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-tasks 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

Visit http://bit.ly/1KVaET1

To find out more about linkages/integration

Visit 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. The population size is 15.2 million, with a life expectancy at birth of 59.8 years and a fertility rate of 4.0. New adult HIV infections are 31,000 women and 24,000 men. The prevalence of HIV among adults (ages 15-49) is 13.8%. The number of people living with HIV is 800,000 women, 560,000 men, and 150,000 children. The prevalence of recent intimate partner violence is 3.1%. Maternal mortality ratio is 651 per 100,000 live births. The demand for family planning satisfied with a modern method of contraception is 85%.
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?**

Yes

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: No
- Sexually transmitted infections: Yes
- Gender based violence: Mentioned

**Is there a national SRHR strategy?**

Yes

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: Mentioned
- Sexually transmitted infections: Mentioned
- HIV counselling and testing: Yes

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

No

**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: Yes
- Penalise rape in marriage: Yes
- Mandate the death penalty for drug offences: No
- 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: Yes (partial enforcement)
- 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: Yes

**Age of Consent**

- What is the minimum legal age for marriage without parental consent: 18 years
- What is the legal age for HIV testing without parental consent: 16 years
- What is the legal age for accessing contraceptives: 12 years
- What is the legal age for consent to sexual intercourse: 16 years
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.

Percentage of general population reporting discriminatory attitudes to HIV

Has the Stigma Index been conducted?

A sample of 1905 PLHIV [women n= 1180 (38%) and men n= 725 (62%)].

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

Prevalence of recent intimate partner violence

Ability to participate in decisions regarding their own health

Women who believe wife is justified in refusing sex with husband

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.

Stigma faced by people living with HIV

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

Gender-based violence prevention programmes

Intimate partner violence prevention programmes

In-school education on preventing dating violence

Microfinance and gender equity training

Changing social and cultural norms that support violence

Children whose households received external support

Children who have lost one or both parents due to AIDS

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

Doctors per 1,000
Nurses and midwives per 1,000
Community and traditional health workers per 1,000

Training and supervision

Are there SRHR training materials and curricular that include HIV? Yes (partial)
Are there HIV training materials and curricula that include SRHR? Yes (partial)
To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level? Partially integrated
Is there a tool for integrated supervision available? No

Logistics and supplies

HIV and SRHR commodities

Are there integrated supply systems? Partially integrated
Are there integrated ordering systems? Partially integrated
Are there integrated monitoring systems? Partially integrated

Commodity stockouts

Contraceptives 9.4%
Antiretrovirals for HIV 7%
STI drugs

Health information systems

Health system statistical capacity

National surveys
Facility-based data collection

Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes? No
Is there any collaboration between SRHR and HIV for programme management/implementation? No

SRHR and HIV service coverage

HIV testing and counselling facilities per 100,000 adult population
Primary level service delivery points offering at least three modern methods of contraception

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.\(^{81}\)

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>30,000</td>
</tr>
<tr>
<td>2</td>
<td>unmet need for family planning for women of reproductive age</td>
<td>15.0%</td>
</tr>
<tr>
<td>3</td>
<td>final mother-to-child HIV transmission rate</td>
<td>13.6%</td>
</tr>
<tr>
<td>4</td>
<td>women or infants receiving ARVs during breastfeeding</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>ART coverage among children under 15 years</td>
<td>30%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital syphilis rate (per 100,000 live births)</td>
<td>98.0%</td>
</tr>
<tr>
<td>Antenatal care attendees tested for syphilis at first antenatal care visit</td>
<td>93.4%</td>
</tr>
<tr>
<td>Antenatal care attendees who test positive for syphilis</td>
<td>2.3%</td>
</tr>
<tr>
<td>Antenatal care attendees positive for syphilis who are treated appropriately</td>
<td>95.1%</td>
</tr>
</tbody>
</table>
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

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

Youth unemployment

HIV

Estimated number of adolescents living with HIV aged 10-19

Young people living with HIV aged 15-24

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.

Useful programme implementation tools* and guidelines

  

  

  
  [http://bit.ly/1LYw1Qb](http://bit.ly/1LYw1Qb)

*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

- Minimum Standards for the Integration of HIV and Sexual & Reproductive Health in the SADC Region
  *Southern African Development Community, 2015*
  bit.ly/1WygT3Z

- Service Guidelines on SRHR and HIV Linkages
  *Ministry of Health and Child Care, 2013*
  bit.ly/2ij6ZSr

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.


4c. 2014. Zimbabwe Demographic and Health Survey


6. 2013. UNAIDS 2013 estimates

7. 2013. UNAIDS 2013 estimates

8. 2015. Zimbabwe Demographic and Health Survey

9. 2013. UNAIDS 2013 estimates

10. 2013. UNAIDS 2013 estimates

11. 2014. UNAIDS GARPR


13. 2015. Zimbabwe Demographic and Health Survey


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 2013 estimates

19. 2014. WHO Universal Access Indicator 3.4

20. 2015. Zimbabwe Demographic and Health Survey

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


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

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

27a. The data in this section only looks at the law itself and not how the law is implemented

28. 2015. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


30. 2015. GNP+ Global Criminalisation Scan: http://criminalisation.gnpplus.net/alphabetical


30b. The data in this section only looks at the law itself and not how the law is implemented


32. 2014. UNAIDS (2014) GARPR


34. 2014. UNAIDS GARPR


37d. Indicator: Is there a law or policy mandating the government (or its regulatory bodies) to implement sexuality education?


40. Indicator: Legal age for accessing contraceptives.


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


47. 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. 2010-2011. "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." Zimbabwe Demographic and Health Survey 2010-2011. http://www.dhsprogram.com/pubs/pdf/FR254/FR254.pdf


58. 2013. UNAIDS 2013 estimates


60. 2011. WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444

61. Indicator: Community and traditional health workers density (per 1000 population). WHO Global Health Observatory Data Repository. Density per 1000 Data by country http://apps.who.int/gho/data/node.main.A1444


64. 2016. Communication with UNFPA Country Office Zimbabwe, December 2016


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

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)


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


82. 2013. UNAIDS 2013 estimates
83. 2013. UNAIDS 2013 estimates
87. 2013. UNAIDS 2013 estimates
89. 2013. UNAIDS 2013 estimates
90. 2013. UNAIDS 2013 estimates
91. 2013. UNAIDS 2013 estimates
92. 2013. UNAIDS 2013 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)
98. Indicator 15 Sterilization. Percentage of women informed of permanence of sterilization (among women who said they were using male or female sterilization, the percent who were informed by the provider that the method was permanent). Family Planning 2020 (FP2020) Partnership in Progress 2013-2014. http://progress.familyplanning2020.org/charts-tables-and-sources
100. 2014. 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.A1362STv
102. Indicator: Median age at first sexual intercourse: Women 20-24
106. 2015. Zimbabwe Demographic and Health Survey
107. 2015. Zimbabwe Demographic and Health Survey
109a. Indicator: Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband on their own health care
110. 2013. UNAIDS 2013 estimates
111. 2013. UNAIDS 2013 estimates
112. 2015. Zimbabwe Demographic and Health Survey
113. 2013. UNAIDS 2013 estimates
114. 2013. UNAIDS 2013 estimates
116. 2015. Zimbabwe Demographic and Health Survey
117. Indicator: Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year.
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. 2014. 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
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. 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
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

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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