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.*
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**: 15 million

**Life expectancy at birth**: 60.5

**Fertility rate**: 5.7

**New adult HIV infections**: 24,000

**HIV prevalence (ages 15-49)**: 12.4%

**People living with HIV**:
- Women: 540,000
- Men: 500,000
- Children: 100,000

**People living with HIV receiving ART**
- 15 years+: 69%
- 0-14 years: 48%

**HIV testing in the general population**
- 42.1%

**AIDS-related deaths among adults (ages 15+)**
- Women: 4,300
- Men: 9,900

**HIV-associated maternal death contributes to maternal mortality**
- Maternal mortality ratio: 224 per 100,000 live births
- Maternal deaths attributed to HIV: 9%

**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)**: 13.3%

**Pregnant women who know their HIV status**: 93.9%

**Demand for family planning satisfied with a modern method of contraception (15–49)**: 50.6%

**Demand for family planning satisfied with a modern method of contraception for women living with HIV (15–49)**: 29.7% for females, 27.4% for males.
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>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a national HIV strategy?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, have the following SRHR components been included as a measurable target?</td>
<td></td>
</tr>
<tr>
<td>Condoms (with reference to STI prevention / contraceptive method)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Prevention / elimination of mother-to-child transmission of HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>SRHR of people living with HIV?</td>
<td>Mentioned</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender based violence?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there a national SRHR strategy?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, have the following HIV components been included as a measurable target?</td>
<td></td>
</tr>
<tr>
<td>Condoms (with reference to HIV prevention)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Prevention / elimination of mother to child transmission of HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>SRHR of people living with HIV?</td>
<td>Mentioned</td>
</tr>
<tr>
<td>Sexually transmitted infections?</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV counselling and testing?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Laws

#### People living with HIV

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>criminalise HIV transmission or exposure?</td>
<td>Yes</td>
</tr>
<tr>
<td>impose HIV specific restrictions on entry, stay or residence?</td>
<td>No</td>
</tr>
<tr>
<td>address HIV-related discrimination and protect people living with HIV?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Key populations

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>criminalise same-sex sexual activities?</td>
<td>Yes</td>
</tr>
<tr>
<td>deem sex work as illegal?</td>
<td>Yes</td>
</tr>
<tr>
<td>mandate the death penalty for drug offences?</td>
<td>No</td>
</tr>
<tr>
<td>demand compulsory detention for people who use drugs?</td>
<td>No</td>
</tr>
<tr>
<td>recognise a third, neutral and non-specific gender besides male and female?</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Gender-based violence

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

### Other laws

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there laws that:</td>
<td></td>
</tr>
<tr>
<td>make sexuality education mandatory?</td>
<td>No</td>
</tr>
<tr>
<td>allow legal abortion?</td>
<td>Yes: to save a woman's life; to preserve a woman's physical health; to preserve a woman's mental health; because of foetal impairment; for economic or social reasons</td>
</tr>
<tr>
<td>prohibit female genital mutilation?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Age of Consent

<table>
<thead>
<tr>
<th>Question</th>
<th>Minimum Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the minimum legal age for marriage without parental consent?</td>
<td>21 years</td>
</tr>
<tr>
<td>What is the legal age for HIV testing without parental consent?</td>
<td>16 years</td>
</tr>
<tr>
<td>What is the legal age for accessing contraceptives?</td>
<td>16 years</td>
</tr>
<tr>
<td>What is the legal age for consent to sexual intercourse?</td>
<td>16 years</td>
</tr>
</tbody>
</table>
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>Percentage</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

Has the Stigma Index been conducted?

2010

A sample of 854 PLHIV (women n=484 and men n=365).

Key findings from the Stigma Index

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied sexual and reproductive health (SRH) services</td>
<td>11.8%</td>
<td>(n=101)</td>
</tr>
<tr>
<td>Denied family planning services</td>
<td>9.7%</td>
<td>(n=83)</td>
</tr>
<tr>
<td>Experienced forced or coerced sterilization by healthcare provider on the basis of HIV</td>
<td>5.2%</td>
<td>(n=25)</td>
</tr>
<tr>
<td>Ever counselled about reproductive options since being diagnosed HIV-positive</td>
<td>38.5%</td>
<td>(111 of 288)</td>
</tr>
<tr>
<td>Men</td>
<td>38.5%</td>
<td>(111 of 288)</td>
</tr>
<tr>
<td>Women</td>
<td>30.3%</td>
<td>(120 of 396)</td>
</tr>
<tr>
<td>Could access ART (among people yet to commence)</td>
<td>75.5%</td>
<td>(n=504)</td>
</tr>
<tr>
<td>Had a constructive discussion on HIV treatment options</td>
<td>69.4%</td>
<td>(n=579)</td>
</tr>
<tr>
<td>Reported experience of stigma and discrimination that hinder access to HIV and SRH services</td>
<td>8.4%</td>
<td>(n=72)</td>
</tr>
<tr>
<td>Sought redress if rights violated</td>
<td>7.5%</td>
<td>(n=64)</td>
</tr>
</tbody>
</table>

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.

Ability to participate in decisions regarding their own health

<table>
<thead>
<tr>
<th>Ability to participate</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>89%</td>
</tr>
<tr>
<td>Men</td>
<td>74%</td>
</tr>
</tbody>
</table>

Women who believe wife is justified in refusing sex with husband

<table>
<thead>
<tr>
<th>Justified in refusing sex</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>45%</td>
</tr>
</tbody>
</table>

Gender-based violence

Intimate partner violence has been shown to increase the risk of HIV infection by around 50%. Violence, and the fear of violence, may deter women and girls from seeking HIV testing, disclosing HIV-positive status, and seeking other services for their HIV and SRHR needs. Visit http://bit.ly/1PIpTip

Prevalence of recent intimate partner violence

<table>
<thead>
<tr>
<th>Violence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls married before 18</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason for justification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>For at least one specified reason</td>
<td>47%</td>
</tr>
<tr>
<td>If she refuses sex with him</td>
<td>29%</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.

| Ratio of school attendance of orphans to non-orphans (aged 10–14 years) |
|------------------------|------------|
| Orphans                | 86         |
| Non-orphans            | 100        |

Children who have lost one or both parents due to AIDS

<table>
<thead>
<tr>
<th>Children</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans</td>
<td>400,000</td>
</tr>
<tr>
<td>Non-orphans</td>
<td></td>
</tr>
</tbody>
</table>
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>Professionals</th>
<th>Per 1,000</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>0.173</td>
<td></td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>0.784</td>
<td></td>
</tr>
<tr>
<td>Community and traditional health workers</td>
<td>0.732</td>
<td></td>
</tr>
</tbody>
</table>

### Logistics and supplies

#### HIV and SRHR commodities

<table>
<thead>
<tr>
<th>Component</th>
<th>Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated supply systems</td>
<td>Partially integrated</td>
</tr>
<tr>
<td>Integrated ordering systems</td>
<td>Fully integrated</td>
</tr>
<tr>
<td>Integrated monitoring systems</td>
<td>Partially integrated</td>
</tr>
</tbody>
</table>

#### Commodity stockouts

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptives</td>
<td>90.4%</td>
</tr>
<tr>
<td>Antiretrovirals for HIV</td>
<td>0%</td>
</tr>
<tr>
<td>STI drugs</td>
<td></td>
</tr>
</tbody>
</table>

### Coordination, planning and budgeting

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint planning</td>
<td>of HIV and SRHR programmes</td>
</tr>
<tr>
<td>Collaboration</td>
<td>between SRHR and HIV for programme management/implementation</td>
</tr>
</tbody>
</table>

### SRHR and HIV service coverage

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing and counselling</td>
<td>22%</td>
</tr>
<tr>
<td>Primary level service delivery points offering at least three modern methods of contraception</td>
<td>98%</td>
</tr>
</tbody>
</table>

### Health information systems

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National surveys</td>
<td>2/2</td>
</tr>
<tr>
<td>Facility-based data collection</td>
<td>1.67/3</td>
</tr>
</tbody>
</table>

### Rapid Assessment of SRH and HIV linkages

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
  - 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

<table>
<thead>
<tr>
<th>Women living with HIV delivering82</th>
<th>64,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>New child HIV infections83</td>
<td>8,500</td>
</tr>
</tbody>
</table>

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

**Prong 1:** new HIV infections among women 15-4987

- 23,000

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

- 21%

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

- 13.3%

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

- 85.8%

**Prong 3:** women or infants receiving ARVs during breastfeeding91

- 66%

**Prong 4:** ART coverage among children under 15 years92

- 42%

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

- 67%

- 90.6%

### 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

- 36.3%

- Antenatal care attendees who test positive for syphilis100

- 4.4%

- Antenatal care attendees positive for syphilis who are treated appropriately101

- 100%
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

Youth unemployment

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

Knowledge and comprehensive sexuality education

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent fertility rate per 1,000 girls aged 15-19</td>
<td>141</td>
<td>Zambia Demographic Health Survey 2013-2014</td>
</tr>
<tr>
<td>Gender inequality index</td>
<td>0.617</td>
<td>Zambia MDG progress report 2013</td>
</tr>
<tr>
<td>Ever-married women age 15-49 have experienced physical, sexual, and/or emotional violence</td>
<td>47%</td>
<td>Zambia Ministry of Health, Health Sector Supply Chain Strategy and Implementation Plan (2015-2017)</td>
</tr>
</tbody>
</table>

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

- National Guidelines for SRH, HIV and GBV Services Integration  
  Ministry of Health, UNFPA, UNAIDS, 2015
- National Standards and Guidelines for Adolescent Friendly Health Services  
  Ministry of Community Development, Mother and Child Health, 2012

### 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.


45. 2016. The law on consent has no specific mention of contraceptives but Public Health Act stipulates age of consent for medical services as 16 years. The phrase ‘medical services’ includes most contraceptives. Children under age of 16 require parental or guardian consent. Communication with UNFPA Country Office Zambia, September 2016


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


53b. 2013. “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.” Zambia Demographic and Health Survey 2013–14. https://www.dhsprogram.com/pubs/pdf/FR304/FR304.pdf


58. 2014. UNAIDS 2014 estimates

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

60. 2010. 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

62. 2014. As part of in-service training. Correspondence with Planned Parenthood Association of Zambia, November 2014

63. 2014. As part of in-service training. Correspondence with Planned Parenthood Association of Zambia, November 2014

64. 2014. Correspondence with Planned Parenthood Association of Zambia, November 2014

65. 2014. Correspondence with Planned Parenthood Association of Zambia, November 2014

66. 2016. Harmonization of supply and procurement processes is yet to be achieved and there exists some limitations with systems in ensuring that information flows between supply chain layers from the national warehouse to the service delivery point; and support to all health facilities to eliminate stock outs of life saving commodities. Communication with UNFPA Country Office Zambia, September 2016


69. 2014. UNFPA Global Programme to Enhance Reproductive Health Commodity Security Target: Annual report 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 the main number of the survey (metronidazole, ciprofloxacin, erythromycin, doxycycline, benzathine-penicillin)

72. 2016. Joint annual government planning mechanisms exist. At the sub-national level, Provincial and District Planning Joint Committees coordinate planning and provide opportunities for the stakeholders to participate in planning and setting priorities for both SRHR and HIV programmes. However, institutional and management barriers do remain. Communication with UNFPA Country Office Zambia 2016

73. 2016. Technical working groups facilitate collaboration between SRH and HIV programmes. For instance a PMTCT task force brings together HIV and sexual and reproductive health stakeholders and has facilitated the development of joint guidelines and protocols. Communication with UNFPA Country Office Zambia 2016


75. 2014. WHO Global Health Observatory Data Repository. Testing and counselling facilities, data by country http://apps.who.int/gho/data/node.main.6250?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


86. 2014. UNAIDS GARPR

87. 2013. UNAIDS 2013 estimates


89. 2014. UNAIDS 2014 estimates

90. 2014. UNAIDS 2014 estimates

91. 2014. UNAIDS 2014 estimates

92. 2014. UNAIDS 2014 estimates


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. http://apps.who.int/gho/data/view.main.CONGENITALSYPFSTv


100. 2013. 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


111. 2014. UNAIDS 2014 estimates

112. 2014. UNAIDS 2014 estimates


114. 2014. UNAIDS 2014 estimates


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

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

120. Indicator: Sex workers population size estimate. UNAIDS GARPR

121. Indicator: Transgender people population size estimate

122. Indicator: Percentage of men who have sex with men who are living with HIV. UNAIDS GARPR

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

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

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

126. Indicator: Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results. UNAIDS GARPR

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


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

130. Indicator: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner. UNAIDS GARPR

131. Indicator: Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse. 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
2008 onwards: Rapid Assessment Tool for SRH and HIV Linkages
2008 onwards: Gateways to Integration Case Studies
2009: Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV
2010: SRH and HIV linkages resource pack
2011: SRH Services and HIV Interventions in Practice
2012: What Works? SRH and HIV Linkages for Key Populations
2013: EMTCT Job Aid
2014: SRH and HIV Linkages Compendium: Indicators and Tools
2014: Navigating the Work in Progress

To find out more
Visit http://srhhivlinkages.org - a collection of SRHR and HIV linkages resources. For a list of current members of the IAWG on SRH and HIV Linkages visit http://bit.ly/1kzQDWB

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