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
- 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
- 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. 

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

New adult HIV infections:

- Women: 5,800
- Men: 4,300

HIV prevalence (ages 15-49):

- Women: 16%
- Men: 16%

People living with HIV:

- Women: 130,000
- Men: 110,000
- Children: 16,000

People living with HIV receiving ART:

- 15 years+: 57%
- 0-14 years: 66%

HIV testing in the general population:

- 45.7%

Gender-based violence is a cause and consequence of HIV.

Prevalence of recent intimate partner violence:

- 32%

HIV-associated maternal death contributes to maternal mortality.

Maternal mortality ratio:

- 385 per 100,000 live births

Maternal deaths attributed to HIV:

- 4.3%

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

Mother-to-child HIV transmission rate (after breastfeeding):

- 7.0%

Pregnant women who know their HIV status:

- >95%

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

- 80.4%

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

Number of adults reported with syphilis:

- DATA NOT AVAILABLE

Condom use at last sex:

- 72.1%
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)? **Mentioned**
- Prevention / elimination of mother-to-child transmission of HIV? **Yes**
- SRHR of people living with HIV? **Mentioned**
- 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)? **No**
- Prevention / elimination of mother to child transmission of HIV? **Yes**
- SRHR of people living with HIV? **No**
- Sexually transmitted infections? **Mentioned**
- HIV counselling and testing? **Mentioned**

### Is there a national SRHR and HIV integration policy or strategy?\(^{27}\)

**No**

## 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?\(^{30}\) **Not Available**

### Key populations

**Are there laws that:**\(^{30b}\)

- criminalise same-sex sexual activities?\(^{31}\) **Yes**
- 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**

### Gender-based violence

**Are there laws that:**

- address gender-based violence?\(^{36}\) **Yes**
- penalise rape in marriage?\(^{37}\) **Yes**
- allow free entry into marriage and divorce?\(^{38}\) **Yes**
- allow the removal of violent spouses?\(^{39}\) **Partial Enforcement**
- other laws?

### Other laws

**Are there laws that:**

- make sexuality education mandatory?\(^{40}\) **Not Available**
- allow legal abortion?\(^{41}\) **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
- prohibit female genital mutilation?\(^{42}\) **No**

### Age of Consent

- **What is the minimum legal age for marriage without parental consent?**\(^{43}\)
  - 21 years

- **What is the legal age for HIV testing without parental consent?**\(^{44}\)
  - 14 years

- **What is the legal age for accessing contraceptives?**\(^{45}\)
  - All adolescents who are sexually active can access contraceptives

- **What is the legal age for consent to sexual intercourse?**\(^{46}\)
  - 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 HIV

Has the Stigma Index been conducted?

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.

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

Prevalence of recent intimate partner violence

Ability to participate in decisions regarding their own health

Women who believe wife is justified in refusing sex with husband

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

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

Children who have lost one or both parents due to AIDS

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

Visit Children’s and Social Protection

Gender-based violence is a cause and consequence of HIV

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
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 1,000:
- 0.37

Nurses and midwives per 1,000:
- 2.78

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?

No

Is there any collaboration between SRHR and HIV for programme management/implementation?

No

Health information systems

Health system statistical capacity

National surveys

Facility-based data collection

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

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 delivering

New child HIV infections

7,700

<1,000

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

<table>
<thead>
<tr>
<th>Prong</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>new HIV infections among women 15-4987</td>
<td>5,400</td>
</tr>
<tr>
<td>2</td>
<td>unmet need for family planning for women of reproductive age88</td>
<td>11.7%</td>
</tr>
<tr>
<td>3</td>
<td>final mother-to-child HIV transmission rate89</td>
<td>7.0%</td>
</tr>
<tr>
<td>4</td>
<td>women or infants receiving ARVs during breastfeeding91</td>
<td>&gt;95%</td>
</tr>
</tbody>
</table>

Prong 4: ART coverage among children under 15 years92

66%

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

Elimination of mother-to-child transmission of syphilis

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital syphilis rate (per 100,000 live births)98</td>
<td></td>
</tr>
<tr>
<td>Antenatal care attendees tested for syphilis at first antenatal care visit99</td>
<td>93.8%</td>
</tr>
<tr>
<td>Antenatal care attendees who test positive for syphilis100</td>
<td>1.9%</td>
</tr>
<tr>
<td>Antenatal care attendees positive for syphilis who are treated appropriately101</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.6</td>
<td>17.7</td>
<td></td>
</tr>
</tbody>
</table>

Adolescents aged 15-19 who had:

- Had multiple sexual partners in the last 12 months: 2% (Female), 5% (Male)
- Had multiple partners and used a condom at last sex: 68% (Female), 79% (Male)
- Had sex before age 15: 5% (Female), 13% (Male)

Youth unemployment

38.7% of young people are unemployed.

HIV

Estimated number of adolescents living with HIV aged 10-19

- 11,000 young people

Young people living with HIV aged 15-24

- 13,000 (Female), 7,300 (Male)

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

- 29% (Female), 14% (Male)

New HIV infections among adolescents aged 15-19

- 1,100

AIDS deaths among adolescents aged 10-19

- <500

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)

- 44% (Female), 42% (Male)

Adolescents aged 15-19 who have comprehensive knowledge of HIV

- 56% (Female), 51% (Male)

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

▲ also p.4

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.

Useful programme implementation tools* and guidelines


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

Namibia National Guidelines on Health Service Integration
*Ministry of Health and Social Services, 2016*

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.
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
2007: Linkages: Evidence Review and Recommendations
2009: Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV
2008 onwards: Gateways to Integration Case Studies
2008 onwards: Rapid Assessment Tool for SRH and HIV Linkages
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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