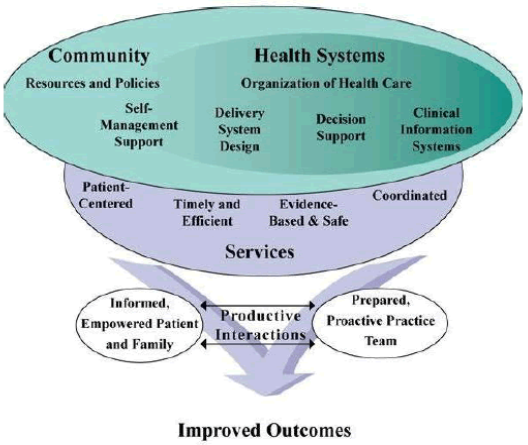
NGOs influence policy development and dialogue by commissioning and disseminating high quality, original policy-relevant research and analysis; building national capacity for sound, relevant, independent policy research and analysis; and facilitating networking and the exchange of ideas and experiences among stakeholders. They can act as a local think tank and advocacy entities for health policies.

Community partnership		
Interventions	**Basic requirement**	**Results/ measurement**
Establish national alliance for CBOs provide support for PLHIV/KP under one umbrella to unify efforts;	• Mapping for CBOs/NGOs provide support for PLHIV/KP • Empower CBOs/NGOs provide support for PLHIV/KP	• CBOs providing support for PLHIV/KP identified and unified • Alliance registered • Mapping documented
Build effective partnerships with NGOs & CBOs providing PHC & SRH services (JAFPP, IFH, ICCS, JHAS)	• Identify selection criteria • Memorandum of understanding • Identify responsibilities and tasks	• CBOs/NGOs providing support for PLHIV/KP engaged in HIV-SRH service integration
Build effective partnerships with NGOs & CBOs providing outreach services, psycho-social support and others	• Identify selection criteria • Memorandum of understanding • Identify responsibilities and tasks	• CBOs/NGOs providing support for PLHIV/KP engaged in HIV-SRH service integration
Build NGOs & CBOs capacity towards; HIV prevention, protection, treatment, promoting available integrated services and referral mechanisms	• Build CBOs capacity on effective reach of KPs • Training guide (medical, humanitarian approach) • TOT training	• CBOs/ NGOs providing support for PLHIV/KP equipped and empowered to provide community based services (initial counseling, early detection

Community partnership		
Interventions	**Basic requirement**	**Results/ measurement**
Establish peers' education approach guided by CBOs, NGOs working in districts to build trust and provide initial counseling and refer them to health facilities	• Building capacity on referral mechanisms	• KPs peer education protocol developed • KPs reaching out systemized • Systematic referral procedures implemented
Conduct HIV PHC/SRH services promotion interventions	• Campaigns & IEC materials development • Networking and partnerships with INGO s & donors	• National promoting campaigns conducted
Engaged with community advocacy interventions for HIV PHC/SRH services		• Advocacy initiatives implemented • Stigma of PLHIV reduced
empower local CBOs to perform the rapid test and refer positive cases to the MOH VCT for confirmation and treatment	• Provide medical supplies • Rapid test kit • Standard referral mechanisms	• HIV potential cases reduced • Early detection procedures enhanced

Monitoring and Evaluation

Despite the acknowledged limitations of many health indicators and the reservations one might have about the accuracy of health statistics derived in developing countries, they nonetheless do provide useful estimates of a population's state of health.



Monitoring and Evaluation Plan

The monitoring and evaluation plan provides an organizational structure to assess progress towards achieving goal and objectives. It describes proposed indicators for assessing progress in each of the expected results of HIV-SRH integration framework as well as non-indicator focused data collection that is required for understanding and learning about specific aspects of the framework activities. It also describes the processes that will be used to perform monitoring and evaluation (M&E) tasks throughout the life of this framework.

To develop a comprehensive document that describes all M&E activities, this should include:

- Program objectives, activities and interventions
- Procedures to be implemented to determine whether or not the objectives are met
- Expected results (Results Frame work) of the program and how they relate to goals and objectives
- Data needed, how it will be collected & analyzed
- Information use, including resources needed to do so
- Performance indicators and measures
- Plans for demonstrating program outcome/impact
- Plans for dissemination and use of information
- How the program will be accountable to stakeholders
- Plan for Evaluation (baseline[5] and progress)

Suggested measurements

At the national level, the core set of indicators can be used for several purposes: tracking trends, identifying problem areas, and advocating for and allocating resources. National indicators should provide minimum necessary information for national-level monitoring of the HIV epidemic, response and integration tracking. This set of core indicators helps to focus attention on key prevention, treatment and care components of the national HIV-SRH integration and HIV response as well as on key outcomes of national AIDS program. Recommended dis-aggregations of indicator data are provided that are helpful for planning and programing purposes.

[5] Clients satisfaction survey should be conducted on annual bases

The core indicators cover many areas, but they do not capture all of the information that national AIDS program, individual projects, and donors may need. Nevertheless, they provide the essential information to gauge the overall response and are especially helpful for tracking achievements.

This set of indicators will also contribute to evaluations of the effectiveness of HIV-SRH integration.

Impact Level (National Commitment and Actions):

A. Better Access

- Percentage of health facilities providing integrated HIV-SRH services (disaggregated by sector and geographical distribution)
- Percentage of health facilities and CBOs/NGOs followed the standard referral mechanisms (disaggregated by sector and geographical distribution)
- Percentage of health facilities with post-exposure prophylaxis available (disaggregated by exposure (occupational, non-occupational) and sector (public, private)
- Percentage of most-at-risk populations (IDU, MSM, SW) who received an HIV test in the last 12 months and who know their results [disaggregated by sex and age
- Percentage of most-at-risk populations (IDU, MSM, SW) reached with HIV-prevention programs disaggregated by most-at-risk population (IDU, MSM, SW), sex and age

B. Reduce Stigma and Discrimination

- Percentage of women and men aged 15-49 expressing accepting attitudes towards people living with HIV disaggregated by sex, age and education level

Outcomes Level:

- Percentage of most-at-risk populations (IDU, MSM, SW) who are HIV-infected [disaggregated by sex (female, male) and age (<25, 25+)]
- Number of KPs and vulnerable women and men reached
- Percentage of positive screening test
- Percentage of diagnosed cases on ART (disaggregated by gender, vulnerable group, age, geographical areas)

Output Level:

- Percentage of female and male sex workers reporting the use of a condom with their most recent client [disaggregated by sex (female, male) and age (<25, 25+)]
- Percentage of men reporting the use of a condom the last time they had anal sex with a male partner [disaggregated by age (<25, 25+)]
- Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse [disaggregated by sex (female, male) and age (<25, 25+)]
- Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected [disaggregated by sex (female, male) and age (<25, 25+)]
- Percentage of schools that provided life skills-based HIV education in the last academic year [disaggregated by level of education (primary education, secondary education)]

- Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission [disaggregated by sex (female, male) and age (15-19, 20-24)]
- Number of referred KPs for specialized tests
- Number of pregnant women LHIV on ART of all women LHIV
-

Input Level:

- Number of GPs/family medicine physicians participated in the mentorship program (disaggregated by health sector: public, private and charitable, gender and geographical distribution)
- Number of medical and non-medical staff trained on HIV early detection and counseling (disaggregated by staff position, gender and geographical distribution)
- Number of health facilities followed service privacy and confidentiality procedures (have private counseling space, followed close doors procedures)
- Number of CBOs/NGOs provide HIV counseling and referral services (marginalized areas, vulnerable groups,..)
- Number of PHCF provide counseling for HIV (by geographical distribution)

Evaluation

As with all interventions and activities, effective performance monitoring and management requires a mix of data detailing the what, how and why of outputs and outcomes, much of which is not appropriate for reporting in an indicator-based format. A number of learning questions will be addressed by data collected both separately and concurrently with data required for indicator-based reporting.

Ownership entity should plan to conduct internal and external quantitative and qualitative assessments, surveys and evaluations to track achievements (national-based, quantitative survey that will provide information in the improvements with the services provided.

Attachment: Qualitative Study Results

Perception of Policy makers, Stakeholders, People Living with HIV and People at most Risk (MSM, SW, PUD) towards HIV -SRH services integration