

HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT TUNISIA 2016

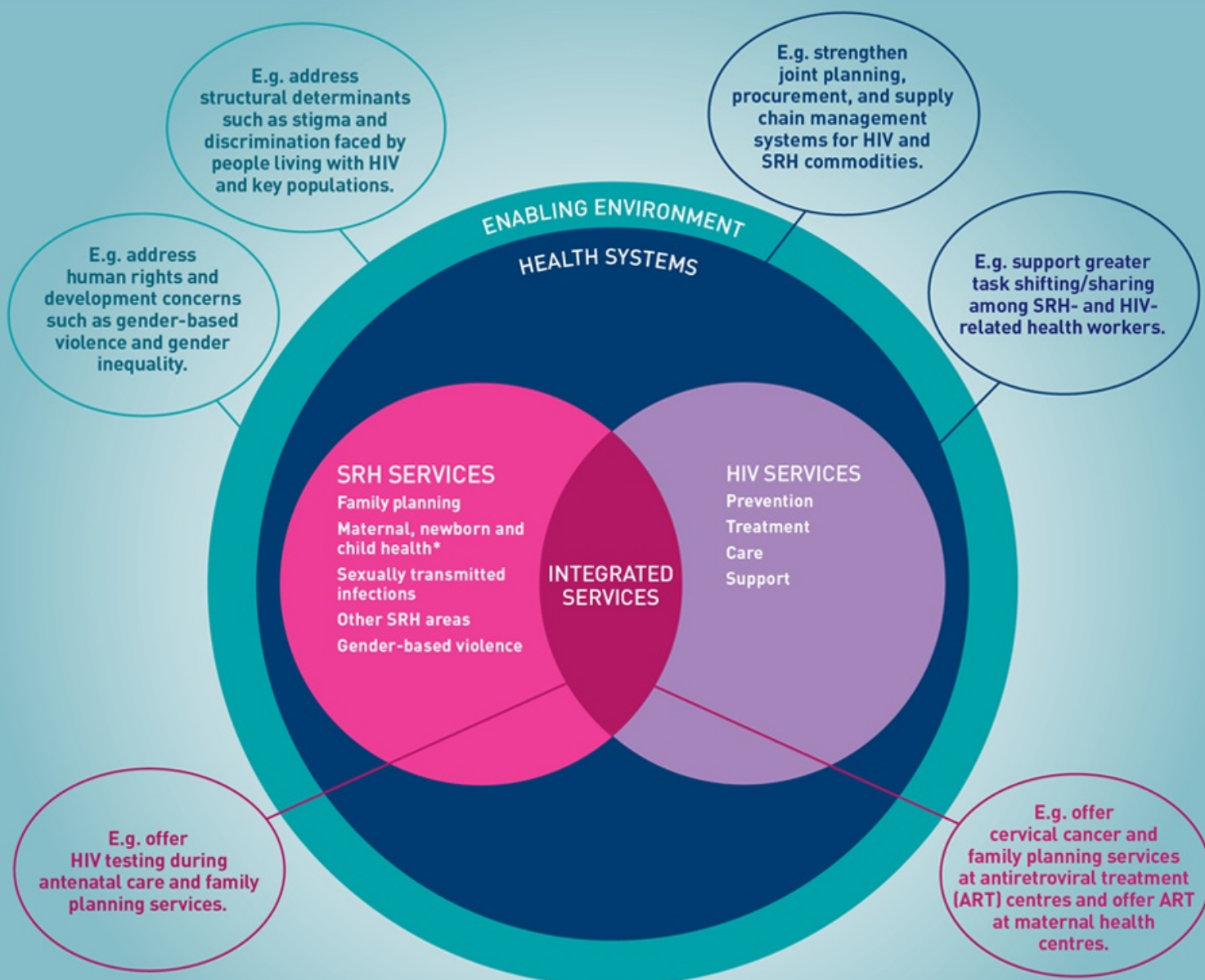
What's this
all about?

This country snapshot provides an overview of national level data for the full scope of HIV and sexual & reproductive health and rights (SRHR) linkages/integration at three levels:¹

- enabling environment (policy and legal)
- health systems
- integrated service delivery

By highlighting results, areas that need strengthening, and data gaps, this snapshot can be used for determining priorities, programme planning, and resource mobilization.

▲ also p.10



Source: Adapted from WHO, UNFPA, UNAIDS, IPPF (2005) Sexual and reproductive health and HIV/AIDS: A framework for priority linkages. http://srhhivlinkages.org/wp-content/uploads/2013/04/frameworkforprioritylinkages_2005_en.pdf

*Maternal health is an SRH service, which is often clustered with newborn and child health services.

Linkages versus integration²

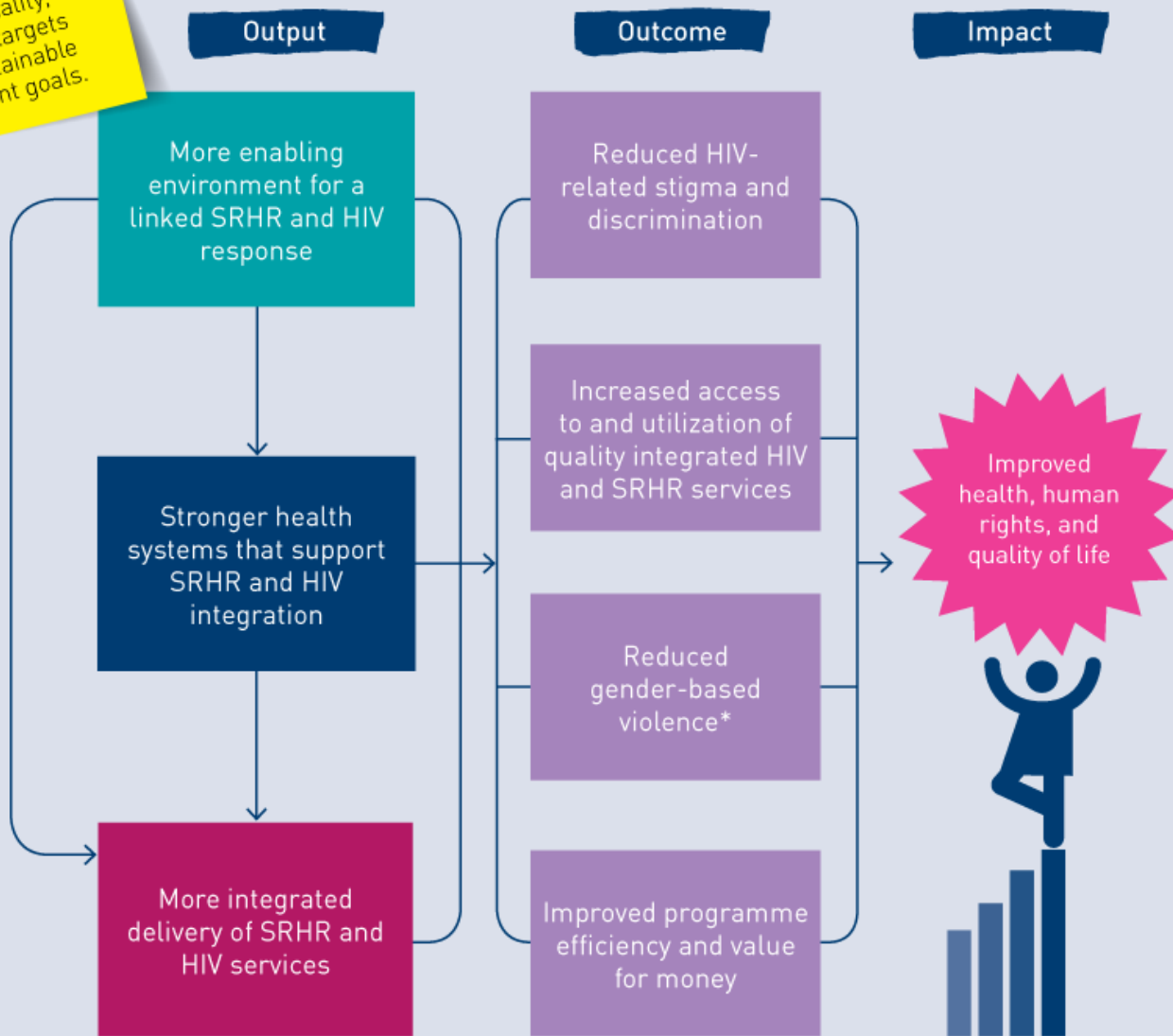
Linkages refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

Integration refers to the service delivery level and can be understood as joining operational programmes to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop shop services under one roof, etc.).

Upholding human rights is intrinsic to the linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls.³

Linking HIV and SRHR responses is critical for reaching human rights, gender equality, and health targets for the sustainable development goals.

Theory of change for SRHR and HIV linkages



Source: Adapted from IPPF, UNFPA, WHO (2014) SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools. Available at: <http://bit.ly/1KVaeT1>

* It is recognized that reducing stigma and discrimination and gender-based violence are also impact level measures and the outcome measures influence each other.



To find indicators and tools to measure progress

Visit <http://bit.ly/1KVaeT1>



To find out more about linkages/integration

Visit <http://srhhivlinkages.org> - a collection of SRHR and HIV linkages resources.

Key HIV and SRHR intersections: Tunisia data^{3a}

The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.⁴

Population size 11.0 million^{4a} Life expectancy at birth 73.6^{4b} Fertility rate 2.3^{4c}

HIV is a leading cause of death in women of reproductive age (globally)⁵

New adult HIV infections⁶

<100

<500



Women



Men

HIV prevalence (ages 15-49)⁸

<0.1%

People living with HIV⁹

<1,000

1,900

<150



Women



Men



Children

People living with HIV receiving ART¹⁰

15 years+



39.2%

0-14 years



23.4%



71.4%

HIV testing in the general population¹¹



1.9%

AIDS-related deaths among adults (ages 15+)⁷



<100



<100

HIV-associated maternal death contributes to maternal mortality¹²

Maternal mortality ratio¹³



44.8 per 100,000 live births

Maternal deaths attributed to HIV¹⁴



Gender-based violence is a cause and consequence of HIV¹⁵
▲ also p.5 & 7

Prevalence of recent intimate partner violence¹⁶



16.2%

HIV transmission to infants can occur during pregnancy, childbirth, and breastfeeding. This is more likely where there is acute maternal HIV infection.¹⁷

▲ also p.5

Mother-to-child HIV transmission rate (after breastfeeding)¹⁸



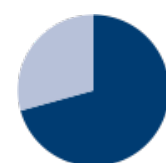
21.9%

Pregnant women who know their HIV status¹⁹



0.2%

Demand for family planning satisfied with a modern method of contraception (15-49)²⁰



70.7%

Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV²²
▲ also p.7

Male and female condoms provide triple protection from unintended pregnancies, HIV, and other STIs

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)²¹

Number of adults reported with syphilis²³



21

Condom use at last sex²⁴



28.2%



Enabling environment (policy and legal)

SRHR and HIV strategies and policies should be interconnected to increase service provision and uptake. Effective responses also must go beyond health services to address human rights and development.

Support to SRHR and HIV linkages:



Inhibitive
Partial
Conductive

Strategies and policies

Is there a national HIV strategy?²⁵



If yes, have the following SRHR components been included as a measurable target:^{25a}

Condoms (with reference to STI prevention / contraceptive method)?	No
Prevention / elimination of mother-to-child transmission of HIV?	Yes
SRHR of people living with HIV?	No
Sexually transmitted infections?	Mentioned
Gender based violence?	Mentioned

Is there a national SRHR strategy?²⁶



If yes, have the following HIV components been included as a measurable target:^{26a}

Condoms (with reference to HIV prevention)?	DATA NOT AVAILABLE
Prevention / elimination of mother to child transmission of HIV?	DATA NOT AVAILABLE
SRHR of people living with HIV?	DATA NOT AVAILABLE
Sexually transmitted infections?	DATA NOT AVAILABLE
HIV counselling and testing?	DATA NOT AVAILABLE

Is there a national SRHR and HIV integration policy or strategy?²⁷



Laws

▲ also p.5

▲ also p.9

▲ also p.7

People living with HIV

Are there laws that:^{27a}

criminalise HIV transmission or exposure? ²⁸	Yes	28a
impose HIV specific restrictions on entry, stay or residence? ²⁹	No	29a
address HIV-related discrimination and protect people living with HIV? ³⁰	Yes	30a

Key populations

Are there laws that:^{30b}

criminalise same-sex sexual activities? ³¹	Yes	31a
deem sex work as illegal? ³²	Yes	32a
mandate the death penalty for drug offences? ³³	No	33a
demand compulsory detention for people who use drugs? ³⁴	No	34a
recognise a third, neutral and non-specific gender besides male and female? ³⁵	No	35a

Gender-based violence

Are there laws that:

address gender-based violence? ³⁶	Yes	36a
penalise rape in marriage? ³⁷	No	37a
allow free entry into marriage and divorce? ³⁸	Yes	38a
allow the removal of violent spouses? ³⁹	No	39a

Other laws

▲ also p.8

Are there laws that:

make sexuality education mandatory? ⁴⁰	Partially
allow legal abortion? ⁴¹	Yes: on request
prohibit female genital mutilation? ⁴²	Yes – full enforcement

Age of Consent

▲ also p.5 & 8



What is the minimum legal age for marriage without parental consent?⁴³

18 years
18 years



What is the legal age for HIV testing without parental consent?⁴⁴

18 years



What is the legal age for accessing contraceptives?⁴⁵

18 years



What is the legal age for consent to sexual intercourse?⁴⁶

18 years
18 years

Stigma faced by people living with HIV

People living with HIV often face stigma and discrimination. A non-supportive environment can drive people living with HIV away from SRHR and HIV prevention, treatment, care and support services, hindering the AIDS response.

Percentage of general population reporting discriminatory attitudes to HIV⁴⁷



Has the Stigma Index been conducted?⁴⁸

NO⁴⁹



Key findings from the Stigma Index

Denied sexual and reproductive health (SRH) services

DATA NOT AVAILABLE

Denied family planning services

DATA NOT AVAILABLE

Experienced forced or coerced sterilization by healthcare provider on the basis of HIV

DATA NOT AVAILABLE

Ever counselled about reproductive options since being diagnosed HIV-positive

DATA NOT AVAILABLE

Could access ART (among people yet to commence)

DATA NOT AVAILABLE

Had a constructive discussion on HIV treatment options

DATA NOT AVAILABLE



Reported experience of stigma and discrimination that hinder access to HIV and SRH services

DATA NOT AVAILABLE

Sought redress if rights violated

DATA NOT AVAILABLE

Women's empowerment

Achieving gender equality and empowering women (Sustainable Development Goal 5) is essential in its own right and also affects health status. It is a broad agenda that includes: ending stigma and discrimination, violence, and harmful practices; ensuring autonomy in health decisions; and accessing SRHR and equal rights to economic resources.⁵⁰

Ability to participate in decisions regarding their own health^{50a}

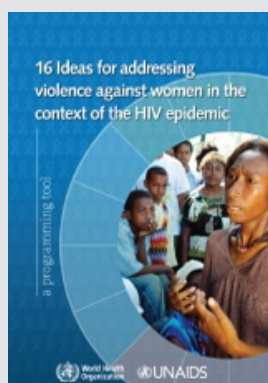


Women who believe wife is justified in refusing sex with husband^{50b}



DATA NOT AVAILABLE

Gender-based violence



Prevalence of recent intimate partner violence⁵²



16.2%

Gender-based violence is a cause and consequence of HIV

Girls married before 18⁵³



Women who agree husband is justified in hitting or beating his wife:



for at least one specified reason^{53a}

30%

if she refuses sex with him^{53b}

DATA NOT AVAILABLE

Intimate partner violence prevention programmes⁵⁴

In-school education on preventing dating violence

None

Microfinance and gender equity training

Limited

Changing social and cultural norms that support violence

Limited

Children and Social Protection

Orphanhood is frequently accompanied by prejudice and increased poverty, factors that can jeopardize children's chances of completing school education and may lead to increased vulnerability to HIV and poor SRHR outcomes. As such, economic support (with a focus on social assistance and livelihoods assistance) to poor and HIV-affected households remains a high priority in many comprehensive care and support programmes.⁵⁵

Children whose households received external support⁵⁶

DATA NOT AVAILABLE



Ratio of school attendance of orphans to non-orphans (aged 10–14 years)⁵⁷

DATA NOT AVAILABLE

AIDS deaths in adults occur just at the time in their lives when they are forming families and bringing up children.

Children who have lost one or both parents due to AIDS⁵⁸

DATA NOT AVAILABLE



Health systems

Integrating SRHR and HIV services requires addressing components of health systems.

These include coordination, joint partnerships, planning and budgeting, human

resources, procurement and supply chain management, and monitoring and evaluation.

Human resources

Doctors per
1,000⁵⁹



Nurses and
midwives per
1,000⁶⁰



Community and traditional
health workers per 1,000⁶¹



Training and supervision

Are there SRHR training materials and curricular that include HIV?⁶² Yes (partial)

Are there HIV training materials and curricula that include SRHR?⁶³ No

To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?⁶⁴ Partially integrated

Is there a tool for integrated supervision available?⁶⁵ No

Logistics and supplies

HIV and SRHR commodities

Are there integrated supply systems?⁶⁶ Partially integrated

Are there integrated ordering systems?⁶⁷ Not integrated

Are there integrated monitoring systems?⁶⁸ Not integrated

Commodity stockouts



Contraceptives⁶⁹

0%



Antiretrovirals for HIV⁷⁰

75%



STI drugs⁷¹



Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes?⁷² Yes

Is there any collaboration between SRHR and HIV for programme management/implementation?⁷³ Yes

Health information systems⁷⁴

Health system statistical capacity



National surveys



Facility-based data collection

SRHR and HIV service coverage

HIV testing and counselling facilities per
100,000 adult population⁷⁵



Primary level service delivery points offering
at least three modern methods of
contraception⁷⁶



Rapid Assessment of SRH and HIV linkages⁷⁷

Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted?⁷⁸



A rapid assessment of SRH and HIV linkages is a useful tool for countries to assess existing bi-directional linkages at the policy, systems and service-delivery levels.



Integrated service delivery

Providing integrated services enables clients to receive as many quality services as possible at the same time and in the same place, especially at the primary healthcare level. This can happen through government, civil society, and private providers.

Integrated service provision

Health facilities provide HIV services integrated with other health services

HIV counselling and testing with SRH⁷⁹

Many



EMTCT with antenatal care/maternal and child health⁸⁰

Few

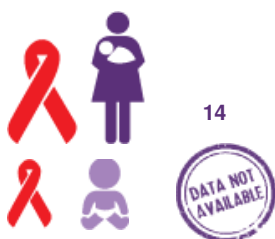


Elimination of mother-to-child transmission of HIV (EMTCT)

Eliminating new HIV infections among children and keeping their mothers alive is based on a four-pronged strategy.⁸¹

Women living with HIV delivering⁸²

New child HIV infections⁸³



Indicators for elimination of mother-to-child transmission of HIV

Prong 1: new HIV infections among women 15-49⁸⁷ <100

Prong 2: unmet need for family planning for women of reproductive age⁸⁸ 21.5%

Prong 3: final mother-to-child HIV transmission rate⁸⁹ 21.9%

Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children⁹⁰ DATA NOT AVAILABLE

Prong 3: women or infants receiving ARVs during breastfeeding⁹¹ DATA NOT AVAILABLE

Prong 4: ART coverage among children under 15 years⁹² DATA NOT AVAILABLE

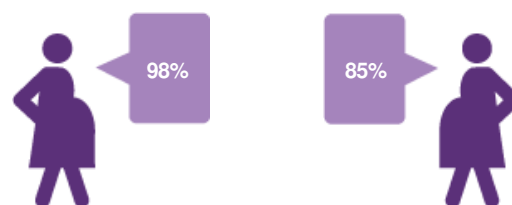
Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)⁹⁵



Pregnant women attending an antenatal care clinic

at least once⁸⁴

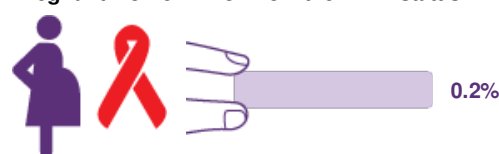
at least 4 times⁸⁵



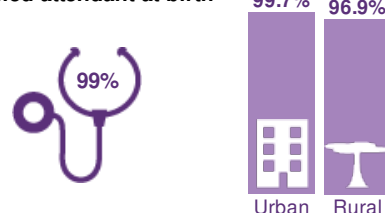
whose sexual partners were tested for HIV in the last 12 months⁸⁶



Pregnant women who know their HIV status⁹³



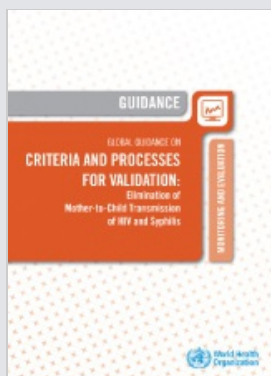
Skilled attendant at birth⁹⁴



Dual elimination of mother-to-child transmission of HIV and syphilis

In 2007 WHO launched an initiative for the global elimination of congenital syphilis, outlined in the global elimination of congenital syphilis: rationale and strategy for action.⁹⁶ Initiatives are now ongoing for dual elimination of mother-to-child transmission of HIV and syphilis as an integrated process, including data validation.⁹⁷

<http://bit.ly/1jCx7sf>



Elimination of mother-to-child transmission of syphilis

Congenital syphilis rate (per 100,000 live births)⁹⁸ 0%

Antenatal care attendees tested for syphilis at first antenatal care visit⁹⁹ DATA NOT AVAILABLE

Antenatal care attendees who test positive for syphilis¹⁰⁰ DATA NOT AVAILABLE

Antenatal care attendees positive for syphilis who are treated appropriately¹⁰¹ DATA NOT AVAILABLE

Focus on adolescents and youth

Young people need access to a range of SRHR and HIV information and services on a broad range of topics related to their physical, social, emotional, and sexual development.

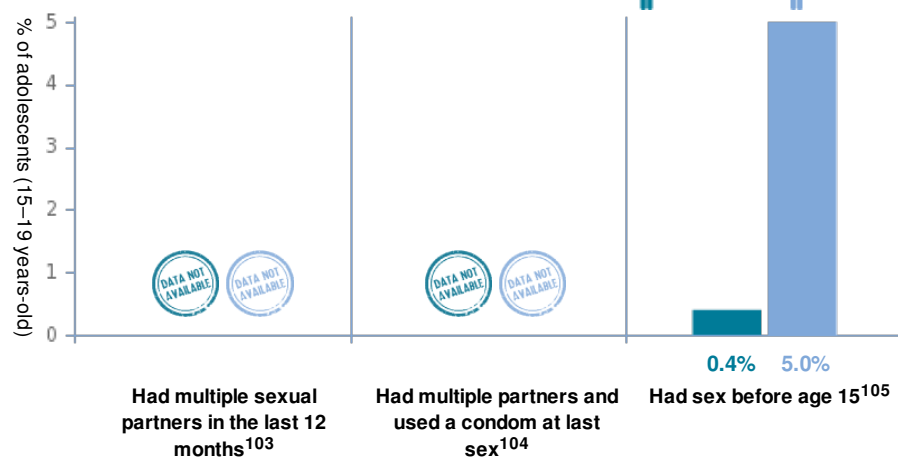
Young people, including those living with HIV and from key populations, need access to comprehensive services and a supportive legal framework.

Sexual behaviour

Median age at first sex among young people aged 20-24¹⁰²



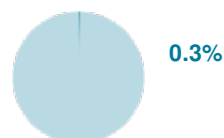
Adolescents aged 15-19 who had:



Unmet need for family planning, among young women aged 15-19¹⁰⁶



Young women aged 15-19 who have ever had a child¹⁰⁷



Recent births to mothers under 20 that were unplanned¹⁰⁸



Young women aged 15-19 able to participate in decisions about their healthcare^{108a}



Youth unemployment¹⁰⁹

31.8%



HIV

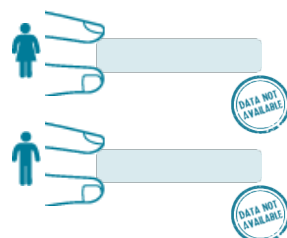
Estimated number of adolescents living with HIV aged 10-19¹¹⁰



Young people living with HIV aged 15-24¹¹¹



Adolescents aged 15-19 who were ever tested for HIV and received the results¹¹²



<100

New HIV infections among adolescents aged 15-19¹¹³



AIDS deaths among adolescents aged 10-19¹¹⁴



Knowledge and comprehensive sexuality education

▲ also p.4

Young people aged 15-19 who have heard of family planning on any of the three sources (radio, TV or newspapers)¹¹⁵



Adolescents aged 15-19 who have comprehensive knowledge of HIV¹¹⁶



Schools that provided skills-based HIV and sexuality education in the previous academic year¹¹⁷



Focus on key populations

Key populations, including men who have sex with men, people who use drugs, sex workers

and transgender people typically have higher HIV prevalence than the general population.

The criminalization of key populations drives people away from health services, increasing

vulnerability to negative SRHR and HIV outcomes, as well as to stigma, discrimination, and violence.

Key populations are often not reached with health services, including for SRHR and HIV, and frequently experience violation of their human rights.

▲ also p.4



Men who have sex with men



People who inject drugs



Sex workers



Transgender people



Population size estimate



HIV prevalence



HIV testing



Condom use

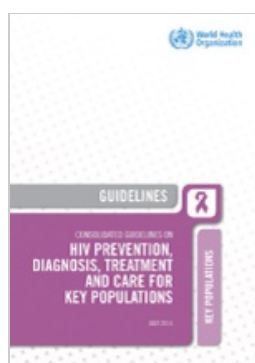
28,000 ¹¹⁸	9,000 ¹¹⁹	25,000 ¹²⁰	DATA NOT AVAILABLE
9.1% ¹²²	3.9% ¹²³	0.9% ¹²⁴	DATA NOT AVAILABLE
20% ¹²⁶	18.2% ¹²⁷	23% ¹²⁸	DATA NOT AVAILABLE
50% ¹³⁰	29.3% ¹³¹	57.5% ¹³²	DATA NOT AVAILABLE

Useful programme implementation tools* and guidelines



World Health Organization (2013) *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions.*

<http://bit.ly/1ISZWVz>



World Health Organization (2014) *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.*

<http://bit.ly/1rhtlgZ>



UNFPA et al. (2015) *Implementing comprehensive HIV and STI programmes with men who have sex with men.*

<http://bit.ly/1LWYfQ6>

*Similar implementation tools for HIV/STI programming with other key populations are currently under development.

Additional regional and national data

This infographic snapshot builds on an overarching framework defining HIV and SRHR linkages/integration and provides related national data. Specific aspects of HIV and SRHR linkages/integration vary by region and country due to different types of HIV epidemics and structural drivers of HIV and SRHR. Therefore, a differentiated approach to investment and programming is required.

Select national/regional documents on SRHR and HIV linkages/integration



Étude Qualitative sur les Facteurs de Vulnérabilité au VIH des Travailleurs et travailleuses du Sexe en Tunisie
Ministère de la Santé - République Tunisienne, Aids Fonds, UNFPA, 2015



The suggested way forward

1. **Disseminate the snapshot broadly** to key decision-makers in the government (e.g. Ministry of Health and National AIDS Commission), programme managers, donors, UN agencies, civil society organisations and community-based organisations, and use for advocacy at key events.
2. **Review the data** presented in the snapshot with key HIV and SRHR stakeholders to identify and discuss areas where further work is particularly needed.
3. **Convene a technical working group** with HIV and SRHR stakeholders to jointly plan, coordinate activities and monitor progress on HIV and SRHR linkages/integration.
4. **Work with the Ministries of Justice, Education and Health, and other appropriate sectors** to eliminate human rights violations, such as gender-based violence, early and forced marriage and stigma and discrimination.
5. **Use the snapshot** when developing and evaluating strategies, operational plans and funding proposals.
6. **Collaborate with relevant data collection entities** to fill gaps where data are not available.

Endnotes

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2. WHO, UNAIDS, UNFPA, IPPF (2008). Gateways to integration: a case study series. <http://www.srhhivlinkages.org>
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26. There is no current national SRHR strategy
- 26a. 2015. IPPF and UNFPA coding (2015)
27. 2015. There is no current national SRH and HIV integration policy or strategy
- 27a. The data in this section only looks at the law itself and not how the law is implemented
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Inter-Agency Working Group on SRH and HIV Linkages

The Inter-agency Working Group on Sexual and Reproductive Health (SRH) and HIV Linkages is convened by UNFPA, WHO, and IPPF and works with more than 20 organizations to:

- advocate for political commitment to a linked SRH and HIV agenda;
- support national action to strengthen SRH and HIV linkages at the policy, systems, and service delivery levels; and
- create a shared understanding of SRH and HIV linkages by building the evidence base and sharing research, good practice, and lessons learnt.

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