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.).

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**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

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*It is recognized that reducing stigma and discrimination and gender-based violence are also impact level measures and the outcome measures influence each other.*

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To find indicators and tools to measure progress

To find out more about linkages/integration
Visit [http://srhhivlinkages.org](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 size 177.5 million
Life expectancy at birth 52.5
Fertility rate 6

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

New adult HIV infections
95,000 Women
74,000 Men

HIV prevalence (ages 15-49)
3.2%

People living with HIV
1,700,000 Women
1,300,000 Men
380,000 Children

AIDS-related deaths among adults (ages 15+)
65,000 Women
74,000 Men

People living with HIV receiving ART
15 years+
29%
0-14 years
16%

HIV testing in the general population

HIV-associated maternal death contributes to maternal mortality

Maternal mortality ratio
576 per 100,000 live births

Maternal deaths attributed to HIV

Gender-based violence is a cause and consequence of HIV

Prevalence of recent intimate partner violence
6.7%

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)
27.9%

Pregnant women who know their HIV status

Demand for family planning satisfied with a modern method of contraception (15–49)
27.4%

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
52.5%

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? Yes
- 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)? Mentioned
- Prevention / elimination of mother to child transmission of HIV? Yes
- SRHR of people living with HIV? Mentioned
- Sexually transmitted infections? Mentioned
- HIV counselling and testing? Mentioned

**Laws**

▲ also p.5

**People living with HIV**

Are there laws that?\(^{27a}\)

- criminalise HIV transmission or exposure? Yes \(^{28}\)
- impose HIV specific restrictions on entry, stay or residence? No \(^{29}\)
- address HIV-related discrimination and protect people living with HIV? Yes \(^{30}\)

▲ also p.5

**Key populations**

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

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

**Gender-based violence**

Are there laws that:

- address gender-based violence? Yes \(^{36}\)
- penalise rape in marriage? No \(^{37}\)
- allow free entry into marriage and divorce? No \(^{38}\)
- allow the removal of violent spouses? Yes \(^{39}\)

**Other laws**

Are there laws that:

- make sexuality education mandatory? Yes \(^{40}\)
- allow legal abortion? Yes: to save a woman's life; to preserve a woman's physical health; to preserve a woman's mental health \(^{41}\)
- prohibit female genital mutilation? Yes \(^{42}\)

▲ also p.8

**Age of Consent**

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

18 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
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>Attitude</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discriminatory attitudes</td>
<td>51.5%</td>
</tr>
</tbody>
</table>

**Has the Stigma Index been conducted?**

- **2010**
- A sample of 706 PLHIV (women n=456 and men n=250)

**Key findings from the Stigma Index**

- Denied sexual and reproductive health (SRH) services: 7.8% (n=55)
- Denied family planning services: 5.9% (n=42)
- Experienced forced or coerced sterilization by healthcare provider on the basis of HIV: 6.4%
- Ever counselled about reproductive options since being diagnosed HIV-positive: 56% (n=396)
- Could access ART (among people yet to commence): 86.5% (n=611)
- Had a constructive discussion on HIV treatment options: 61.6% (n=435)
- Reported experience of stigma and discrimination that hinder access to HIV and SRH services: 20.7% (n=146)
- Sought redress if rights violated: 70.5% (n=260)

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](http://bit.ly/1PIpTip)

**Prevalence of recent intimate partner violence**

<table>
<thead>
<tr>
<th>Group</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls married before 18</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
| Women who agree husband is justified in hitting or beating his wife:  
  - for at least one specified reason | 18%        |
  - if she refuses sex with him | 5%         |

**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.

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

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

- Orphans: 123
- Non-orphans: 100

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

- 1,600,000
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>Role</th>
<th>Number per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>0.408</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>1.605</td>
</tr>
<tr>
<td>Community and traditional health workers per 1,000</td>
<td>0.031</td>
</tr>
</tbody>
</table>

### Training and supervision

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there SRHR training materials and curricula that include HIV?</td>
<td>No</td>
</tr>
<tr>
<td>Are there HIV training materials and curricula that include SRHR?</td>
<td>Yes (partial)</td>
</tr>
<tr>
<td>To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?</td>
<td>Partially integrated</td>
</tr>
<tr>
<td>Is there a tool for integrated supervision available?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Logistics and supplies

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td>Not integrated</td>
<td>21.7%</td>
</tr>
<tr>
<td>Antiretrovirals for HIV</td>
<td>Not integrated</td>
<td></td>
</tr>
<tr>
<td>STI drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Coordination, planning and budgeting

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there 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>

### SRHR and HIV service coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counselling facilities per 100,000 adult population</td>
<td>8</td>
</tr>
<tr>
<td>Primary level service delivery points offering at least three modern methods of contraception</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

### Health information systems

<table>
<thead>
<tr>
<th>System</th>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system statistical capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National surveys</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Facility-based data collection</td>
<td>1.7</td>
<td></td>
</tr>
</tbody>
</table>

### Rapid Assessment of SRH and HIV linkages

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted?</td>
<td>2012</td>
</tr>
</tbody>
</table>

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

Many

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

210,000

New child HIV infections

58,000

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

Prong 1: new HIV infections among women 15-4987
89,000

Prong 2: unmet need for family planning for women of reproductive age88
21.8%

Prong 3: final mother-to-child HIV transmission rate89
27.9%

Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children90
29.2%

Prong 3: women or infants receiving ARVs during breastfeeding91
23%

Prong 4: ART coverage among children under 15 years92
12%

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 once84
61%

at least 4 times85
51%

whose sexual partners were tested for HIV in the last 12 months86

Pregnant women who know their HIV status93

44%

Skilled attendant at birth94

38%

Urban

67%

Rural

23%

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

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

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:**
  - Female: 18.1
  - Male: 20.6

- **Adolescents aged 15-19 who had:**
  - Had multiple sexual partners in the last 12 months: 1%
  - Had multiple partners and used a condom at last sex: 38% for females, 46% for males
  - Had sex before age 15: 16% for females, 3% for males

**Unmet need for family planning, among young women aged 15-19**
- 18% have ever had a child

**Recent births to mothers under 20 that were unplanned**
- 38% for females, 46% for males

**Unmet need for family planning, among young women aged 15-19**
- 18%

**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):** 69%
- **Adolescents aged 15-19 who have comprehensive knowledge of HIV:**
  - 22% for females, 29% for males

**HIV**

- **Estimated number of adolescents living with HIV aged 10-19:**
  - 200,000
- **Young people living with HIV aged 15-24:**
  - 210,000
  - 130,000

- **Adolescents aged 15-19 who were ever tested for HIV and received the results:**
  - 4%

**Youth unemployment**

- 13.6%

- **New HIV infections among adolescents aged 15-19:**
  - 17,000

- **AIDS deaths among adolescents aged 10-19:**
  - 7,100

**Schools that provided skills-based HIV and sexuality education in the previous academic year:**
- 22.8%
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>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>29,000\textsuperscript{118}</td>
<td>17.2%\textsuperscript{122}</td>
<td>24.9%\textsuperscript{126}</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>19,000\textsuperscript{119}</td>
<td>4.2%\textsuperscript{123}</td>
<td>19.4%\textsuperscript{127}</td>
</tr>
<tr>
<td>Sex workers</td>
<td>190,000\textsuperscript{120}</td>
<td>24.5%\textsuperscript{124}</td>
<td>41.8%\textsuperscript{128}</td>
</tr>
</tbody>
</table>

Useful programme implementation tools\textsuperscript{*} and guidelines

http://bit.ly/1ISZWVz

http://bit.ly/1mTlqZ

UNFPA et al. (2015) Implementing comprehensive HIV and STI programmes with men who have sex with men.
http://bit.ly/1LWyIQ6

\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.

Select national/regional documents on SRHR and HIV linkages/integration

  - HIV/AIDS Division, Federal Ministry of Health, Nigeria

- National Guidelines for the Integration of Reproductive Health and HIV Programmes In Nigeria
  - Federal Ministry of Health, Nigeria

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


7. 2014. UNAIDS HIV Estimates

8. 2014. UNAIDS HIV Estimates

9. 2014. UNAIDS HIV Estimates

10. 2014. UNAIDS HIV 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. Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months. UNAIDS GARPR

17. See also http://criminalisation.gnpplus.net/country/nigeria


20. 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 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


26. 2007. Integrated Maternal and Newborn Health Strategy


30. 2012. The HIV and AIDS (Anti-Discrimination) Act 2014 (No. 7) was published in the Official Gazette of the Federal Republic of Nigeria in August 2015. See also http://criminalisation.gnpplus.net/country/nigeria


58. 2014. UNAIDS 2014 estimates

59. 2009. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

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

61. 2008. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444


63. 2015. National ART training curriculum includes SRHR components. Correspondence with UNFPA Country Office Nigeria, November 2015

64. 2015. Integrated at primary healthcare level. Correspondence with UNFPA Country Office Nigeria, November 2015

65. 2015. Correspondence with UNFPA Country Office Nigeria, November 2015

66. 2015. Correspondence with UNFPA Country Office Nigeria, November 2015

67. 2015. Correspondence with UNFPA Country Office Nigeria, November 2015

68. 2015. Correspondence with UNFPA Country Office Nigeria, November 2015

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

70. Percentage of health facilities dispensing ARVs that experienced a stock-out 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, doxycycline, benzathine-penicillin)


73. 2012. Rapid assessment of sexual and reproductive health and HIV linkages: Nigeria (report available on request)


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


78. 2012. Report available on request

79. 2014. UNAIDS GARPR

80. 2013. Indicator: Are health facilities providing HIV services integrated with other health services: EMTCT/PMTCT with antenatal care/maternal and child health? UNAIDS GARPR

82. 2014. UNAIDS 2014 estimates

83. 2014. UNAIDS 2014 estimates


86. 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

87. 2014. UNAIDS 2014 estimates


89. 2014. UNAIDS 2014 estimates

90. 2014. UNAIDS 2014 estimates

91. 2014. UNAIDS 2014 estimates

92. 2014. UNAIDS 2014 estimates

93. 2013. World Health Organisation Universal Access Indicator 3.4


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. Indicator: Congenital syphilis rate per 100,000 live births. WHO Global Health Observatory data repository. Congenital syphilis.

99. 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. Indicator: Percentage of antenatal care attendees who tested positive for syphilis. WHO Global Health Observatory data repository. Antenatal care attendees who were positive for syphilis. http://apps.who.int/gho/data/view.main.23620

101. 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.A13625Stv


106. 2007. WHO Global Health Observatory Data Repository.


111. 2014. UNAIDS 2014 estimates

112. 2014. UNAIDS 2014 estimates

113. 2014. UNAIDS 2014 estimates

114. 2014. UNAIDS 2014 estimates


118. 2014. UNAIDS GARPR

119. 2014. UNAIDS GARPR

120. 2014. UNAIDS GARPR

121. Indicator: Transgender people population size estimate

122. 2013. UNAIDS GARPR

123. 2013. UNAIDS GARPR

124. 2013. UNAIDS GARPR

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

126. 2011. UNAIDS GARPR

127. 2013. UNAIDS GARPR

128. 2011. UNAIDS GARPR

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

130. 2010. UNAIDS GARPR

131. 2013. UNAIDS GARPR

132. 2011. 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.

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