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.

---

**Source:** Adapted from IPPF, UNFPA, WHO (2014) SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools. Available at: [http://bit.ly/1KVaET1](http://bit.ly/1KVaET1)

---

**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.
Key HIV and SRHR intersections: South Africa data

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 54.00 million

### Life expectancy at birth 62.5

### Fertility rate 2.4

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

<table>
<thead>
<tr>
<th>New adult HIV infections</th>
<th>180,000</th>
<th>140,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV prevalence (ages 15-49)</th>
<th>18.9%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>People living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,900,000</td>
</tr>
<tr>
<td>2,600,000</td>
</tr>
<tr>
<td>340,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People living with HIV receiving ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 years+</td>
</tr>
<tr>
<td>45.0%</td>
</tr>
<tr>
<td>0-14 years</td>
</tr>
<tr>
<td>44.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIDS-related deaths among adults (ages 15+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>63,000</td>
</tr>
<tr>
<td>64,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal mortality ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>138 per 100,000 live births</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal deaths attributed to HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother-to-child HIV transmission rate (after breastfeeding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnant women who know their HIV status</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demand for family planning satisfied with a modern method of contraception (15–49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>890 p.7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condom use at last sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demand for family planning satisfied with a modern method of contraception for women living with HIV (15–49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATA NOT AVAILABLE</td>
</tr>
</tbody>
</table>

Where data is not available this is marked with ▲ also p.5 & 7
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?**

If yes, have the following SRHR components been included as a measurable target:

- 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: Yes

**Is there a national SRHR strategy?**

If yes, have the following HIV components been included as a measurable target:

- 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: No
- HIV counselling and testing: Yes

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

**Laws**

**People living with HIV**

Are there laws that:

- Criminalise HIV transmission or exposure: No
- Impose HIV specific restrictions on entry, stay or residence: No
- Address HIV-related discrimination and protect people living with HIV: Yes

Are there laws that:

- Criminalise same-sex sexual activities: No
- Deem sex work as illegal: Yes
- Mandate the death penalty for drug offences: No
- Demand compulsory detention for people who use drugs: No
- Recognise a third, neutral and non-specific gender besides male and female: No

**Key populations**

Are there laws that:

- Address gender-based violence: Yes
- Penalise rape in marriage: Yes
- Allow free entry into marriage and divorce: Yes
- Allow the removal of violent spouses: Yes

**Gender-based violence**

Are there laws that:

- Address gender-based violence: Yes
- Penalise rape in marriage: Yes
- Allow free entry into marriage and divorce: Yes
- Allow the removal of violent spouses: Yes

**Other laws**

Are there laws that:

- Make sexuality education mandatory: No
- Allow legal abortion: Yes on request up to 12 weeks. After 12 weeks: 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; for economic or social reasons
- Prohibit female genital mutilation: No

**Age of Consent**

- What is the minimum legal age for marriage without parental consent: 21 years
- What is the legal age for HIV testing without parental consent: 12 years
- What is the legal age for accessing contraceptives: 12 years
- What is the legal age for consent to sexual intercourse: 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.

Key findings from the Stigma Index

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied sexual and reproductive health (SRH) services</td>
<td>6%</td>
</tr>
<tr>
<td>Denied family planning services</td>
<td>8%</td>
</tr>
<tr>
<td>Experienced forced or coerced sterilization by healthcare provider on the basis of HIV</td>
<td>4.5%</td>
</tr>
<tr>
<td>Ever counselled about reproductive options since being diagnosed HIV-positive</td>
<td>70%</td>
</tr>
<tr>
<td>Could access ART (among people yet to commence)</td>
<td>89%</td>
</tr>
<tr>
<td>Had a constructive discussion on HIV treatment options</td>
<td>74%</td>
</tr>
<tr>
<td>Reported experience of stigma and discrimination that hinder access to HIV and SRH services</td>
<td>5%</td>
</tr>
<tr>
<td>Sought redress if rights violated</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Has the Stigma Index been conducted?

2014

A sample of 10,473 people living with HIV (women 65%, men 34%, transgender 1%) in 18 districts

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>Girls married before 18</th>
<th>Women who agree husband is justified in hitting or beating his wife:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>for at least one specified reason</td>
</tr>
<tr>
<td></td>
<td>if she refuses sex with him</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th></th>
<th>Doctors per 1,000</th>
<th>Nurses and midwives per 1,000</th>
<th>Community and traditional health workers per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.776</td>
<td>5.114</td>
<td>0.203</td>
</tr>
</tbody>
</table>

Training and supervision

<table>
<thead>
<tr>
<th>Training and supervision</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there SRHR training materials and curricula that include HIV?</td>
<td>Yes (partial)</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>HIV and SRHR commodities</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there integrated supply systems?</td>
<td>Not integrated</td>
</tr>
<tr>
<td>Are there integrated ordering systems?</td>
<td>Not integrated</td>
</tr>
<tr>
<td>Are there integrated monitoring systems?</td>
<td>Not integrated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commodity stockouts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td></td>
</tr>
<tr>
<td>Antiretrovirals for HIV</td>
<td></td>
</tr>
<tr>
<td>STI drugs</td>
<td></td>
</tr>
</tbody>
</table>

Coordination, planning and budgeting

<table>
<thead>
<tr>
<th>Coordination, planning and budgeting</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there joint planning of HIV and SRHR programmes?</td>
<td>Some</td>
</tr>
<tr>
<td>Is there any collaboration between SRHR and HIV for programme management/implementation?</td>
<td>Some</td>
</tr>
</tbody>
</table>

Health information systems

<table>
<thead>
<tr>
<th>Health information systems</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system statistical capacity</td>
<td></td>
</tr>
<tr>
<td>National surveys</td>
<td>2 / 2</td>
</tr>
<tr>
<td>Facility-based data collection</td>
<td>1.33 / 3</td>
</tr>
</tbody>
</table>

SRHR and HIV service coverage

<table>
<thead>
<tr>
<th>SRHR and HIV service coverage</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counselling facilities per 100,000 adult population</td>
<td>11</td>
</tr>
<tr>
<td>Primary level service delivery points offering at least three modern methods of contraception</td>
<td></td>
</tr>
</tbody>
</table>

Rapid Assessment of SRH and HIV linkages

<table>
<thead>
<tr>
<th>Rapid Assessment of SRH and HIV linkages</th>
<th>Outcome</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
- 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

| Prong 1: new HIV infections among women 15-49 | 160,000 |
| Prong 2: unmet need for family planning for women of reproductive age | 13.8% |
| Prong 3: final mother-to-child HIV transmission rate | 3.8% |
| Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children | >95% |
| Prong 3: women or infants receiving ARVs during breastfeeding | Infants >95% |
| Prong 4: ART coverage among children under 15 years | 49.0% |

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)95

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

- 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
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

Recent births to mothers under 20 that were unplanned

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

Youth unemployment

52.6%

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

▲ 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.

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


http://bit.ly/1Ht1gZ

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

*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.

Additional national/regional data on SRHR and HIV linkages/integration

| Indicator                                                      | Data    | Source                                      |
|                                                               |         |                                            |
| Proportion of TB patients who are living with HIV             | 57%     | 2015 South Africa National Department of Health TB report |
| Number of TB patients living with HIV receiving ART          | 133,116 | 2015 South Africa National Department of Health TB report |
| TB-related deaths among people living with HIV               | 73,000  | 2015 South Africa National Department of Health TB report |
| Proportion of people living with HIV receiving TB preventive therapy | 10%     | 2015 UNAIDS                                 |

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

National Department of Health
National Contraception and Fertility Planning Policy and Service Delivery Guidelines 2012
bit.ly/29V9xmq

bit.ly/1TZWfYc

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.


40. CSE is part of Life Orientation subject which is taught in basic education. The South African Schools Act (SASA), 1996 (Act 84 of 1996) makes schooling compulsory for children aged 7 to 15 but does not mention sexuality education. Communication with UNFPA Country Office, March 2016


50a. 2003. Indicator: Ability to participate in decisions regarding their own health


52. 2014. 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


53a. 2003. Indicator: The percentage of women age 15-49 who agree that a husband is justified in hitting or beating his wife if she refuses to have sexual intercourse with him.

53b. 2003. Indicator: Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner for any of the following five reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or when she neglects the children.

54. Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) http://data.worldbank.org/indicator/SG.VAW.REAS.ZS


58. 2014. UNAIDS 2015 estimates


60. 2013. World Health Organisation http://apps.who.int/gho/data/view.main.92100


64. 2015. Communication with UNFPA Country Office, March 2016


69. Indicator: Percentage of facilities stocked-out of contraceptives

70. Indicator: Percentage of health facilities dispensing ARVs that experienced stock-out of at least one required ARV in the last 12 months. WHO Universal Access

71. Indicator: Proportion of primary healthcare public sector facilities that reported having any one of five drugs considered essential for STI management out of stock during the month of the survey (metronidazole, ciprofloxacin, erythromycin, doxycycline, benzathine-penicillin)


76. Indicator: Primary level service delivery points offering at least three modern methods of contraception


82. 2014. UNAIDS 2015 estimates

83. 2014. UNAIDS 2015 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 2015 estimates


89. 2014. UNAIDS 2015 estimates

90. 2014. UNAIDS 2015 estimates

91. 2014. UNAIDS 2015 estimates

92. 2014. UNAIDS 2015 estimates

93. 2014. 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)


100. 2012. National Antenatal Sentinel HIV & Syphilis Prevalence Survey. Available data is from the Annual HIV and Syphilis survey amongst pregnant women attending antenatal clinic. Syphilis prevalence was 1.6% was found among 33 446 pregnant women who participated in the 2011 survey. Samples were screened for active syphilis using the RPR test

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.A1362STiv

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

103. Indicator: Percentage of adolescents (aged 15–19) who reported having sexual intercourse with more than one partner in the last 12 months.

104. Indicator: Percentage of adolescents (aged 15–19) who reported having sexual intercourse with more than one partner in the last 12 months and who reported the use of a condom during their last sexual intercourse. South African National HIV Prevalence, Incidence and Behaviour Survey (2012) reports 49.8% among 15-24 year olds.


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

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

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


110. 2014. UNAIDS 2014 estimates

111. UNAIDS 2014 estimates

112. Indicator: Percentage of adolescents (aged 15–19) who have been tested for HIV in the last 12 months and received the result of their most recent test. Female.

113. 2014. UNAIDS 2014 estimates

114. 2014. UNAIDS 2014 estimates

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

116. Indicator: Percentage of adolescents (aged 15–19) with comprehensive, correct knowledge of HIV. Comprehensive, correct knowledge about HIV and AIDS is defined as correctly identifying the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission and knowing that a healthy-looking person can transmit HIV. South African National HIV Prevalence, Incidence and Behaviour Survey (2012) reports 29% among 15-24 year olds

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

118. 2014. Indicator: Men who have sex with men population size estimate. UNAIDS GARPR

119. 2014. Indicator: People who inject drugs population size estimate. UNAIDS GARPR

120. 2013. UNAIDS GARPR

121. 2014. Indicator: Transgender people population size estimate

122. 2011. UNAIDS GARPR

123. 2014. Indicator: Percentage of people who inject drugs who are living with HIV. UNAIDS GARPR

124. 2014. Indicator: Percentage of sex workers who are living with HIV. UNAIDS GARPR

125. 2014. Indicator: Percentage of transgender people who are living with HIV.

126. 2011. UNAIDS GARPR

127. 2014. Indicator: Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results. UNAIDS GARPR

128. 2012. UNAIDS GARPR

129. 2014. Indicator: Percentage of transgender people who received an HIV test in the past 12 months and know their results.

130. 2009. UNAIDS GARPR

131. 2014. Indicator: Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse. UNAIDS GARPR

132. 2012. UNAIDS GARPR

133. 2014. 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 Global Call to Action and the New York Call to Commitment
2005: A Framework for Priority Linkages
2007: Linkages: Evidence Review and Recommendations
2008 onwards: Rapid Assessment Tool for SRH and HIV Linkages
2009: Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV
2008 onwards: Gateways to Integration Case Studies
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

Disclaimer: All reasonable precautions have been taken by the publishers to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the IAWG on SRH and HIV Linkages or any organization whose logo appears on this document be liable for damages arising from use of this publication. This publication does not necessarily represent the IAWG on SRH and HIV Linkages or any organization whose logo appears on this document.