HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT TUNISIA 2016

What's this all about?

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.


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Note: 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.

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Key HIV and SRHR intersections: Tunisia 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 11.0 million Life expectancy at birth 73.6 Fertility rate 2.3

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

New adult HIV infections

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100</td>
<td>&lt;500</td>
</tr>
</tbody>
</table>

HIV prevalence (ages 15-49)

| <0.1% |

People living with HIV

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
<th>&lt;150</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1,000</td>
<td>1,900</td>
<td>&lt;150</td>
</tr>
</tbody>
</table>

People living with HIV receiving ART

<table>
<thead>
<tr>
<th>15 years+</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.2%</td>
</tr>
</tbody>
</table>

0-14 years

HIV testing in the general population

| 1.9% |

AIDS-related deaths among adults (ages 15+)

| <100 |

HIV-associated maternal death contributes to maternal mortality

| 44.8 per 100,000 live births |

Gender-based violence is a cause and consequence of HIV

Prevalence of recent intimate partner violence

| 16.2% |

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)

| 21.9% |

Pregnant women who know their HIV status

| 0.2% |

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

| 70.7% |

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

Number of adults reported with syphilis

| 21 |

Condom use at last sex

| 28.2% |

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

<table>
<thead>
<tr>
<th>Is there a national HIV strategy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, have the following SRHR components been included as a measurable target:</td>
</tr>
<tr>
<td>Condoms (with reference to STI prevention / contraceptive method)?</td>
</tr>
<tr>
<td>Prevention / elimination of mother-to-child transmission of HIV?</td>
</tr>
<tr>
<td>SRHR of people living with HIV?</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
</tr>
<tr>
<td>Gender based violence?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a national SRHR strategy?</th>
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<tbody>
<tr>
<td>If yes, have the following HIV components been included as a measurable target:</td>
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<tr>
<td>SRHR of people living with HIV?</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
</tr>
<tr>
<td>HIV counselling and testing?</td>
</tr>
</tbody>
</table>

### Laws

#### People living with HIV

<table>
<thead>
<tr>
<th>Are there laws that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>criminalise HIV transmission or exposure?</td>
</tr>
<tr>
<td>impose HIV specific restrictions on entry, stay or residence?</td>
</tr>
<tr>
<td>address HIV-related discrimination and protect people living with HIV?</td>
</tr>
</tbody>
</table>

#### Key populations

<table>
<thead>
<tr>
<th>Are there laws that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>criminalise same-sex sexual activities?</td>
</tr>
<tr>
<td>deem sex work as illegal?</td>
</tr>
<tr>
<td>mandate the death penalty for drug offences?</td>
</tr>
<tr>
<td>demand compulsory detention for people who use drugs?</td>
</tr>
<tr>
<td>recognise a third, neutral and non-specific gender besides male and female?</td>
</tr>
</tbody>
</table>

#### Gender-based violence

<table>
<thead>
<tr>
<th>Are there laws that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>address gender-based violence?</td>
</tr>
<tr>
<td>penalise rape in marriage?</td>
</tr>
<tr>
<td>allow free entry into marriage and divorce?</td>
</tr>
<tr>
<td>allow the removal of violent spouses?</td>
</tr>
</tbody>
</table>

#### Other laws

<table>
<thead>
<tr>
<th>Are there laws that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>make sexuality education mandatory?</td>
</tr>
<tr>
<td>allow legal abortion?</td>
</tr>
<tr>
<td>prohibit female genital mutilation?</td>
</tr>
</tbody>
</table>

### Support to SRHR and HIV linkages:

#### Age of Consent

<table>
<thead>
<tr>
<th>What is the minimum legal age for marriage without parental consent?</th>
<th>18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the legal age for HIV testing without parental consent?</td>
<td>18 years</td>
</tr>
<tr>
<td>What is the legal age for accessing contraceptives?</td>
<td>18 years</td>
</tr>
<tr>
<td>What is the legal age for consent to sexual intercourse?</td>
<td>18 years</td>
</tr>
</tbody>
</table>
Enabling environment (policy and legal)

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.

Stigma faced by people living with HIV

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.


Gender-based violence is a cause and consequence of HIV

Prevalence of recent intimate partner violence

Girls married before 18

2%

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

Women who believe wife is justified in refusing sex with husband

Ability to participate in decisions regarding their own health

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

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

Children whose households received external support

Limited

Limited

None

In-school education on preventing dating violence

Microfinance and gender equity training

Changing social and cultural norms that support violence

Gender-based violence prevention programmes
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**
  - 1.22

- **Nurses and midwives per 1,000**
  - 3.28

- **Community and traditional health workers per 1,000**

### Logistics and supplies

#### HIV and SRHR commodities

- Are there integrated supply systems?  
  - Partially integrated

- Are there integrated ordering systems?  
  - Not integrated

- Are there integrated monitoring systems?  
  - Not integrated

#### Commodity stockouts

- Contraceptives: 0%
- Antiretrovirals for HIV: 75%
- STI drugs: 71%

### Coordination, planning and budgeting

- Is there joint planning of HIV and SRHR programmes?  
  - Yes

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

### Health information systems

- Health system statistical capacity
  - Health system surveys: 1.5
  - Facility-based data collection: 1.3

### SRHR and HIV service coverage

- HIV testing and counselling facilities per 100,000 adult population: <1

- Primary level service delivery points offering at least three modern methods of contraception: 100%

### Rapid Assessment of SRH and HIV linkages

- Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted?  
  - 2010

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

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

Prong 1: new HIV infections among women 15-4987

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

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

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

Prong 3: women or infants receiving ARVs during breastfeeding91

Prong 4: ART coverage among children under 15 years92

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)93

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

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

- Female: 0.4%
- Male: 5.0%

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

- Young women aged 15-19 who have ever had a child
- Recent births to mothers under 20 that were unplanned
- Young women aged 15-19 able to participate in decisions about their healthcare

- 0.3%
- 10%
- 10%

Youth unemployment

- 31.8%

HIV

Estimated number of adolescents living with HIV aged 10-19

- Young people living with HIV aged 15-24

- <200
- <500

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

- <100

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)

- 15%

- Adolescents aged 15-19 who have comprehensive knowledge of HIV

- 15%

- 5%

- 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.

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

Étude Qualitative sur les Facteurs de Vulnérabilité au VIH des Travailleurs et travailleuses du Sexe en Tunisie
Ministère de la Santé - République Tunisienne, Aids Fonds, UNFPA, 2015

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.


38. 2015. Code du statut personnel


40. Law 88(MEF)/107(MSP): 20 November 2003 states that every secondary school should have a session about RH and HIV in the final year (9th year = age 14-15)


45. 2015. National programme on family planning


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


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


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

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


52. 2010. Rapport violence à l’égard des femmes, ONFP, 2010-2011


53b. 2011-2012: “The percentage of women age 15-49 who agree that a husband is justified in hitting or beating his wife for one specified reason: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him.” Multiple Indicator Cluster Survey 2011-2012


58. UNAIDS 2014 child-level estimates not published

59. 2010. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

60. 2009. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

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


63. 2016. Correspondence with UNFPA Country Office Tunisia, October 2016

64. 2016. The national board on family and population and primary care department offers supervision on both SRH and HIV services. Correspondence with UNFPA Country Office Tunisia, October 2016

65. 2016. Correspondence with UNFPA Country Office Tunisia, October 2016

66. 2016. Correspondence with UNFPA Country Office Tunisia, October 2016

67. 2016. Correspondence with UNFPA Country Office Tunisia, October 2016

68. 2016. Correspondence with UNFPA Country Office Tunisia, October 2016

69. 2014. Cadre de suivi d’accès universel à la SSR en tunisie, ONFP, UNFPA, 2014

70. 2014. 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)


73. 2016. Communication with UNFPA Country Office Tunisia, June 2016


76. 2014. Cadre de suivi d’accès universel à la SSR en tunisie, ONFP, UNFPA, 2014


82. 2015. GARPR
83. UNAIDS 2014 child-level estimates not published
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
90. UNAIDS 2014 estimates not published
91. UNAIDS 2014 estimates not published
92. UNAIDS 2014 child-level estimates not published
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. 2014. Rapport d’activité de CSB
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
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. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. http://www.childrenandaids.org/ Data refer to most recent year available
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. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. http://www.childrenandaids.org/ Data refer to most recent year available.
106. Indicator: Unmet need for contraception among women aged 15-49, married or in union
107. 2012. MICS 4
108. Indicator: Percent of recent births to mothers <20 that were unplanned
109. 2014. Youth population and employment in MENA, opportunities or challenges. Farzhen Roudi, 2011
110. 2014. UNAIDS 2014 estimates not published
111. 2014. 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. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2010–2014. http://www.childrenandaids.org/ Data refer to most recent year available.
113. 2014. UNAIDS 2014 estimates
114. UNAIDS 2014 estimates not published
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. 2013. UNAIDS GARPR
119. 2013. UNAIDS GARPR
120. 2013. UNAIDS GARPR
121. Indicator: Transgender people population size estimate
122. 2014. UNAIDS GARPR
123. 2014. UNAIDS GARPR
124. 2014. UNAIDS GARPR
125. Indicator: Percentage of transgender people who are living with HIV.
126. 2014. UNAIDS GARPR
127. 2014. UNAIDS GARPR
128. 2014. UNAIDS GARPR
129. Indicator: Percentage of transgender people who received an HIV test in the past 12 months and know their results.
130. 2014. UNAIDS GARPR
131. 2014. UNAIDS GARPR
132. 2014. 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 Ginowan Call to Action and the New York Call to Commitment
- 2005: A Framework for Priority Linkages
- 2006: Linkages: Evidence Review and Recommendations
- 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 SRH 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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