This country snapshot provides an overview of national level data for the full scope of HIV and sexual & reproductive health and rights (SRHR) linkages/integration at three levels:

- enabling environment (policy and legal)
- health systems
- integrated service delivery

By highlighting results, areas that need strengthening, and data gaps, this snapshot can be used for determining priorities, programme planning, and resource mobilization.


*Maternal health is an SRH service, which is often clustered with newborn and child health services.
Linkages versus integration

**Linkages** refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

**Integration** refers to the service delivery level and can be understood as joining operational programmes to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop shop services under one roof, etc.).

Theory of change for SRHR and HIV linkages

- **Output**
  - More enabling environment for a linked SRHR and HIV response
  - Stronger health systems that support SRHR and HIV integration
  - More integrated delivery of SRHR and HIV services

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

- **Impact**
  - Improved health, human rights, and quality of life

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


To find indicators and tools to measure progress

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 7.1 million
Life expectancy at birth 56
Fertility rate 4.6

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

New adult HIV infections
Women 2,100
Men 1,600

HIV prevalence (ages 15-49)
Women 2.4%
Men

People living with HIV
Women 60,000
Men 42,000
Children 12,000

People living with HIV receiving ART
15 years+ 41%
0-14 years 24%

HIV testing in the general population
14.8%

AIDS-related deaths among adults (ages 15+)
Women 1,700
Men 2,000

HIV-associated maternal death contributes to maternal mortality

Maternal mortality ratio
368 per 100,000 live births

Maternal deaths attributed to HIV
58%

Gender-based violence is a cause and consequence of HIV

Prevalence of recent intimate partner violence
12.8%

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)
14.2%

Pregnant women who know their HIV status
73%

Demand for family planning satisfied with a modern method of contraception (15–49)
30.5%

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
31.2%
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?**

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)? Yes
- Prevention / elimination of mother to child transmission of HIV? Yes
- SRHR of people living with HIV? No
- Sexually transmitted infections? Yes
- 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? Yes
- Impose HIV specific restrictions on entry, stay or residence? No
- Address HIV-related discrimination and protect people living with HIV? Yes

**Key populations**

Are there laws that:

- Criminalise same-sex sexual activities? Yes
- 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

**Gender-based violence**

Are there laws that:

- Address gender-based violence? No
- Penalise rape in marriage? Data not available
- Allow free entry into marriage and divorce? Data not available
- Allow the removal of violent spouses? Data not available

**Other laws**

Are there laws that:

- Make sexuality education mandatory? Data not available
- Allow legal abortion? Yes: to save a woman's life; to preserve a woman's physical health; in case of rape or incest; because of foetal impairment
- Prohibit female genital mutilation? No

**Age of Consent**

What is the minimum legal age for marriage without parental consent?

- 17 years
- 20 years

What is the legal age for HIV testing without parental consent?

- Age of minor not defined

What is the legal age for accessing contraceptives?

- 16 years
- 16 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.

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

Prevalence of recent intimate partner violence

Women who agree husband is justified in hitting or beating his wife:

- for at least one specified reason[53a]: 29%
- if she refuses sex with him[53b]: 10%

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.

Children who have lost one or both parents due to AIDS

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
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>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors per 1,000</td>
<td>0.053</td>
</tr>
<tr>
<td>Nurses and midwives per 1,000</td>
<td>0.274</td>
</tr>
<tr>
<td>Community and traditional health workers per 1,000</td>
<td>0.095</td>
</tr>
</tbody>
</table>

### Training and supervision

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

### Logistics and supplies

#### HIV and SRHR commodities

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there integrated supply systems?</td>
<td>N/A</td>
</tr>
<tr>
<td>Are there integrated ordering systems?</td>
<td>N/A</td>
</tr>
<tr>
<td>Are there integrated monitoring systems?</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Commodity stockouts

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td>70.5%</td>
</tr>
<tr>
<td>Antiretrovirals for HIV</td>
<td>19.4%</td>
</tr>
<tr>
<td>STI drugs</td>
<td></td>
</tr>
</tbody>
</table>

### Coordination, planning and budgeting

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there joint planning of HIV and SRHR programmes?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there any collaboration between SRHR and HIV for programme management/implementation?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Health information systems

**Health system statistical capacity**

- National surveys: 2/3
- Facility-based data collection: 2/3

### SRHR and HIV service coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counselling facilities per 100,000 adult population</td>
<td>16</td>
</tr>
<tr>
<td>Primary level service delivery points offering at least three modern methods of contraception</td>
<td>98%</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

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

Many

Many

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

5,100

<1000

New child HIV infections

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

<table>
<thead>
<tr>
<th>Prong</th>
<th>Description</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>new HIV infections among women 15-49</td>
<td>2,000</td>
</tr>
<tr>
<td>2</td>
<td>unmet need for family planning for women of reproductive age</td>
<td>35.6%</td>
</tr>
<tr>
<td>3</td>
<td>final mother-to-child HIV transmission rate</td>
<td>14.2%</td>
</tr>
<tr>
<td>3</td>
<td>women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children</td>
<td>87.4%</td>
</tr>
<tr>
<td>3</td>
<td>women or infants receiving ARVs during breastfeeding</td>
<td>87%</td>
</tr>
<tr>
<td>4</td>
<td>ART coverage among children under 15 years</td>
<td>24%</td>
</tr>
</tbody>
</table>

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

Dual elimination of mother-to-child transmission of HIV and syphilis

In 2007 WHO launched an initiative for the global elimination of congenital syphilis, outlined in the global elimination of congenital syphilis: rationale and strategy for action.96 Initiatives are now ongoing for dual elimination of mother-to-child transmission of HIV and syphilis as an integrated process, including data validation.97

http://bit.ly/1jCx7sf
Focus on adolescents and youth

Young people need access to a range of SRHR and HIV information and services on a broad range of topics related to their physical, social, emotional, and sexual development.

Sexual behaviour

Median age at first sex among young people aged 20-24

<table>
<thead>
<tr>
<th>Sexual behaviour</th>
<th>Adolescents aged 15-19 who had:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female (%)</td>
</tr>
<tr>
<td>Had sex before age 15</td>
<td>10.3%</td>
</tr>
<tr>
<td>Had multiple partners and used a condom at last sex</td>
<td>69%</td>
</tr>
<tr>
<td>Had multiple sexual partners in the last 12 months</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unmet need for family planning</th>
<th>Young women aged 15-19 who have ever had a child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young women who have ever had a child</td>
<td>49.8%</td>
</tr>
</tbody>
</table>

HIV

<table>
<thead>
<tr>
<th>HIV</th>
<th>Adolescents aged 15-19 who were ever tested for HIV and received the results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;500 New HIV infections among adolescents aged 15-19</td>
</tr>
</tbody>
</table>

Knowledge and comprehensive sexuality education

<table>
<thead>
<tr>
<th>Knowledge and comprehensive sexuality education</th>
<th>▲ also p.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people aged 15-19 who have heard of family planning on any of the three sources (radio, TV or newspapers)</td>
<td>33%</td>
</tr>
<tr>
<td>Adolescents aged 15-19 who have comprehensive knowledge of HIV</td>
<td>36%</td>
</tr>
<tr>
<td>Schools that provided skills-based HIV and sexuality education in the previous academic year</td>
<td>▲ also p.4</td>
</tr>
</tbody>
</table>
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>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 estimate</td>
<td>7,800 118</td>
<td>2,289 119</td>
<td>10,284 120</td>
<td></td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>13.1% 122</td>
<td>5.5% 123</td>
<td>11.1% 124</td>
<td></td>
</tr>
<tr>
<td>HIV testing</td>
<td>54.5% 126</td>
<td>21.6% 127</td>
<td>57.7% 128</td>
<td></td>
</tr>
<tr>
<td>Condom use</td>
<td>47.0% 130</td>
<td>36.8% 131</td>
<td>91.2% 132</td>
<td></td>
</tr>
</tbody>
</table>

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.

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 HIV Estimates

7. 2014. UNAIDS HIV Estimates

8. 2014. UNAIDS HIV Estimates

9. 2014. UNAIDS HIV Estimates

10. 2014. UNAIDS HIV Estimates

11. 2014. 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. 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


18. 2014. UNAIDS 2014 estimates

19. 2014. 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

24. 2014. UNAIDS GARPR


26a. 2015. IPPF and UNFPA coding (2015)

27. There is no current national SRH and HIV integration policy or strategy

28. 2014. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


30. 2014. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


32. 2014. UNAIDS GARPR


34. 2014. UNAIDS GARPR


40. Indicator: Is there a law or policy mandating the government (or its regulatory bodies) to implement sexuality education? http://unstats.un.org/unsd/gender/Data/Qualitative%20indicators.html


45. Indicator: Legal age for accessing contraceptives.


47. 2014. Indicator: Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV. UNAIDS GARPR


49. Togo has not undertaken the People Living with HIV Stigma Index.


52. 2014. UNAIDS GARPR


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


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. 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 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, doxycycline, benzathine-penicillin)

72. 2016. SRH participate in HIV planning and vice versa and also in Program review. In EMCT the planning is done together. Communication with Togo UNFPA country office, 19 July 2016.

73. 2016. SRH participate in HIV planning and vice versa and also in Program review. In EMCT the planning is done together. Communication with Togo UNFPA country office, 19 July 2016.


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. 2013. UNAIDS GARPR

82. 2014. UNAIDS 2014 estimates
83. 2014. UNAIDS 2014 estimates
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. 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)
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.A13625Tv
102. Indicator: Median age at first sexual intercourse: Women 20-24
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. 2013. UNAIDS 2014 estimates
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)
117. Indicator: Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year.
118. 2014. UNAIDS GARPR
121. Indicator: Transgender people population size estimate
125. Indicator: Percentage of transgender people who are living with HIV.
126. 2013. UNAIDS GARPR
127. 2014. 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. 2013. UNAIDS GARPR
131. 2011. 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.

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
2010: SRH and HIV linkages resource pack
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
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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