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

<table>
<thead>
<tr>
<th>Population size</th>
<th>22.67 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>50.8</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>New adult HIV infections</th>
<th>12,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9,100</td>
</tr>
</tbody>
</table>

HIV prevalence (ages 15-49)

<table>
<thead>
<tr>
<th>People living with HIV</th>
<th>250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>170,000</td>
</tr>
<tr>
<td>Children</td>
<td>42,000</td>
</tr>
</tbody>
</table>

People living with HIV receiving ART

<table>
<thead>
<tr>
<th>People living with HIV</th>
<th>15 years+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>39%</td>
</tr>
<tr>
<td>Men</td>
<td>22%</td>
</tr>
<tr>
<td>Children</td>
<td>16%</td>
</tr>
</tbody>
</table>

AIDS-related deaths among adults (ages 15+)

<table>
<thead>
<tr>
<th>AIDS-related deaths among adults</th>
<th>9,100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10,000</td>
</tr>
</tbody>
</table>

HIV-associated maternal death contributes to maternal mortality

<table>
<thead>
<tr>
<th>Maternal mortality ratio</th>
<th>614 per 100,000 live births</th>
</tr>
</thead>
</table>

Maternal deaths attributed to HIV

<table>
<thead>
<tr>
<th>Maternal deaths attributed to HIV</th>
<th>30%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Mother-to-child HIV transmission rate (after breastfeeding)</th>
<th>21.0%</th>
</tr>
</thead>
</table>

Pregnant women who know their HIV status

<table>
<thead>
<tr>
<th>Pregnant women who know their HIV status</th>
<th>74%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Demand for family planning satisfied with a modern method of contraception</th>
<th>31.5%</th>
</tr>
</thead>
</table>

Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV

<table>
<thead>
<tr>
<th>Certain sexually transmitted infections (STIs)</th>
<th>21.0%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Male and female condoms</th>
<th>28.5%</th>
</tr>
</thead>
</table>

Number of adults reported with syphilis

<table>
<thead>
<tr>
<th>Number of adults reported with syphilis</th>
<th>31.5%</th>
</tr>
</thead>
</table>

Condom use at last sex

<table>
<thead>
<tr>
<th>Condom use at last sex</th>
<th>28.5%</th>
</tr>
</thead>
</table>

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15–49)
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? 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)? Mentioned
- Prevention / elimination of mother to child transmission of HIV? Yes
- SRHR of people living with HIV? No
- Sexually transmitted infections? No
- HIV counselling and testing? Mentioned

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

Are there laws that:30b

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

Key populations

Are there laws that:30b

- address gender-based violence? Yes
- penalise rape in marriage?36 Yes
- allow free entry into marriage and divorce?37 No
- allow the removal of violent spouses?38 No
- make sexuality education mandatory?39 No
- allow legal abortion?40 Yes: to save a woman's life
- prohibit female genital mutilation?41 Yes

Other laws

Are there laws that:

- make sexuality education mandatory?46 Data Not Available
- allow legal abortion?41 Yes: to save a woman's life

Gender-based violence

Are there laws that:

- address gender-based violence? Yes
- penalise rape in marriage?36
- allow free entry into marriage and divorce?37
- allow the removal of violent spouses?38

Support to SRHR and HIV linkages:

Inhibitive
Partial
Conductive

Age of Consent

What is the minimum legal age for marriage without parental consent?43
- 18 years
- 20 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
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 | 44.5% |

Has the Stigma Index been conducted?

**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**

| | 31% |

**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**

| | 69% |

Women who believe wife is justified in refusing sex with husband:

| Reason | 48% |

**Orphans**

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.

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

**Children and Social Protection**

Children whose households received external support:

| Category | Number |

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

| Category | Number |

**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
- Ever counselled about reproductive options since being diagnosed HIV-positive
- Could access ART (among people yet to commence)
- Had a constructive discussion on HIV treatment options
- Reported experience of stigma and discrimination that hinder access to HIV and SRH services
- Sought redress if rights violated

**Intimate partner violence prevention programmes**

In-school education on preventing dating violence

Microfinance and gender equity training

Changing social and cultural norms that support violence
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

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors per 1,000</td>
<td>0.144</td>
</tr>
<tr>
<td>Nurses and midwives per 1,000</td>
<td>0.483</td>
</tr>
<tr>
<td>Community and traditional health workers per 1,000</td>
<td>51</td>
</tr>
</tbody>
</table>

### Training and supervision

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there SRHR training materials and curricula that include HIV?</td>
<td>NA</td>
</tr>
<tr>
<td>Are there HIV training materials and curricula that include SRHR?</td>
<td>NA</td>
</tr>
<tr>
<td>To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?</td>
<td>NA</td>
</tr>
<tr>
<td>Is there a tool for integrated supervision available?</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Logistics and supplies

#### HIV and SRHR commodities

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there integrated supply systems?</td>
<td>NA</td>
</tr>
<tr>
<td>Are there integrated ordering systems?</td>
<td>NA</td>
</tr>
<tr>
<td>Are there integrated monitoring systems?</td>
<td>NA</td>
</tr>
</tbody>
</table>

#### Commodity stockouts

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td>99.6%</td>
</tr>
<tr>
<td>Antiretrovirals for HIV</td>
<td>16.9%</td>
</tr>
<tr>
<td>STI drugs</td>
<td>71</td>
</tr>
</tbody>
</table>

### Coordination, planning and budgeting

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is joint planning of HIV and SRHR programmes?</td>
<td>No</td>
</tr>
<tr>
<td>Is there any collaboration between SRHR and HIV for programme management/implementation?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Health information systems

#### Health system statistical capacity

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National surveys</td>
<td>1/2</td>
</tr>
<tr>
<td>Facility-based data collection</td>
<td>2/3</td>
</tr>
</tbody>
</table>

### SRHR and HIV service coverage

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counselling facilities per 100,000 adult population</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

### Rapid Assessment of SRH and HIV linkages

Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted? Yes, 2011

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

EMTCT with antenatal care/maternal and child health

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 15-49\(^{87}\) | 11,000 |
| **Prong 2:** unmet need for family planning for women of reproductive age\(^{89}\) | 27% |
| **Prong 3:** final mother-to-child HIV transmission rate\(^{89}\) | 21.0% |
| **Prong 3:** women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children\(^{90}\) | 79.5% |
| **Prong 3:** women or infants receiving ARVs during breastfeeding\(^{91}\) | 20% |
| **Prong 4:** ART coverage among children under 15 years\(^{92}\) | 16% |

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 once\(^{84}\)

91%

at least 4 times\(^{85}\)

44%

whose sexual partners were tested for HIV in the last 12 months\(^{86}\)

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

74%

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

84%

Urban

Rural

59%

17%

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

<table>
<thead>
<tr>
<th>Antenatal care attendees tested for syphilis at first antenatal care visit(^{99})</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antenatal care attendees who test positive for syphilis(^{100})</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.04%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antenatal care attendees positive for syphilis who are treated appropriately(^{101})</th>
</tr>
</thead>
</table>

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
- Had multiple partners and used a condom at last sex
- Had sex before age 15

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

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

Recent births to mothers under 20 that were unplanned

- Young women aged 15-19 able to participate in decisions about their healthcare

Youth unemployment

- 5.7% unemployed

HIV

- Estimated number of adolescents living with HIV aged 10-19
- Young people living with HIV aged 15-24

- 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

▲ also p.4
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.

Population size estimate

<table>
<thead>
<tr>
<th></th>
<th>Men who have sex with men</th>
<th>People who inject drugs</th>
<th>Sex workers</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>1,300</td>
<td>&lt;500</td>
<td>9,200</td>
<td>▲</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>18.8%</td>
<td>5.3%</td>
<td>11.4%</td>
<td>▲</td>
</tr>
<tr>
<td>HIV testing</td>
<td>61.2%</td>
<td>22.8%</td>
<td>76.4%</td>
<td>▲</td>
</tr>
<tr>
<td>Condom use</td>
<td>70.3%</td>
<td>50.4%</td>
<td>90%</td>
<td>▲</td>
</tr>
</tbody>
</table>

Useful programme implementation tools* and guidelines

http://bit.ly/1ISZWVz

http://bit.ly/1nhtIqZ

UNFPA et al. (2015) Implementing comprehensive HIV and STI programmes with men who have sex with men.
http://bit.ly/1LWy1Q6

*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.
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


9. 2014. UNAIDS 2014 estimates

10. 2014. UNAIDS 2014 estimates

11. 2014. UNAIDS GARPR


13. 2015. Enquete Démographique et de Santé et à Indicateurs Multiples (EDSCH-III),Rapport République de Cote d'Ivoire


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.


18. 2014. UNAIDS 2014 estimates

19. WHO Universal Access Indicator 3.4


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


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


34. 2014. UNAIDS GARPR


2014.	2014.	Identities.Mic.	7	Countries	Giving	Transgender	People
Fundamental Rights the U.S. Still Won't. http://mic.com/articles/87149/7-
countries-giving-transgender-people-fundamentalrights-the-u-s-still-wont-
Accessed June 2015


43. 2014. Correspondence with UNFPA Country Office June 2016


45. 2014. UNAIDS GARPR


47. Côte d'Ivoire has not undertaken the People Living with HIV Stigma Index. http://apps.who.int/iris/bitstream/10665/95156/1/9789241565333_eng.pdf


51. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCH-III),Rapport Republique de Cote d'Ivoire, page 343


58. 2014. UNAIDS 2014 estimates


60. 2008. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

61. Indicator: Community and traditional health workers density (per 1000 population). WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

62. Indicator: Are there any SRH training materials and curricula on SRH which include HIV prevention, treatment and care?

63. Indicator: Are there any HIV training materials and curricula which include SRH?

64. Indicator: To what extent is supportive supervision for SRH and HIV integrated at the health service-delivery level?

65. Indicator: Is there a tool for integrated supervision available?

66. Indicator: Are there integrated supply systems?

67. Indicator: Are there integrated ordering systems

68. Indicator: Are there integrated monitoring systems?

69. 2014. UNFPA Global Programme to Enhance Reproductive Health Commodity Security Target: Annual report 2014

70. 2014. Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months. World Health Organisation

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, doxycyline, 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. 2014. UNFPA Global Programme to Enhance Reproductive Health Commodity Security Target: Annual report 2014


79. 2014. UNAIDS GARPR

80. Indicator: Are health facilities providing HIV services integrated with other health services: EMCT/PMTCT with antenatal care/maternal and child health? UNAIDS GARPR

2014. UNAIDS 2014 estimates


Indicator: Percentage of pregnant women attending antenatal care (ANC) whose male partner was tested for HIV in the last 12 months. WHO Universal Access Indicator 3.5

2014. UNAIDS 2014 estimates


2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. World Health Organisation Universal Access Indicator 3.4


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)


Indicator: Congenital syphilis rate per 100,000 live births. WHO Global Health Observatory data repository. Congenital syphilis, http://apps.who.int/gho/data/view.main.CONGENITALSYFSTIV


2013. Annual STI report, MOH

Indicator: Percentage of antenatal care attendees positive for syphilis who received treatment. WHO Global Health Observatory data repository. Antenatal care attendees positive for syphilis who received treatment (%).

http://apps.who.int/gho/data/view.main.A1362STIV


2015. Correspondence from UNFPA Country Office Côte d'Ivoire, November 2015

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates


2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates


2014. Correspondence from UNFPA Country Office Côte d'Ivoire, November 2015


2013. UNAIDS GARPR

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2014. UNAIDS GARPR

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2013. UNAIDS GARPR

2013. UNAIDS GARPR


2012. UNAIDS GARPR

2014. UNAIDS GARPR

2013. UNAIDS GARPR


2014. UNAIDS GARPR

2013. UNAIDS GARPR


2014. UNAIDS GARPR

2015. Correspondence from UNFPA Country Office Côte d’Ivoire, November 2015

2014. UNAIDS 2014 estimates

2015. Correspondence from UNFPA Country Office Côte d’Ivoire, November 2015

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates

2014. UNAIDS 2014 estimates


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

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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