

HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT ZIMBABWE 2016



What's this
all about?

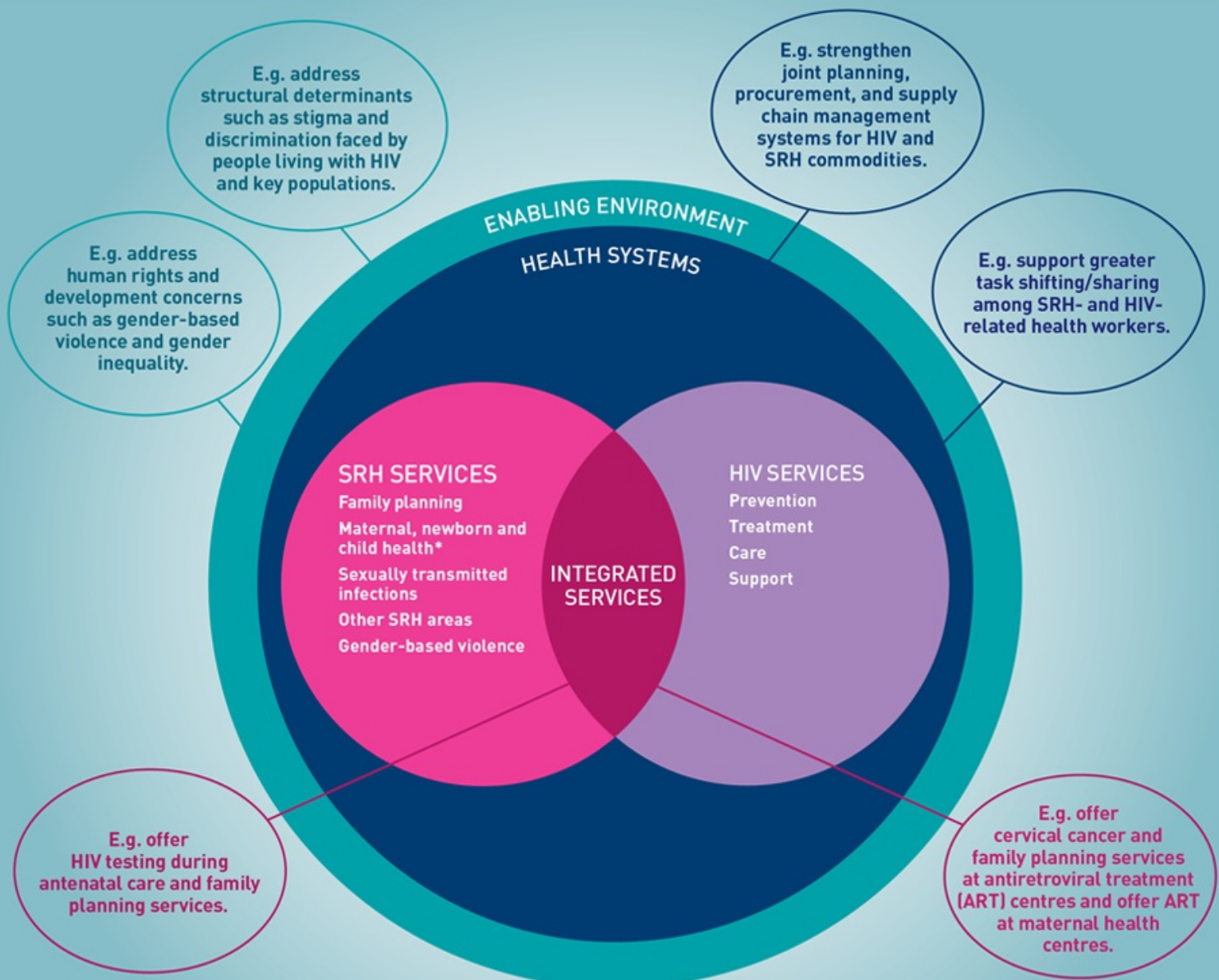


This country snapshot provides an overview of national level data for the full scope of HIV and sexual & reproductive health and rights (SRHR) linkages/integration at three levels:¹

- 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

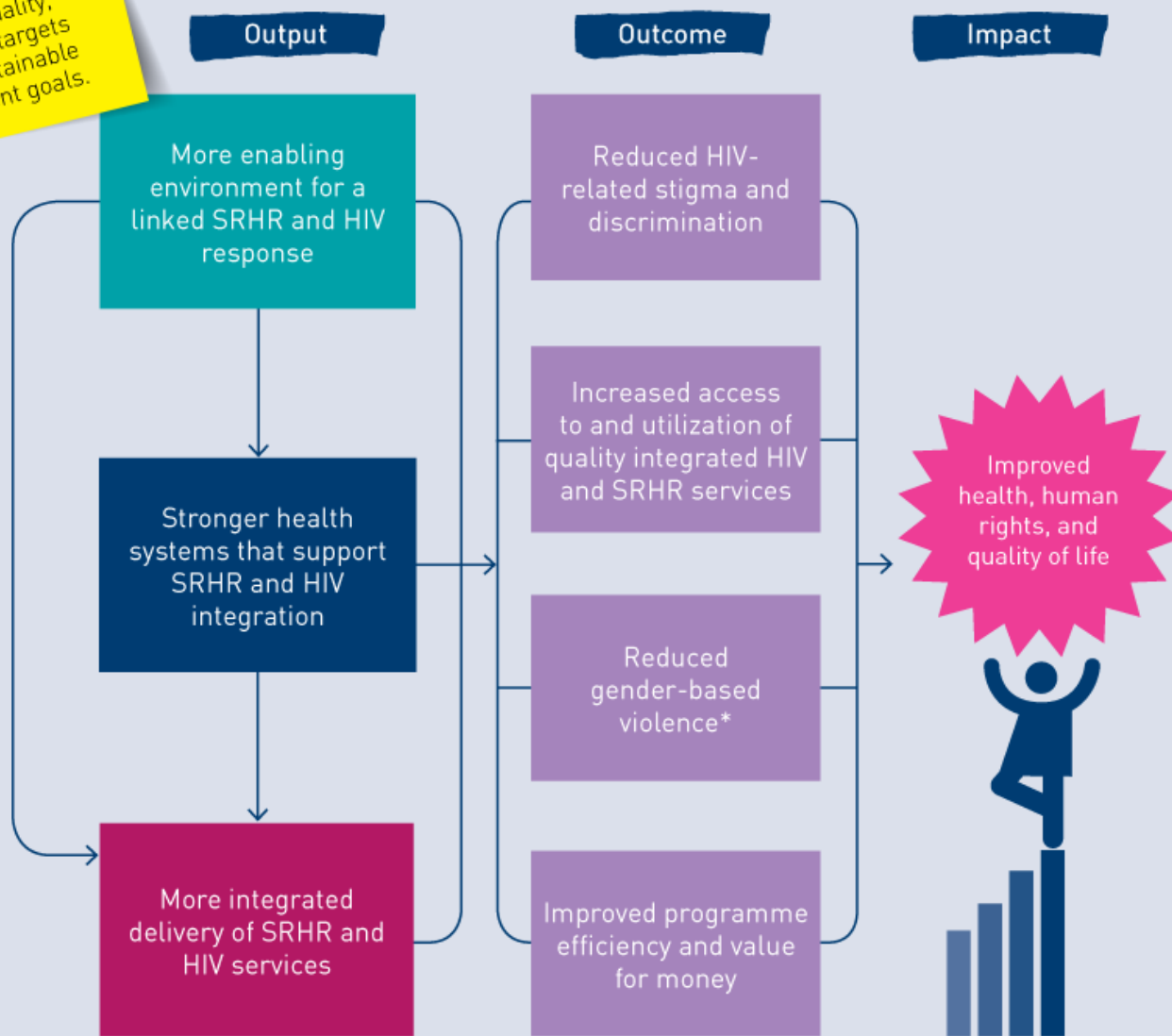
Linkages refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

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: Zimbabwe 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



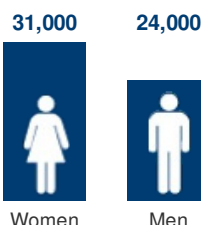
Where data is not available this is marked with

DATA NOT AVAILABLE or DATA NOT AVAILABLE

Population size 15.2 million^{4a} Life expectancy at birth 59.8^{4b} Fertility rate 4.0^{4c}

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

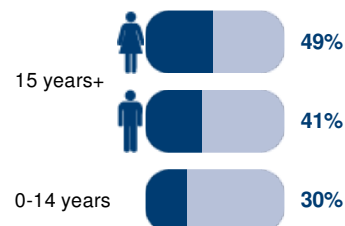
New adult HIV infections⁶



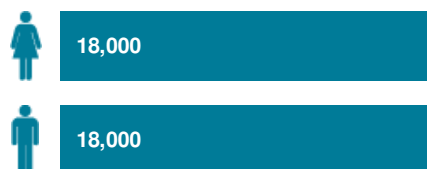
HIV prevalence (ages 15-49)⁸



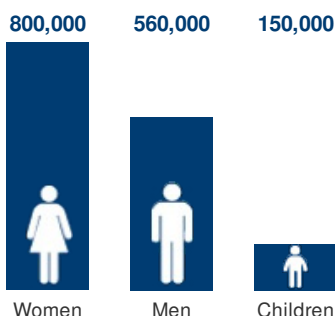
People living with HIV receiving ART¹⁰



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



People living with HIV⁹



HIV testing in the general population¹¹



HIV-associated maternal death contributes to maternal mortality¹²

Maternal mortality ratio¹³



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



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



Pregnant women who know their HIV status¹⁹



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



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



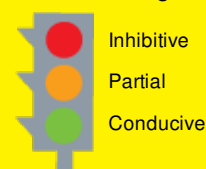
Condom use at last sex²⁴



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:



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)?	Yes
Prevention / elimination of mother-to-child transmission of HIV?	Yes
SRHR of people living with HIV?	No
Sexually transmitted infections?	Yes
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)?	Yes
Prevention / elimination of mother to child transmission of HIV?	Yes
SRHR of people living with HIV?	Mentioned
Sexually transmitted infections?	Mentioned
HIV counselling and testing?	Yes

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	Yes	Partial implementation 37a
allow free entry into marriage and divorce? ³⁸	Yes	Partial implementation 38a
allow the removal of violent spouses? ³⁹	Yes	Partial implementation 39a

Other laws

▲ also p.8

Are there laws that:

make sexuality education mandatory? ⁴⁰		DATA NOT AVAILABLE
allow legal abortion? ⁴¹	Yes: to save a woman's life; to preserve a woman's physical health; in case of rape or incest; because of foetal impairment	
prohibit female genital mutilation? ⁴²	Yes (partial 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

16 years



What is the legal age for accessing contraceptives?⁴⁵



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

12 years
16 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



2014⁴⁹

A sample of 1905 PLHIV [women n= 1180 (38%) and men n=725 (62%)].



Key findings from the Stigma Index

Denied sexual and reproductive health (SRH) services	5.5%
Denied family planning services	5.3%
Experienced forced or coerced sterilization by healthcare provider on the basis of HIV	10.1% (n=68)
Ever counselled about reproductive options since being diagnosed HIV-positive	82.8%
Could access ART (among people yet to commence)	Female 80%; Male 84%
Had a constructive discussion on HIV treatment options	Female 65%; Male 66%
Reported experience of stigma and discrimination that hinder access to HIV and SRH services	6.3% (n=50)
Sought redress if rights violated	37.6% (n=56)



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

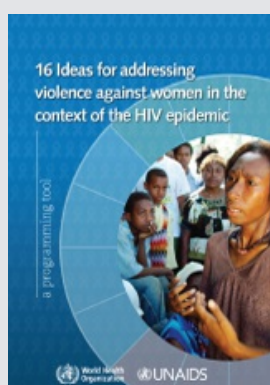
Ability to participate in decisions regarding their own health^{50a}



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



Gender-based violence



Intimate partner violence has been shown to increase the risk of HIV infection by around 50%. Violence, and the fear of violence, may deter women and girls from seeking HIV testing, disclosing HIV-positive status, and seeking other services for their HIV and SRHR needs.⁵¹ Visit <http://bit.ly/1PIpTip>

Prevalence of recent intimate partner violence⁵²



3.1%

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}

40%

if she refuses sex with him^{53b}

17%

Intimate partner violence prevention programmes⁵⁴

In-school education on preventing dating violence

None

Microfinance and gender equity training

None

Changing social and cultural norms that support violence

Larger scale

Children and Social Protection

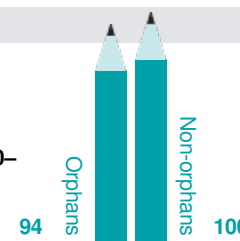
Orphanhood is frequently accompanied by prejudice and increased poverty, factors that can jeopardize children's chances of completing school education and may lead to increased vulnerability to HIV and poor SRHR outcomes. As such, economic support (with a focus on social assistance and livelihoods assistance)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

Children whose households received external support⁵⁶

20.8%

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

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



Children who have lost one or both parents due to AIDS⁵⁸

610,000



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 Yes (partial)

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 Partially integrated

Are there integrated monitoring systems?⁶⁸ Partially integrated

Commodity stockouts



Contraceptives⁶⁹



Antiretrovirals for HIV⁷⁰

9.4%



STI drugs⁷¹



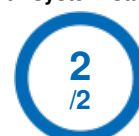
Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes?⁷² No

Is there any collaboration between SRHR and HIV for programme management/implementation?⁷³ No

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

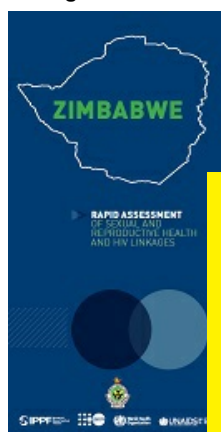


Primary level service delivery points offering
at least three modern methods of
contraception⁷⁶



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

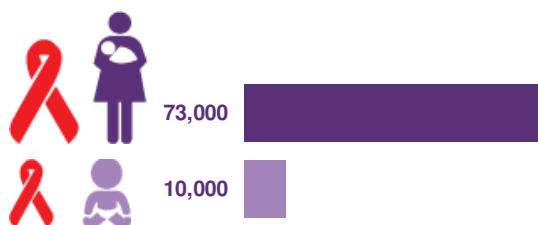
Many



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

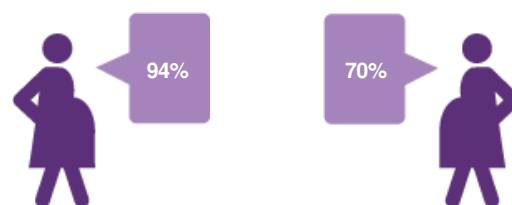


New child HIV infections⁸³

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



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

Prong 1: new HIV infections among women 15-49 ⁸⁷	30,000
Prong 2: unmet need for family planning for women of reproductive age ⁸⁸	15.0%
Prong 3: final mother-to-child HIV transmission rate ⁸⁹	13.6%
Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children ⁹⁰	75%
Prong 3: women or infants receiving ARVs during breastfeeding ⁹¹	75%
Prong 4: ART coverage among children under 15 years ⁹²	30%

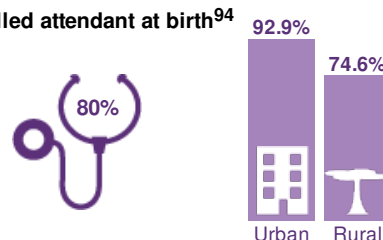
Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)⁹⁵



Pregnant women who know their HIV status⁹³

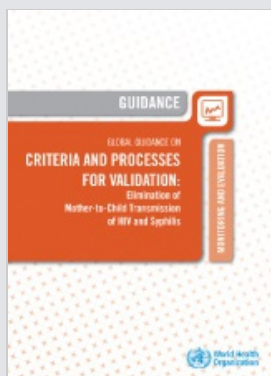


Skilled attendant at birth⁹⁴



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



Elimination of mother-to-child transmission of syphilis

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

DATA NOT AVAILABLE

Antenatal care attendees tested for syphilis at first antenatal care visit⁹⁹

93.4%

Antenatal care attendees who test positive for syphilis¹⁰⁰

2.3%

Antenatal care attendees positive for syphilis who are treated appropriately¹⁰¹

DATA NOT AVAILABLE

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

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.

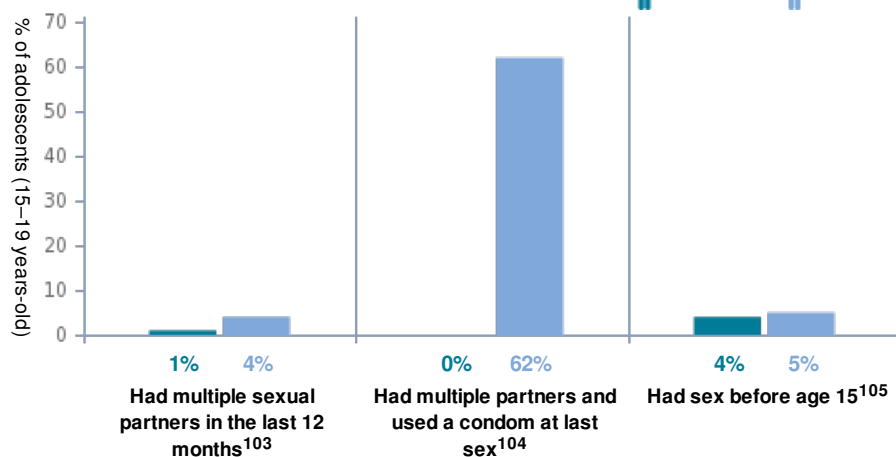
Young people, including those living with HIV and from key populations, need access to comprehensive services and a supportive legal framework.

Sexual behaviour

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

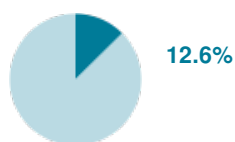


Adolescents aged 15-19 who had:

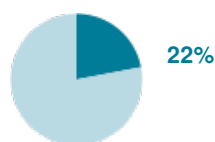


Youth unemployment¹⁰⁹

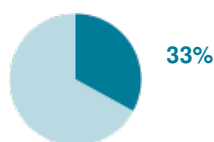
Unmet need for family planning, among young women aged 15-19¹⁰⁶



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}



9.4%



HIV

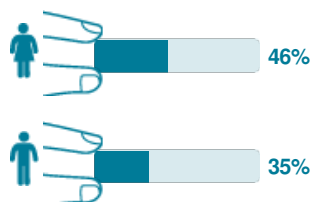
Estimated number of adolescents living with HIV aged 10-19¹¹⁰



Young people living with HIV aged 15-24¹¹¹



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



6,200

New HIV infections among adolescents aged 15-19¹¹³



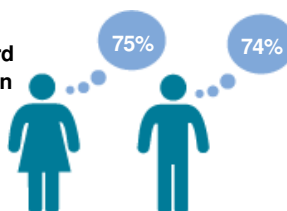
3,600

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

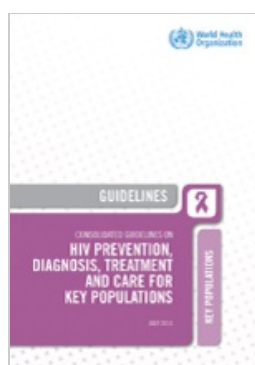
	Men who have sex with men	People who inject drugs	Sex workers	Transgender people
Population size estimate	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE
HIV prevalence	DATA NOT AVAILABLE	DATA NOT AVAILABLE	46.2% ¹²⁴	DATA NOT AVAILABLE
HIV testing	DATA NOT AVAILABLE	DATA NOT AVAILABLE	45.4% ¹²⁸	DATA NOT AVAILABLE
Condom use	DATA NOT AVAILABLE	DATA NOT AVAILABLE	71.2% 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*.

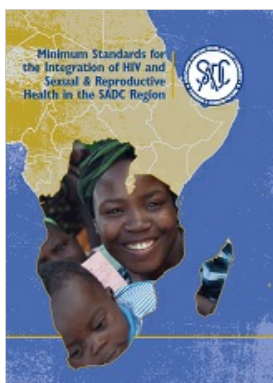
<http://bit.ly/1LWYfQ6>

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

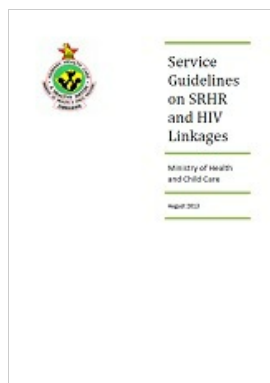
Additional regional and national data

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



Minimum Standards for the Integration of HIV and Sexual & Reproductive Health in the SADC Region
Southern African Development Community, 2015
bit.ly/1WygT3Z



Service Guidelines on SRHR and HIV Linkages
Ministry of Health and Child Care, 2013
bit.ly/2ij6ZSr



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

1. GNP+, ICW, IPPF, UNAIDS, UNFPA, WHO and Young Positives (2009). Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a generic guide. <http://srhhivlinkages.org/rapidassessment-tool/>
2. WHO, UNAIDS, UNFPA, IPPF (2008). Gateways to integration: a case study series. <http://www.srhhivlinkages.org>
3. UNAIDS (2010) 26th Meeting of UNAIDS Programme Coordinating Board, Background Paper: Sexual and Reproductive Health (SRH) services with HIV interventions in practice, paragraph 4 (page 5). http://srhhivlinkages.org/wp-content/uploads/2013/04/26thpcbthematicbackground_2010_en.pdf
- 3a. Data used in the HIV and SRHR Linkages Infographic Snapshot is the most recent data available.
4. UNFPA, WHO, IPPF (2012). Connecting sexual and reproductive health and HIV: Navigating the work in progress. http://www.srhhivlinkages.org/wp-content/uploads/LAWG_SRHHIVlinkages_summary1.pdf
- 4a. 2014. World Bank. <http://data.worldbank.org/indicator/>
- 4b. 2014. World Bank. <http://data.worldbank.org/indicator/>
- 4c. 2014. Zimbabwe Demographic and Health Survey
5. Women of reproductive age is women aged 15–49. <http://www.who.int/mediacentre/factsheets/fs310/en/>. Lozano R, Naghavi M, Foreman K, et al. (2012) Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859):2095-128.
6. 2013. UNAIDS 2013 estimates
7. 2013. UNAIDS 2013 estimates
8. 2015. Zimbabwe Demographic and Health Survey
9. 2013. UNAIDS 2013 estimates
10. 2013. UNAIDS 2013 estimates
11. 2014. UNAIDS GARPR
12. Lozano R, Naghavi M, Foreman K, et al. (2012). Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859):2095-128.; AU (2012) Status Report on Maternal, Newborn, and Child Health. (African Union); WHO UNICEF, UNFPA, WB (2012) Trends in Maternal Mortality 1990-2010 (Geneva, WHO).
13. 2015. Zimbabwe Demographic and Health Survey
14. 2015. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, The Maternal Mortality Estimation Inter-Agency Group (MMEIG). Trends in Maternal Mortality: 1990 to 2015. http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1
15. UN Commission on Status of Women (2013). Agreed conclusions on the elimination and prevention of all forms of violence against women and girls. New York, UN CSW.
16. 2014. Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months. UNAIDS GARPR
17. <http://www.aidsinfo.nih.gov/guidelines/html/3/perinatalguidelines/162>.
18. 2014. UNAIDS 2013 estimates
19. 2014. WHO Universal Access Indicator 3.4
20. 2015. Zimbabwe Demographic and Health Survey
21. Indicator: Percentage of total demand for family planning among married or in-union women living with HIV aged 15 to 49 that is satisfied with modern methods (modern contraceptive prevalence divided by total demand for family planning)
22. WHO (2007). Global Strategy for the Prevention and control of sexually transmitted infections 2006-2015, Breaking the Chain of Transmission. Geneva, WHO.
23. Indicator: Number of adults reported with syphilis in the past 12 months. WHO Universal Access Indicator 1.17.6
24. 2011. Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse, UNAIDS, GARPR. Government of Zimbabwe. Global AIDS Response Country Progress Report. Zimbabwe 2014. http://www.unaids.org/sites/default/files/country/documents/ZWE_narrative_report_2014.pdf
25. 2011-2015. National AIDS Council (2011). Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011 - 2015. http://www.safajids.net/files/2_ZNASP_Final_draft_01_01_2012_Ver_3_d oc_2.pdf
- 25a. 2015. IPPF and UNFPA coding (2015)
26. 2007-2015. The Zimbabwe National Maternal and Neonatal Health Road Map 2007-2015
- 26a. 2015. IPPF and UNFPA coding (2015)
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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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