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

- **Output**
  - 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

- **Outcome**
  - Reduced HIV-related stigma and discrimination
  - Increased access to and utilization of quality integrated HIV and SRHR services
  - Reduced gender-based violence*
  - Improved programme efficiency and value for money

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

### Population
- Population size: 2.2 million
- Life expectancy at birth: 64
- Fertility rate: 2.8

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

- New adult HIV infections: 7,100 (Women), 6,000 (Men)
- HIV prevalence (ages 15-49): 25.2%
- People living with HIV: 210,000 (Women), 160,000 (Men), 16,000 (Children)
- People living with HIV receiving ART: 69.0%
- 15 years+: 55.0%
- 0-14 years: 53.0%
- AIDS-related deaths among adults (ages 15+): 1,500 (Women), 3,200 (Men)
- Maternal mortality ratio: 152 per 100,000 live births
- Maternal deaths attributed to HIV: 18.0%
- Gender-based violence is a cause and consequence of HIV
- Prevalence of recent intimate partner violence: 29%
- Mother-to-child HIV transmission rate (after breastfeeding): 1.6%
- Pregnant women who know their HIV status: 94.3%
- Demand for family planning satisfied with a modern method of contraception (15-49): 74.1%
- Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV
- Number of adults reported with syphilis
- Condom use at last sex: 81.9%

Where data is not available this is marked with ▲.
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.

**Enabling environment (policy and legal)**

**Strategies and policies**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No/Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a national HIV strategy?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, have the following SRHR components been included as a measurable target:</td>
<td></td>
</tr>
<tr>
<td>Condoms (with reference to STI prevention / contraceptive method)?</td>
<td>No</td>
</tr>
<tr>
<td>Prevention / elimination of mother-to-child transmission of HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>SRHR of people living with HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
<td>No</td>
</tr>
<tr>
<td>Gender based violence?</td>
<td>Mentioned</td>
</tr>
<tr>
<td>Is there a national SRHR strategy?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, have the following HIV components been included as a measurable target:</td>
<td></td>
</tr>
<tr>
<td>Condoms (with reference to HIV prevention)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Prevention / elimination of mother to child transmission of HIV?</td>
<td>No</td>
</tr>
<tr>
<td>SRHR of people living with HIV?</td>
<td>No</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
<td>No</td>
</tr>
<tr>
<td>HIV counselling and testing?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Laws**

<table>
<thead>
<tr>
<th>People living with HIV</th>
<th>Yes/No/Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>criminalise HIV transmission or exposure?</td>
<td>Yes</td>
</tr>
<tr>
<td>impose HIV specific restrictions on entry, stay or residence?</td>
<td>No</td>
</tr>
<tr>
<td>address HIV-related discrimination and protect people living with HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>Key populations</td>
<td></td>
</tr>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>criminalise same-sex sexual activities?</td>
<td>Yes</td>
</tr>
<tr>
<td>deem sex work as illegal?</td>
<td>Yes</td>
</tr>
<tr>
<td>mandate the death penalty for drug offences?</td>
<td>No</td>
</tr>
<tr>
<td>demand compulsory detention for people who use drugs?</td>
<td>No</td>
</tr>
<tr>
<td>recognise a third, neutral and non-specific gender besides male and female</td>
<td>No</td>
</tr>
<tr>
<td>Gender-based violence</td>
<td></td>
</tr>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>address gender-based violence</td>
<td>Yes</td>
</tr>
<tr>
<td>penalise rape in marriage?</td>
<td>No</td>
</tr>
<tr>
<td>allow free entry into marriage and divorce?</td>
<td>Yes</td>
</tr>
<tr>
<td>allow the removal of violent spouses?</td>
<td>Yes</td>
</tr>
<tr>
<td>Other laws</td>
<td></td>
</tr>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>make sexuality education mandatory?</td>
<td>Yes</td>
</tr>
<tr>
<td>allow legal abortion?</td>
<td>Yes: to save a woman's life; to preserve a woman's physical health; to preserve a woman's mental health; in case of rape or incest; because of foetal impairment</td>
</tr>
<tr>
<td>prohibit female genital mutilation?</td>
<td>No</td>
</tr>
<tr>
<td>Age of Consent</td>
<td></td>
</tr>
<tr>
<td>What is the minimum legal age for marriage without parental consent?</td>
<td>21 years</td>
</tr>
<tr>
<td>What is the legal age for HIV testing without parental consent?</td>
<td>16 years</td>
</tr>
<tr>
<td>What is the legal age for accessing contraceptives?</td>
<td>16 years</td>
</tr>
<tr>
<td>What is the legal age for consent to sexual intercourse?</td>
<td>14 years</td>
</tr>
</tbody>
</table>
Enabling environment (policy and legal)

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**

| Percentage | 13.2% |

**Has the Stigma Index been conducted?**

A sample of 1213 PLHIV (women n=880 and men n=333)

**Key findings from the Stigma Index**

- Denied sexual and reproductive health (SRH) services: 9% (n=108)
- Denied family planning services: 4% (n=53)
- Experienced forced or coerced sterilization by healthcare provider on the basis of HIV: 2% (n=29)
- Ever counselled about reproductive options since being diagnosed HIV-positive: Men: 51% (n=164) Women: 57% (n=487)
- Could access ART (among people yet to commence): 92% (n=1065)
- 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: 28% (n=33)
- 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.

**Ability to participate in decisions regarding their own health**

**Girls married before 18**

**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. Visit [http://bit.ly/1PIpTip](http://bit.ly/1PIpTip)

**Prevalence of recent intimate partner violence**

- 29%

**Intimate partner violence prevention programmes**

- In-school education on preventing dating violence: Larger scale
- Microfinance and gender equity training: Larger scale
- 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.

**Children whose households received external support**

**Children who have lost one or both parents due to AIDS**

- 67,000

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

**Children whose households received external support**

| Percentage | 26.0% |

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

<table>
<thead>
<tr>
<th>Orphans</th>
<th>Non-orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td>97.5</td>
<td>100</td>
</tr>
</tbody>
</table>
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
Nurses and midwives per 1,000
Community and traditional health workers per 1,000

Training and supervision

Are there SRHR training materials and curricular that include HIV?
Are there HIV training materials and curricula that include SRHR?
To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?
Is there a tool for integrated supervision available?

Logistics and supplies

HIV and SRHR commodities
Are there integrated supply systems?
Are there integrated ordering systems?
Are there integrated monitoring systems?

Commodity stockouts
Contraceptives
Antiretrovirals for HIV
STI drugs

Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes?
Is there any collaboration between SRHR and HIV for programme management/implementation?

SRHR and HIV service coverage

HIV testing and counselling facilities per 100,000 adult population
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?

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 SRH

EMTCT with antenatal care/maternal and child health

Integrated service provision

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

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

| Prong 1: new HIV infections among women 15-4987 | 6,700 |
| Prong 2: unmet need for family planning for women of reproductive age88 | 17.1% |
| Prong 3: final mother-to-child HIV transmission rate89 | 1.6% |
| Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children90 | 96% |
| Prong 3: women or infants receiving ARVs during breastfeeding91 | 59% |
| Prong 4: ART coverage among children under 15 years92 | 53.0% |

Elimination of mother-to-child transmission of syphilis

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

Antenatal care attendees tested for syphilis at first antenatal care visit99

Antenatal care attendees who test positive for syphilis100

Antenatal care attendees positive for syphilis who are treated appropriately101

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
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

Adolescents aged 15-19 who had:

- Had multiple sexual partners in the last 12 months: 94%
- Had multiple partners and used a condom at last sex: 92%
- Had sex before age 15: 10%

Unmet need for family planning, among young women aged 15-19

HIV

Estimated number of adolescents living with HIV aged 10-19

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

New HIV infections among adolescents aged 15-19

AIDS deaths among adolescents aged 10-19

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)

Adolescents aged 15-19 who have comprehensive knowledge of HIV

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

Youth unemployment

33.9%
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.

Useful programme implementation tools* and guidelines

![Image of programme implementation tools]


*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

Botswana SRHR and HIV Linkages Integration Strategy and Implementation Plan
Ministry of Health Botswana, 2014
http://bit.ly/2en1zXc

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


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. 2014. UNAIDS 2014 estimates

10. 2014. UNAIDS 2014 estimates

11. 2013. BIAS IV


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. 2012. GBV Indicator Study


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


25a. 2015. IPPF and UNFPA coding


26a. 2015. IPPF and UNFPA coding


28. 2014. UNAIDS (2014) GARPR


29. 2014. UNAIDS (2014) GARPR


31. 2014. UNAIDS (2014) GARPR


32. 2014. UNAIDS (2014) GARPR


33. 2014. UNAIDS (2014) GARPR


34. 2009. UNAIDS (2014) GARPR


82. 2014. UNAIDS 2014 estimates

83. 2014. UNAIDS 2014 estimates


87. 2014. UNAIDS 2014 estimates


91. 2014. UNAIDS 2014 estimates

92. 2014. UNAIDS 2014 estimates


95. Data not available


99. 2013. Indicator: Percentage of women accessing antenatal care services who were tested for syphilis at first antenatal care visit. WHO Global Health Observatory data repository. Antenatal care (ANC) attendees tested for syphilis at first ANC visit. http://apps.who.int/gho/data/view.main.23610

100. 2011. Data from ANC sentinel surveillance, 2011

101. 2011. Data from ANC sentinel surveillance, 2011

102. Indicator: Median age at first sexual intercourse: Women 20-24


104. 2013. BIAS IV


106. 2011. Indicator: Unmet need for contraception among women aged 15-49, married or in union

107. 2007. Indicator: Percentage of teenage women (age 15-19) who have begun childbearing

108. 2007. Indicator: Percent of recent births to mothers <20 that were unplanned


110. 2014. UNAIDS 2014 estimates

111. 2014. UNAIDS 2014 estimates

112. 2013. BIAS IV

113. 2014. UNAIDS 2014 estimates

114. 2014. UNAIDS 2014 estimates

115. 2007. Indicator: % of women aged 15–19 who have heard of family planning on any of three sources (radio, television or newspaper)

116. 2013. BIAS IV

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

118. 2013. UNAIDS GARPR

119. Indicator: People who inject drugs population size estimate. UNAIDS GARPR

120. 2014. UNAIDS GARPR

121. Indicator: Transgender people population size estimate

122. 2013. UNAIDS GARPR

123. Indicator: Percentage of people who inject drugs who are living with HIV. UNAIDS GARPR

124. 2013. UNAIDS GARPR

125. Indicator: Percentage of transgender people who are living with HIV.

126. 2013. UNAIDS GARPR

127. Indicator: Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results. UNAIDS GARPR

128. 2013. UNAIDS GARPR

129. Indicator: Percentage of transgender people who received an HIV test in the past 12 months and know their results.

130. 2013. UNAIDS GARPR

131. Indicator: Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse. UNAIDS GARPR

132. 2013. UNAIDS GARPR

133. Indicator: Percentage of transgender people reporting the use of a condom the last time they had sexual intercourse
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.

Key achievements since 2004

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

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

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