Linkages Definitions

1 **Bi-directionality**: Both linking sexual and reproductive health (SRH) with HIV-related policies and programmes and linking HIV with SRH-related policies and programmes.

2 **Dual protection**: A strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs), including HIV, through the use of condoms alone, or combined with other methods (dual method use).\(^1\)

3 **Health sector**: The sector concerned with the provision, distribution and consumption of health-care services and related products. Wide-ranging and encompassing public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; non-governmental organizations; community groups; professional organizations; as well as institutions that directly input into the health-care system (e.g. the pharmaceutical industry and teaching institutions).\(^2\)

4 **HIV and AIDS programmes and policies**: Includes the complete spectrum of prevention, treatment, care and support activities, as well as the broad guidance which establishes appropriate and timely implementation and development of HIV policy. Core programmes and policies relate to and include HIV counselling and testing, prophylaxis and treatment for people living with HIV (opportunistic infections (OIs) and antiretroviral therapy (ART)), home-based care and psycho-social support, prevention for and by people living with HIV, HIV prevention for the general population, male and female condom provision, prevention of mother-to-child transmission (PMTCT), and specific services for key populations.\(^3\)

5 **HIV counselling and testing**: Forms the gateway to HIV prevention, care, treatment and support for persons in need. All HIV testing of individuals must be confidential, only be conducted with informed consent (meaning that it is both informed and voluntary) and be accompanied by counselling.\(^4\) Provider-initiated testing and counselling (PITC) involves the routine offer of HIV testing to all patients in health-care settings where HIV is prevalent and antiretroviral treatment is available. People retain the right to refuse HIV testing. At the same time, client-initiated HIV testing for all people who want to learn their HIV status through voluntary counselling and testing (VCT) remains critical to the effectiveness of HIV prevention. Promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission is essential.\(^5\)

6 **Integration**: Different kinds of SRH and HIV services or operational programmes that can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive and integrated services.\(^6\)

7 **Key populations**: Populations for which HIV risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognizes that they can play a key role in responding to HIV. Key populations vary in different places depending on

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the context and nature of the local epidemic, but in most places, they include men who have sex with men, sex workers and their clients, and people who use or inject drugs.7

8 **Linkages:** The bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV.8 It refers to a broader human rights based approach, of which service integration is a subset.

9 **Prevention for and by people living with HIV:** A set of actions that help people living with HIV to live longer and healthier lives. It encompasses a set of strategies that help people living with HIV to:
   - protect their own sexual and reproductive health and avoid other STIs;
   - delay HIV disease progression; and
   - promote shared responsibility to reduce the risk of HIV transmission.

People living with HIV and those who are HIV negative both play an equal role in preventing new HIV infections. Key approaches for prevention for and by people living with HIV include individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.9

10 **Risk and vulnerability:** Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes. Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include:
   - a lack of knowledge and skills required to protect oneself and others;
   - the quality and coverage of services (e.g. inaccessibility of services due to distance, cost or other factors); and
   - societal factors such as human rights violations, or social and cultural norms.

These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.10

11 **Sexual and reproductive health programmes and policies:** Includes, but is not restricted to: services for family planning; infertility services; maternal and newborn health; prevention of unsafe abortion and post-abortion care; prevention of mother-to-child transmission of HIV; sexually transmitted infections, including infection from HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; promotion of sexual health, including sexuality counselling, and prevention and management of gender-based violence.11

12 **Strategies for preventing HIV infections in women and infants:**
   - Prevent primary HIV infection among girls and women.
   - Prevent unintended pregnancies among women living with HIV.
   - Reduce mother-to-child transmission of HIV through antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling.
   - Provide care, treatment and support to women living with HIV and their families.12

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9 Op. cit. 3.