HIV AND SRHR LINKAGES
INFOGRAPHIC SNAPSHOTS
BANGLADESH 2016

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:

- 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.


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

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.).

Theory of change for SRHR and HIV linkages

- More enabling environment for a linked SRHR and HIV response
- Stronger health systems that support SRHR and HIV integration
- More integrated delivery of SRHR and HIV services
- Improved programme efficiency and value for money
- Reduced gender-based violence
- Increased access to and utilization of quality integrated HIV and SRHR services
- Reduced HIV-related stigma and discrimination
- Improved health, human rights, and quality of life


* 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.
HIV is a leading cause of death in women of reproductive age (globally).\(^5\)

| HIV transmission to infants can occur during pregnancy, childbirth, and breastfeeding. This is more likely where there is acute maternal HIV infection.\(^17\)
| Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV.\(^22\) ▲ also p.7

Population size 159.1 million\(^4a\)  Life expectancy at birth 70.7\(^4b\)  Fertility rate 2.2\(^4c\)

### Key HIV and SRHR intersections: Bangladesh 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.\(^4\)

New adult HIV infections\(^6\)  
- <500 Women  
- <1,000 Men

AIDS-related deaths among adults (ages 15+)\(^7\)  
- <500
- <1,000

HIV prevalence (ages 15-49)\(^8\)  
- <0.1%<br>Women  
- 6,170 Men  
- 293 Children

People living with HIV\(^9\)  
- 3,173 Women  
- 6,170 Men

People living with HIV receiving ART\(^10\)  
- 16%  
- 13%  
- 26%

HIV testing in the general population\(^11\)  
- 10 years+  
- 15 years+

Gender-based violence is a cause and consequence of HIV\(^15\) ▲ also p.5 & 7

Prevalence of recent intimate partner violence\(^16\)  
- 22.4%

Maternal mortality ratio\(^13\)  
- 176 per 100,000 live births

Maternal deaths attributed to HIV\(^14\)  
- DATA NOT AVAILABLE

Demand for family planning satisfied with a modern method of contraception (15–49)\(^20\)  
- 70.6%

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

Number of adults reported with syphilis\(^23\)  
- DATA NOT AVAILABLE

Condom use at last sex\(^24\)  
- 32.7%
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.

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? Mentioned
- Sexually transmitted infections? Yes
- Gender based violence? No

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? No
- SRHR of people living with HIV? No
- Sexually transmitted infections? Mentioned
- HIV counselling and testing? No

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

Laws

People living with HIV

Are there laws that:²⁷ᵃ

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

Key populations

Are there laws that:³⁰ᵇ

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

Gender-based violence

Are there laws that:

- address gender-based violence?³⁶ Yes
- penalise rape in marriage?³⁷ Data not available
- allow free entry into marriage and divorce?³⁸ Data not available
- allow the removal of violent spouses?³⁹ Data not available

Other laws

Are there laws that:

- make sexuality education mandatory?³⁶ᵇ Yes: to save a woman's life
- allow legal abortion?³⁶ᶜ No
- prohibit female genital mutilation?³⁶ᵈ No

Age of Consent

- What is the minimum legal age for marriage without parental consent?³⁶ᵃ 18 years
- What is the legal age for HIV testing without parental consent?³⁶ᵇ No specified age
- What is the legal age for accessing contraceptives?³⁶ᶜ Access depends on marital status
- What is the legal age for consent to sexual intercourse?³⁶ᵈ 14 years

Support to SRHR and HIV linkages:

- Inhibitive
- Partial
- Conducive

▲ also p.5

▲ also p.9

▲ also p.7

▲ also p.5 & 8
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 HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>47%</td>
</tr>
</tbody>
</table>

A sample of 238 people living with HIV [36% (n=86) were female and 64% (n=152) male]

Has the Stigma Index been conducted?

- 2009

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.

Ability to participate in decisions regarding their own health

- Women: 63%
- Men: 92%

Women who believe wife is justified in refusing sex with husband

- 92%

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.

Prevalence of recent intimate partner violence

- 22.4%

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

- For at least one specified reason: 33%
- If she refuses sex with him: 8%

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.

Children whose households received external support

- None
- Limited

Children who have lost one or both parents due to AIDS

- 600

Children whose households received external support

- 88
- 100

Key findings from the Stigma Index

- Denied sexual and reproductive health (SRH) services
- Denied family planning services
- Experienced forced or coerced sterilization by healthcare provider on the basis of HIV
  - 41.9%
- Ever counselled about reproductive options since being diagnosed HIV-positive
  - 58.4% (139 out of 238)
- Could access ART (among people yet to commence)
  - 12.5% (1 of 8)
- Had a constructive discussion on HIV treatment options
  - 79.4% (189 out of 238)
- Reported experience of stigma and discrimination that hinder access to HIV and SRH services
  - 20%
- Sought redress if rights violated
  - 0.4%


Gender-based violence is a cause and consequence of HIV

Intimate partner violence prevention programmes

- In-school education on preventing dating violence: None
- Microfinance and gender equity training: Limited
- Changing social and cultural norms that support violence: Limited

AIDS deaths in adults occur just at the time in their lives when they are forming families and bringing up children.
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 1,000**: 0.356
- **Nurses and midwives per 1,000**: 0.218

### Logistics and supplies

#### HIV and SRHR commodities
- Are there integrated supply systems? No
- Are there integrated ordering systems? No
- Are there integrated monitoring systems? No

#### Commodity stockouts
- Contraceptives: 27.3%
- Antiretrovirals for HIV
- STI drugs

### Coordination, planning and budgeting

- Is there joint planning of HIV and SRHR programmes? No
- Is there any collaboration between SRHR and HIV for programme management/implementation? No

### SRHR and HIV service coverage

- HIV testing and counselling facilities per 100,000 adult population: <1
- Primary level service delivery points offering at least three modern methods of contraception:

### Rapid Assessment of SRH and HIV linkages

- Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted? Yes (2009)

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.
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 SRH
- Few

EMTCT with antenatal care/maternal and child health
- Few

Eliminating new HIV infections among children and keeping their mothers alive is based on a four-pronged strategy.\(^{81}\)

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

**Prong 1:** new HIV infections among women 15-49\(^{87}\) \(<500\)

**Prong 2:** unmet need for family planning for women of reproductive age\(^{88}\) 12.8%

**Prong 3:** final mother-to-child HIV transmission rate\(^{89}\) 45.6%

**Prong 3:** women or infants receiving ARVs during breastfeeding\(^{91}\) 19%

**Prong 4:** ART coverage among children under 15 years\(^{92}\) 26%

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.\(^{97}\)

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

http://bit.ly/1jCx7sf

**Pregnant women attending an antenatal care clinic**

- at least once\(^{84}\) 64%
- at least 4 times\(^{85}\) 31%

**Pregnant women who know their HIV status**\(^{93}\) 0.27%

**Skilled attendant at birth**\(^{94}\)

- Urban 60.5%
- Rural 35.6%

**Elimination of mother-to-child transmission of syphilis**

- Congenital syphilis rate (per 100,000 live births)\(^{98}\) 31.6%
- Antenatal care attendees tested for syphilis at first antenatal care visit\(^{99}\) 0.5%
- Antenatal care attendees positive for syphilis who are treated appropriately\(^{101}\) 100%
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.

Sexual behaviour

- Median age at first sex among young people aged 20-24
- Had multiple sexual partners in the last 12 months\(^{102}\)
- Had multiple partners and used a condom at last sex\(^{104}\)
- Had sex before age 15\(^{105}\)

HIV

- Estimated number of adolescents living with HIV aged 10-19\(^{110}\)
- Young people living with HIV aged 15-24\(^{111}\)
- Adolescents aged 15-19 who were ever tested for HIV and received the results\(^{112}\)

Knowledge and comprehensive sexuality education

- 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 HIV\(^{116}\)
- Schools that provided skills-based HIV and sexuality education in the previous academic year\(^{117}\)

Youth unemployment\(^{109}\)

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

<table>
<thead>
<tr>
<th></th>
<th>Population size estimate</th>
<th>HIV prevalence</th>
<th>HIV testing</th>
<th>Condom use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men</td>
<td>110,581\textsuperscript{118}</td>
<td>0.4%\textsuperscript{122}</td>
<td>15.9%\textsuperscript{126}</td>
<td>49.6%\textsuperscript{130}</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>23,800\textsuperscript{119}</td>
<td>1.1%\textsuperscript{123}</td>
<td>4.7%\textsuperscript{127}</td>
<td>44.8%\textsuperscript{131}</td>
</tr>
<tr>
<td>Sex workers</td>
<td>106,784\textsuperscript{120}</td>
<td>0.3%\textsuperscript{124}</td>
<td>17.8%\textsuperscript{128}</td>
<td>61.6%\textsuperscript{132}</td>
</tr>
<tr>
<td>Transgender people</td>
<td></td>
<td>1%\textsuperscript{125}</td>
<td>41.1%\textsuperscript{129}</td>
<td>45.3%\textsuperscript{133}</td>
</tr>
</tbody>
</table>

Useful programme implementation tools\textsuperscript{*} and guidelines

http://bit.ly/1ISZWWz

http://bit.ly/1rhtIgZ

UNFPA et al. (2015) Implementing comprehensive HIV and STI programmes with men who have sex with men.  
http://bit.ly/1LWyfQ6

\textsuperscript{*} 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.

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.


3a. Data used in the HIV and SRHR Linkages Infographic Snapshot is the most recent data available.


6. 2014. UNAIDS 2014 estimates

7. 2014. UNAIDS 2014 estimates

8. 2014. UNAIDS 2014 estimates

9. 2015. UNAIDS estimates 2015

10. 2014. UNAIDS 2014 estimates

11. Indicator: Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results. UNAIDS GARPR


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. 2013. UNAIDS GARPR


18. 2014. UNAIDS 2014 estimates


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)


23. Indicator: Number of adults reported with syphilis in the past 12 months. WHO Universal Access Indicator 1.17.6

24. 2014. UNAIDS GARPR


26a. 2015. IPPF and UNFPA coding (2015)

27. There is no current national SRH and HIV integration policy or strategy

28. 2015. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


30. 2015. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


32. 2014. UNAIDS GARPR


35. 2014. Bangladesh Gazette 2014
36. 2013. Over the past two decades, numerous laws, including amendments to existing laws, have been enacted to address various manifestations of violence against women. Special Rapporteur on Violence against women, its causes and consequences finalises country mission to Bangladesh DHAKA (29 May 2013). http://www.ochhr.org/EN/NewsEvents/Pages/DisplayNews.aspx? NewsID=13374
44. 2013. SRH service delivery systems generally do not cater to the needs of unmarried adolescents, and public facilities only provide contraceptives to married couples. UNESCO, UNFPA; UNAIDS; UNDP and Youth LEAD (2013). Young people and the law in Asia and the Pacific: A review of laws and policies affecting young people’s access to sexual and reproductive health and HIV services. http://bit.ly/2dOkv38
47. Indicator: Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV. UNAIDS GARPR
50. 2015. UNAIDS estimates 2015
51. 2013. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444
52. 2013. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444
58. 2015. UNAIDS estimates 2015
59. 2013. UNICEF Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444
60. 2013. UNICEF Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444
61. 2013. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444
63. Correspondence with UNFPA Country Office, Bangladesh, January 2016.
64. Integrated where needed. Correspondence with UNFPA Country Office, Bangladesh, January 2016.
65. Correspondence with UNFPA Country Office, Bangladesh, January 2016.
68. Correspondence with UNFPA Country Office, Bangladesh, January 2016.
69. Indicator: Percentage of facilities stocked-out of contraceptives
70. 2014. Indicator: Percentage of health facilities dispensing ARVs that experienced stock-out of at least one required ARV in the last 12 months. WHO Universal Access
71. Indicator: Proportion of primary healthcare public sector facilities that reported having any one of five drugs considered essential for STI management out of stock during the month of the survey (metronidazole, ciprofloxacin, erythromycin, doxycycline, benzathine-penicillin)
75. 2014. WHO Global Health Observatory Data Repository. Testing and counselling facilities, data by country http://apps.who.int/gho/data/node.main.625TC?lang=en
76. Indicator: Primary level service delivery points offering at least three modern methods of contraception
80. 2014. National Commitments and Policy Instrument, GARPR


86. 2014. UNAIDS GARPR


89. 2014. UNAIDS 2014 estimates

90. 2014. UNAIDS 2014 estimates

91. 2014. UNAIDS 2014 estimates

92. 2014. UNAIDS GARPR

93. 2014. UNAIDS GARPR


95. 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)


98. Number of reported congenital syphilis cases (live births and stillbirth) in the past 12 months, WHO. http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=4492


100. 2014. UNAIDS GARPR

101. 2014. UNAIDS GARPR


103. Indicator: Percentage of adolescents (aged 15–19) who reported having sexual intercourse with more than one partner in the last 12 months. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. http://www.childrenandaid.org/ Data refer to most recent year available

104. Indicator: Percentage of adolescents (aged 15–19) who reported having sexual intercourse with more than one partner in the last 12 months and who reported the use of a condom during their last sexual intercourse. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. http://www.childrenandaid.org/ Data refer to most recent year available.

105. 2016. UNAIDS GARPR 2013. Correspondence with UNFPA country office Bangladesh, July 2016


110. 2014. UNAIDS 2014 estimates

111. 2015. UNAIDS estimates 2015

112. Indicator: Percentage of adolescents (aged 15–19) who have been tested for HIV in the last 12 months and received the result of their most recent test. Female. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2010–2014. http://www.childrenandaid.org/ Data refer to most recent year available.

113. 2014. UNAIDS 2014 estimates

114. 2014. UNAIDS 2014 estimates


116. 2015. Percentage of young women and men aged 15-19 who correctly identify both ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. UNAIDS 2015

117. Indicator: Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year.

118. 2014. UNAIDS GARPR

119. 2014. UNAIDS GARPR

120. 2014. UNAIDS GARPR

121. Indicator: Transgender people population size estimate

122. 2014. UNAIDS GARPR

123. 2014. UNAIDS GARPR

124. 2014. UNAIDS GARPR

125. 2014. UNAIDS GARPR

126. 2014. UNAIDS GARPR

127. 2014. UNAIDS GARPR

128. 2014. UNAIDS GARPR

130. 2014. UNAIDS GARPR

131. 2013. UNAIDS GARPR

132. 2014. UNAIDS GARPR

133. 2014. UNAIDS GARPR
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.

To find out more
Visit http://srhhivlinkages.org - a collection of SRHR and HIV linkages resources. For a list of current members of the IAWG on SRH and HIV Linkages visit http://bit.ly/1kzQDWB

2004: The Glion Call to Action and the New York Call to Commitment
2005: A Framework for Priority Linkages
2007: Linkages: Evidence Review and Recommendations
2008 onwards: Rapid Assessment Tool for SRH and HIV Linkages
2010: SRH and HIV linkages resource pack
2009: Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV
2008 onwards: Gateways to Integration Case Studies
2013: EMTCT Job Aid
2014: Navigating the Work in Progress
2011: SRH Services and HIV Interventions in Practice
2012: What Works? SRH and HIV Linkages for Key Populations

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