

HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT CÔTE D'IVOIRE 2016

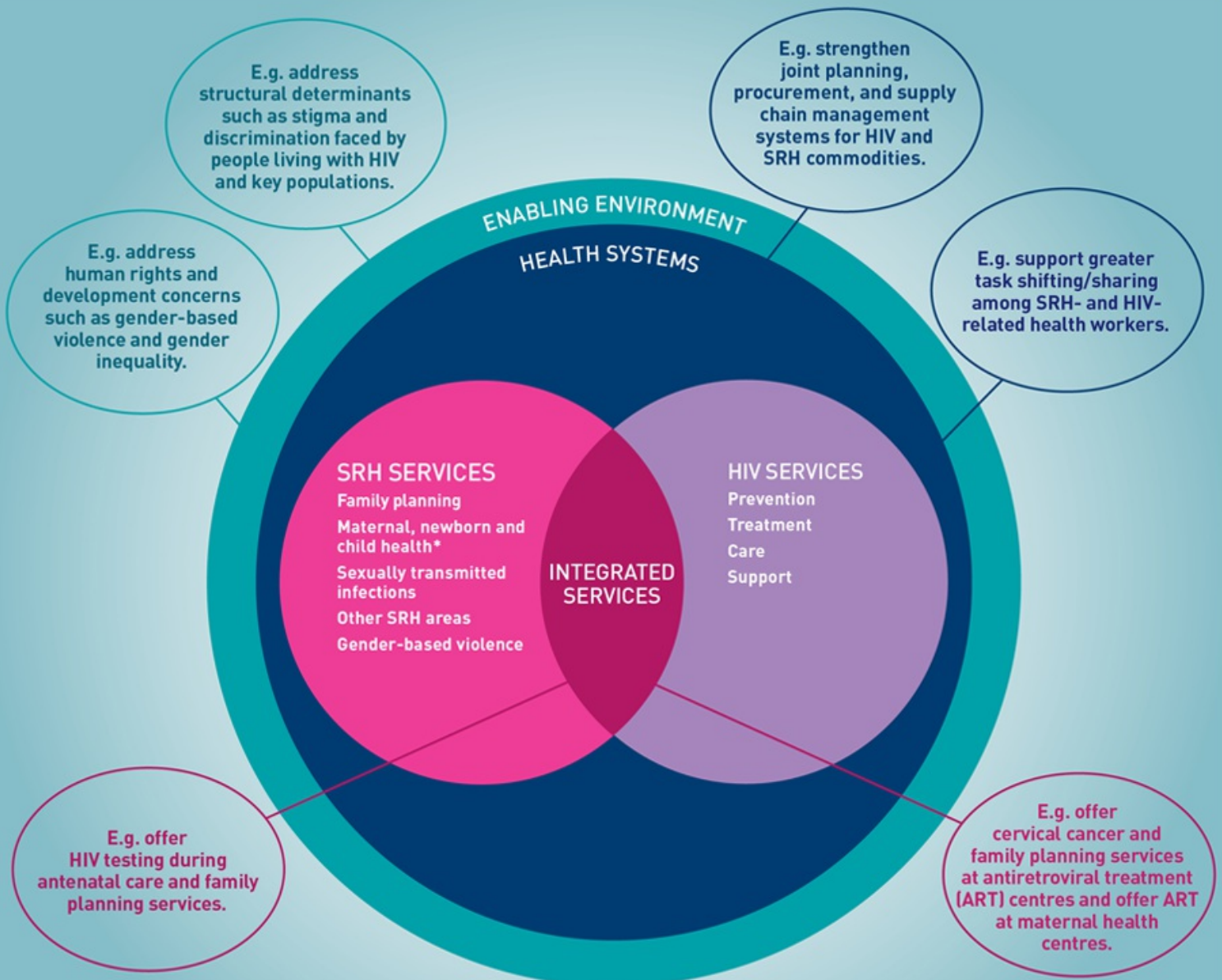


This country snapshot provides an overview of national level data for the full scope of HIV and sexual & reproductive health and rights (SRHR) linkages/integration at three levels:¹

- 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.

▲ also p.10



Source: Adapted from WHO, UNFPA, UNAIDS, IPPF (2005) Sexual and reproductive health and HIV/AIDS: A framework for priority linkages. http://srhhivlinkages.org/wp-content/uploads/2013/04/frameworkforprioritylinkages_2005_en.pdf

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

Linkages versus integration²

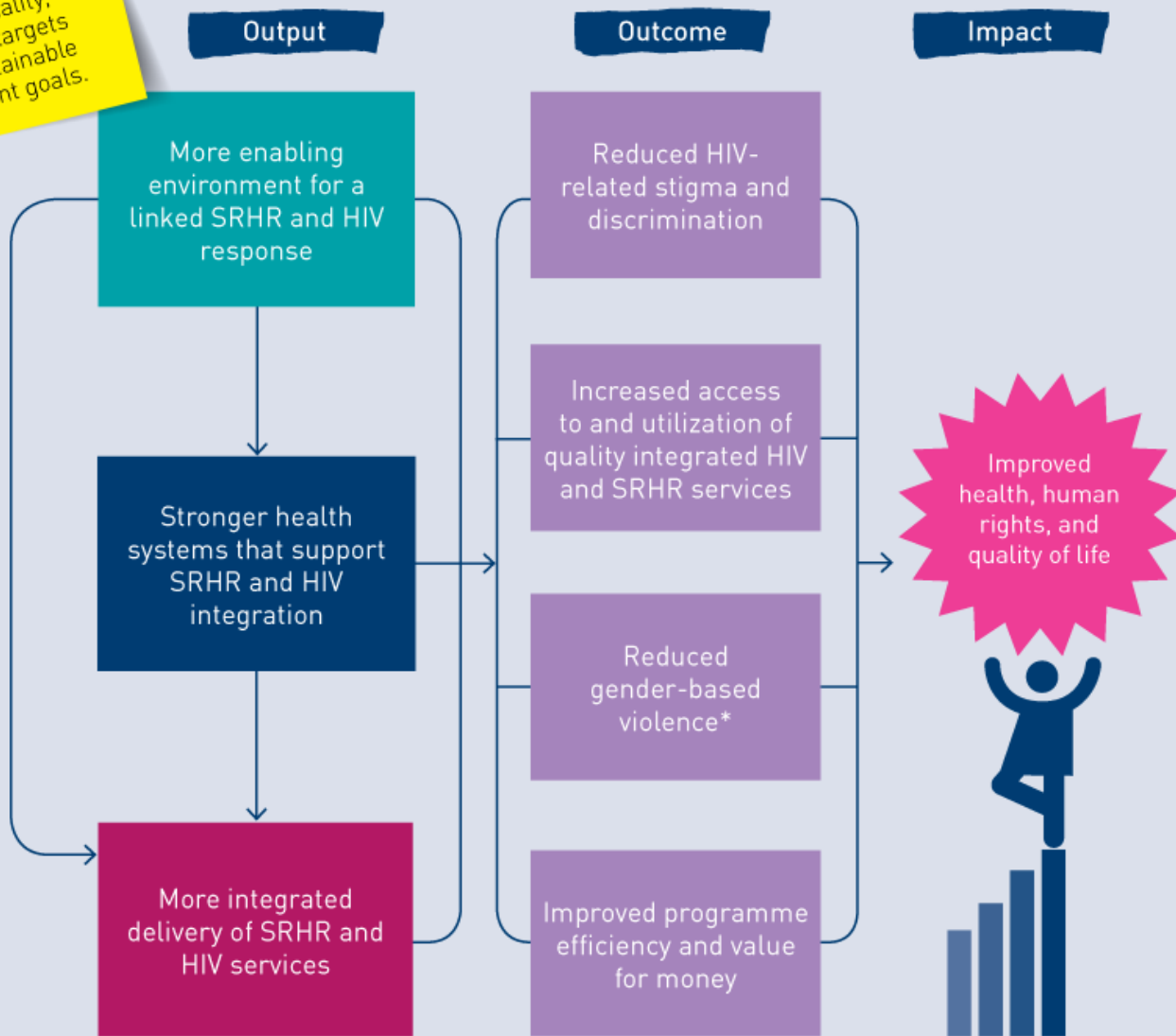
Linkages refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

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.).

Upholding human rights is intrinsic to the linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls.³

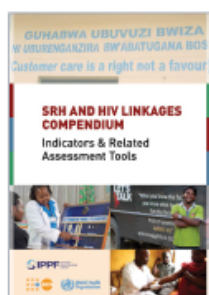
Linking HIV and SRHR responses is critical for reaching human rights, gender equality, and health targets for the sustainable development goals.

Theory of change for SRHR and HIV linkages



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

* 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.

Key HIV and SRHR intersections: Côte d'Ivoire data^{3a}

The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.⁴

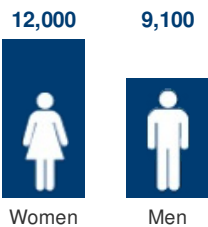


Where data is not available this is marked with  or 

Population size 22.67 million^{4a} Life expectancy at birth 50.8^{4b} Fertility rate 5^{4c}

HIV is a leading cause of death in women of reproductive age (globally)⁵

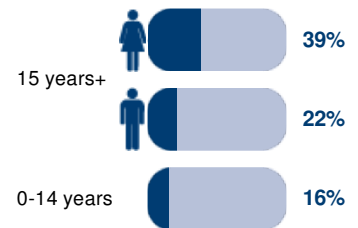
New adult HIV infections⁶



HIV prevalence (ages 15-49)⁸



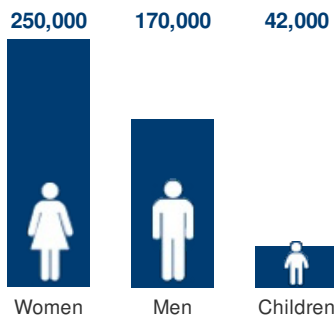
People living with HIV receiving ART¹⁰



AIDS-related deaths among adults (ages 15+)⁷



People living with HIV⁹



HIV testing in the general population¹¹



HIV-associated maternal death contributes to maternal mortality¹²

Maternal mortality ratio¹³



Maternal deaths attributed to HIV¹⁴



Gender-based violence is a cause and consequence of HIV¹⁵
▲ also p.5 & 7

Prevalence of recent intimate partner violence¹⁶



HIV transmission to infants can occur during pregnancy, childbirth, and breastfeeding. This is more likely where there is acute maternal HIV infection.¹⁷ ▲ also p.5

Mother-to-child HIV transmission rate (after breastfeeding)¹⁸



Pregnant women who know their HIV status¹⁹



Demand for family planning satisfied with a modern method of contraception (15-49)²⁰



Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV²²
▲ also p.7

Male and female condoms provide triple protection from unintended pregnancies, HIV, and other STIs

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)²¹

Number of adults reported with syphilis²³



Condom use at last sex²⁴



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.

Support to SRHR and HIV linkages:



Inhibitive
Partial
Conductive

Strategies and policies

Is there a national HIV strategy?²⁵



If yes, have the following SRHR components been included as a measurable target:^{25a}

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?²⁶



If yes, have the following HIV components been included as a measurable target:^{26a}

Condoms (with reference to HIV prevention)?	Mentioned
Prevention / elimination of mother to child transmission of HIV?	Yes
SRHR of people living with HIV?	No
Sexually transmitted infections?	No
HIV counselling and testing?	Mentioned

Is there a national SRHR and HIV integration policy or strategy?²⁷



Laws

▲ also p.5

People living with HIV

Are there laws that:^{27a}

criminalise HIV transmission or exposure? ²⁸	No	● 28a
impose HIV specific restrictions on entry, stay or residence? ²⁹	No	● 29a
address HIV-related discrimination and protect people living with HIV? ³⁰	No	● 30a

Key populations

Are there laws that:^{30b}

criminalise same-sex sexual activities? ³¹	No	● 31a
deem sex work as illegal? ³²	No	● 32a
mandate the death penalty for drug offences? ³³	No	● 33a
demand compulsory detention for people who use drugs? ³⁴	No	● 34a
recognise a third, neutral and non-specific gender besides male and female? ³⁵	No	● 35a

▲ also p.9

Gender-based violence

Are there laws that:

address gender-based violence? ³⁶	Yes	● 36a
penalise rape in marriage? ³⁷		DATA NOT AVAILABLE 37a
allow free entry into marriage and divorce? ³⁸		DATA NOT AVAILABLE 38a
allow the removal of violent spouses? ³⁹		DATA NOT AVAILABLE 39a

▲ also p.7

Other laws

▲ also p.8

Are there laws that:

make sexuality education mandatory? ⁶⁰		DATA NOT AVAILABLE
allow legal abortion? ⁶¹	Yes: to save a woman's life	
prohibit female genital mutilation? ⁶²	Yes	

Age of Consent

▲ also p.5 & 8



What is the minimum legal age for marriage without parental consent?⁴³

♀ 18 years
♂ 20 years



What is the legal age for HIV testing without parental consent?⁴⁴

18 years



What is the legal age for accessing contraceptives?⁴⁵

18 years



What is the legal age for consent to sexual intercourse?⁴⁶

♀ 18 years
♂ 18 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 HIV⁴⁷ **44.5%**

Has the Stigma Index been conducted?⁴⁸

NO⁴⁹



Key findings from the Stigma Index

Denied sexual and reproductive health (SRH) services	DATA NOT AVAILABLE
Denied family planning services	DATA NOT AVAILABLE
Experienced forced or coerced sterilization by healthcare provider on the basis of HIV	DATA NOT AVAILABLE
Ever counselled about reproductive options since being diagnosed HIV-positive	DATA NOT AVAILABLE
Could access ART (among people yet to commence)	DATA NOT AVAILABLE
Had a constructive discussion on HIV treatment options	DATA NOT AVAILABLE
Reported experience of stigma and discrimination that hinder access to HIV and SRH services	DATA NOT AVAILABLE
Sought redress if rights violated	DATA NOT AVAILABLE



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.⁵⁰

Ability to participate in decisions regarding their own health^{50a}

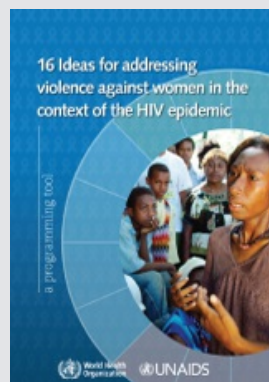


Women who believe wife is justified in refusing sex with husband^{50b}



78%

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.⁵¹ Visit <http://bit.ly/1PIpTip>

Prevalence of recent intimate partner violence⁵²



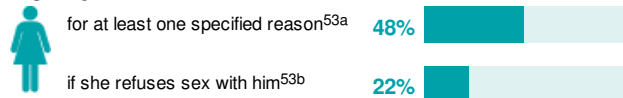
31%

Gender-based violence is a cause and consequence of HIV

Girls married before 18⁵³



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



Intimate partner violence prevention programmes⁵⁴

- In-school education on preventing dating violence DATA NOT AVAILABLE
- Microfinance and gender equity training DATA NOT AVAILABLE
- Changing social and cultural norms that support violence DATA NOT AVAILABLE

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.⁵⁵

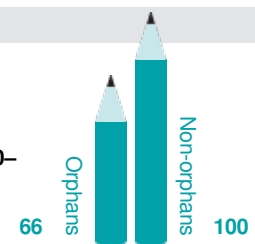
Children whose households received external support⁵⁶

DATA NOT AVAILABLE



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)⁵⁷



Children who have lost one or both parents due to AIDS⁵⁸

230,000



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 1,000⁵⁹

0.144

Nurses and midwives per 1,000⁶⁰

0.483

Community and traditional health workers per 1,000⁶¹

DATA NOT AVAILABLE

Training and supervision

Are there SRHR training materials and curricular that include HIV?⁶² DATA NOT AVAILABLE

Are there HIV training materials and curricula that include SRHR?⁶³ DATA NOT AVAILABLE

To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?⁶⁴ DATA NOT AVAILABLE

Is there a tool for integrated supervision available?⁶⁵ DATA NOT AVAILABLE

Logistics and supplies

HIV and SRHR commodities

Are there integrated supply systems?⁶⁶ DATA NOT AVAILABLE

Are there integrated ordering systems?⁶⁷ DATA NOT AVAILABLE

Are there integrated monitoring systems?⁶⁸ DATA NOT AVAILABLE

Commodity stockouts

Contraceptives⁶⁹ 99.6%

Antiretrovirals for HIV⁷⁰ 16.9%

STI drugs⁷¹ DATA NOT AVAILABLE

Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes? ⁷²	No
Is there any collaboration between SRHR and HIV for programme management/implementation? ⁷³	No

Health information systems⁷⁴

Health system statistical capacity

1 / 2 National surveys

2 / 3 Facility-based data collection

SRHR and HIV service coverage

HIV testing and counselling facilities per 100,000 adult population⁷⁵

12

Primary level service delivery points offering at least three modern methods of contraception⁷⁶

75.0%

Rapid Assessment of SRH and HIV linkages⁷⁷

Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted?⁷⁸

2011

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 SRH⁷⁹



Many

EMTCT with antenatal care/maternal and child health⁸⁰



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 delivering⁸²



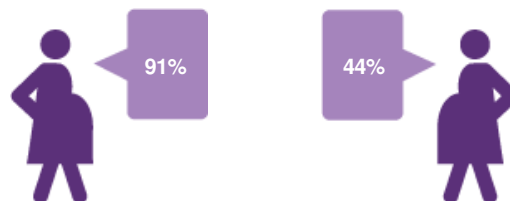
New child HIV infections⁸³



Pregnant women attending an antenatal care clinic

at least once⁸⁴

at least 4 times⁸⁵



whose sexual partners were tested for HIV in the last 12 months⁸⁶



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

Prong 1: new HIV infections among women 15-49 ⁸⁷	11,000
Prong 2: unmet need for family planning for women of reproductive age ⁸⁸	27%
Prong 3: final mother-to-child HIV transmission rate ⁸⁹	21.0%
Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children ⁹⁰	79.5%
Prong 3: women or infants receiving ARVs during breastfeeding ⁹¹	20%
Prong 4: ART coverage among children under 15 years ⁹²	16%

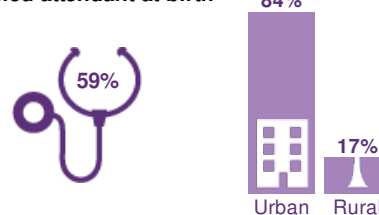
Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)⁹⁵



Pregnant women who know their HIV status⁹³

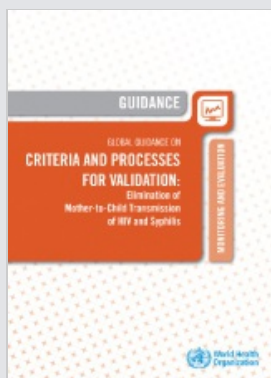


Skilled attendant at birth⁹⁴



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	DATA NOT AVAILABLE
Antenatal care attendees tested for syphilis at first antenatal care visit ⁹⁹	92.1%
Antenatal care attendees who test positive for syphilis ¹⁰⁰	1.04%
Antenatal care attendees positive for syphilis who are treated appropriately ¹⁰¹	DATA NOT AVAILABLE

<http://bit.ly/1jCx7sf>

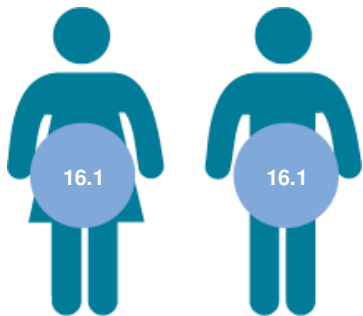
Focus on adolescents and youth

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.

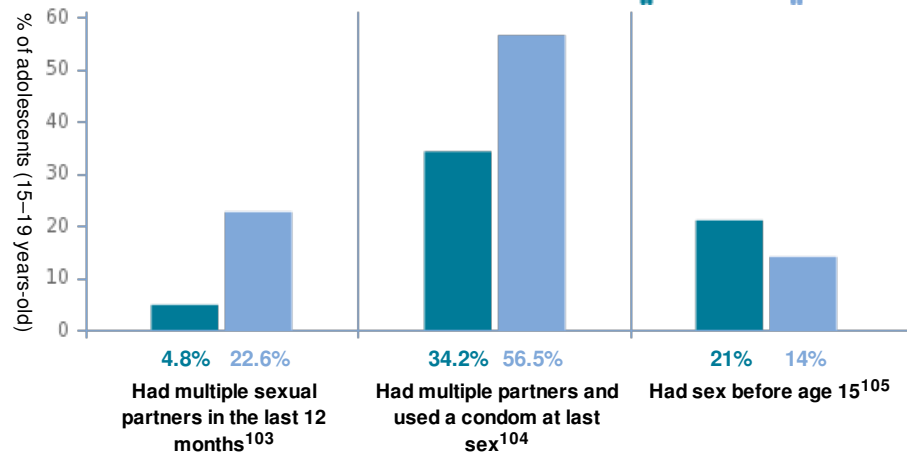
Young people, including those living with HIV and from key populations, need access to comprehensive services and a supportive legal framework.

Sexual behaviour

Median age at first sex among young people aged 20-24¹⁰²

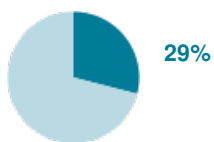


Adolescents aged 15-19 who had:

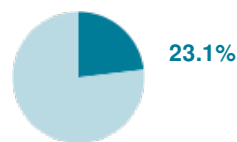


Youth unemployment¹⁰⁹

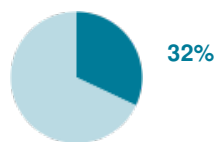
Unmet need for family planning, among young women aged 15-19¹⁰⁶



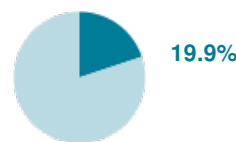
Young women aged 15-19 who have ever had a child¹⁰⁷



Recent births to mothers under 20 that were unplanned¹⁰⁸



Young women aged 15-19 able to participate in decisions about their healthcare^{108a}



HIV

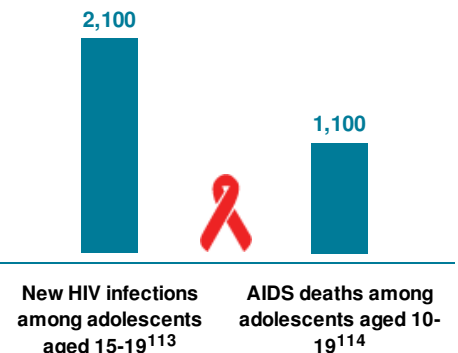
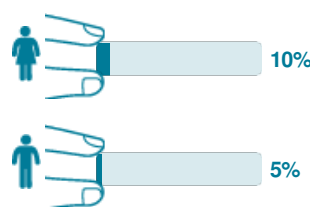
Estimated number of adolescents living with HIV aged 10-19¹¹⁰



Young people living with HIV aged 15-24¹¹¹



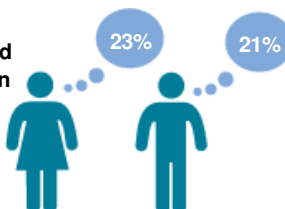
Adolescents aged 15-19 who were ever tested for HIV and received the results¹¹²



Knowledge and comprehensive sexuality education

▲ also p.4

Young people aged 15-19 who have heard of family planning on any of the three sources (radio, TV or newspapers)¹¹⁵



Adolescents aged 15-19 who have comprehensive knowledge of HIV¹¹⁶



Schools that provided skills-based HIV and sexuality education in the previous academic year¹¹⁷



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.

▲ also p.4



Men who have sex with men



People who inject drugs



Sex workers



Transgender people



Population size estimate



HIV prevalence



HIV testing



Condom use

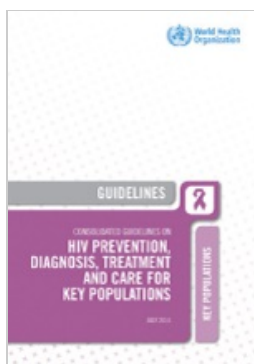
	Men who have sex with men	People who inject drugs	Sex workers	Transgender people
Population size estimate	1,300 ¹¹⁸	<500 ¹¹⁹	9,200 ¹²⁰	DATA NOT AVAILABLE
HIV prevalence	18.8% ¹²²	5.3% ¹²³	11.4% ¹²⁴	DATA NOT AVAILABLE
HIV testing	61.2% ¹²⁶	22.8% ¹²⁷	76.4% ¹²⁸	DATA NOT AVAILABLE
Condom use	70.3% ¹³⁰	50.4% ¹³¹	90% ¹³²	DATA NOT AVAILABLE

Useful programme implementation tools* and guidelines



World Health Organization (2013) *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*.

<http://bit.ly/1ISZWVz>



World Health Organization (2014) *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*.

<http://bit.ly/1rhtlqZ>



UNFPA et al. (2015) *Implementing comprehensive HIV and STI programmes with men who have sex with men*.

<http://bit.ly/1LWYfQ6>

*Similar implementation tools for HIV/STI programming with other key populations are currently under development.

Additional regional and national data

This infographic snapshot builds on an overarching framework defining HIV and SRHR linkages/integration and provides related national data. Specific aspects of HIV and SRHR linkages/integration vary by region and country due to different types of HIV epidemics and structural drivers of HIV and SRHR. Therefore, a differentiated approach to investment and programming is required.



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

1. GNP+, ICW, IPPF, UNAIDS, UNFPA, WHO and Young Positives (2009). Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a generic guide. <http://srhhivlinkages.org/rapidassessment-tool/>
2. WHO, UNAIDS, UNFPA, IPPF (2008). Gateways to integration: a case study series. <http://www.srhhivlinkages.org>
3. UNAIDS (2010) 26th Meeting of UNAIDS Programme Coordinating Board, Background Paper: Sexual and Reproductive Health (SRH) services with HIV interventions in practice, paragraph 4 (page 5). http://srhhivlinkages.org/wp-content/uploads/2013/04/26thpcbthematicbackground_2010_en.pdf
- 3a. Data used in the HIV and SRHR Linkages Infographic Snapshot is the most recent data available.
4. UNFPA, WHO, IPPF (2012). Connecting sexual and reproductive health and HIV: Navigating the work in progress. http://www.srhhivlinkages.org/wp-content/uploads/IAWG_SRHHIVlinkages_summary1.pdf
- 4a. 2014. 4ème Recensement Général de la Population et de l'Habitat (RGPH) 2014 de Côte d'Ivoire www.ins.ci/n/RGPH2014.pdf
- 4b. 2014. World Bank. <http://data.worldbank.org/indicator/>
- 4c. 2014. Enquête Démographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport République de Côte d'Ivoire, page 75. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
5. Women of reproductive age is women aged 15–49. <http://www.who.int/mediacentre/factsheets/fs310/en/>. Lozano R, Naghavi M, Foreman K, et al. (2012) Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859):2095-128.
6. 2014. UNAIDS 2014 estimates
7. 2014. UNAIDS 2014 estimates
8. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport République de Côte d'Ivoire, page 281. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
9. 2014. UNAIDS 2014 estimates
10. 2014. UNAIDS 2014 estimates
11. 2014. UNAIDS GARPR
12. Lozano R, Naghavi M, Foreman K, et al. (2012). Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859):2095-128.; AU (2012) Status Report on Maternal, Newborn, and Child Health. (African Union); WHO UNICEF, UNFPA, WB (2012) Trends in Maternal Mortality 1990-2010 (Geneva, WHO).
13. 2015. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport République de Cote d'Ivoire
14. Indicator: Percentage of AIDS-related indirect maternal deaths. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2015). Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>
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. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport République de Cote d'Ivoire, page 343. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
17. <http://www.aidsinfo.nih.gov/guidelines/html/3/perinatalguidelines/162>.
18. 2014. UNAIDS 2014 estimates
19. WHO Universal Access Indicator 3.4
20. 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). Model-based Estimates and Projections of Family Planning Indicators 2014. New York: United Nations. http://www.un.org/en/development/desa/population/publications/dataset/contraception/data/Table_Model-based_estimates_Countries_Run20140520.xls
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)
22. WHO (2007). Global Strategy for the Prevention and control of sexually transmitted infections 2006-2015, Breaking the Chain of Transmission. Geneva, WHO.
23. Indicator: Number of adults reported with syphilis in the past 12 months. WHO Universal Access Indicator 1.17.6
24. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples (EDSCI-III). Côte d'Ivoire 2011-2012. Rapport Préliminaire. République De Côte D'ivoire. Suivi De La Declaration De Politique Sur Le Sida De Juin 2011. Rapport National De La Cote D'ivoire 2014. http://www.unaids.org/sites/default/files/country/documents/CIV_narrative_report_2014.pdf
25. 2011-2015. Plan Stratégique National de Lutte contre l'Infection à VIH, le Sida et les IST 2011-2015. <http://gbhabengourou.org/sw/wp-content/uploads/2012/02/plan-strat%C3%A9gique-VIH-C%C3%B4te-divoire-2011-2015.pdf>
- 25a. 2015. IPPF and UNFPA coding (2015)
26. 2012–2016. République de Cote D'ivoire, Ministère De La Sante Et De La Lutte Contre Le Sida (Juin 2012). Plan Strategique De La Planification Familiale 2012–2016.
- 26a. 2015. IPPF and UNFPA coding (2015)
27. There is no current national SRH and HIV integration policy or strategy
28. 2015. GNP+ Global Criminalisation Scan: <http://criminalisation.gnpplus.net/alphabetical>
- 28a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p9 and p25. <http://www.hivlawcommission.org/index.php/report>; Ending overly broad criminalization of HIV non-disclosure, exposure and transmission: Critical scientific, medical and legal considerations. Guidance Note. http://www.unaids.org/sites/default/files/media_asset/20130530_Guidance_Ending_Criminalisation_0.pdf
29. 2012. Quick Reference Guide Entry and residence regulations for people living with HIV (2013-2013), Deutsche AIDS-Hilfe. http://www.hivtravel.org/Web/WebContent/EATG/File/Quick%20Ref/2012_2013_DAH_Quick_Reference_Guide_EN.pdf
- 29a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p10 and p61. <http://www.hivlawcommission.org/index.php/report>
30. 2015. GNP+ Global Criminalisation Scan: <http://criminalisation.gnpplus.net/alphabetical>
- 30a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p9 and p50. <http://www.hivlawcommission.org/index.php/report>; *The Lancet* (2012). HIV in Men Who Have Sex with Men. <http://www.thelancet.com/series/hivin-men-who-have-sex-with-men>
31. 2015. Source: The Lesbian, Gay and Bisexual Map of World Laws, ILGA – available from http://old.ilga.org/Statehomophobia/ILGA_WorldMap_2015_ENG.pdf
- 31a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p9 and p50. <http://www.hivlawcommission.org/index.php/report>; *The Lancet* (2012). HIV in Men Who Have Sex with Men. <http://www.thelancet.com/series/hivin-men-who-have-sex-with-men>
32. 2014. UNAIDS GARPR
- 32a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p9 and p43. <http://www.hivlawcommission.org/index.php/report>; UNAIDS (2012). UNAIDS Guidance Note on HIV and Sex Work. 2012 Update. <http://bit.ly/2aYQMOB>; *The Lancet* (2014). HIV and sex workers. <http://www.thelancet.com/series/hiv-and-sex-workers>
33. 2015. The Death Penalty for Drug Offences: Global Overview 2015, International Harm Reduction Association http://www.ihra.net/files/2015/10/07/DeathPenaltyDrugs_Report_2015.pdf
- 33a. 6(2); ECOSOC (25 May 1984) Implementation of the safeguards guaranteeing protection of the rights of those facing the death penalty, Resolution 1984/50; United Nations Information Centre. INCB encourages States to consider the abolition of the death penalty for drug-related offences, 5 March 2014. http://www.incb.org/documents/Publications/PressRelease/PR2014/press_release_050314.pdf
34. 2014. UNAIDS GARPR
- 34a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p10 and p35. <http://www.hivlawcommission.org/index.php/report>; United Nations. 2012. Joint statement on compulsory drug detention and rehabilitation centres. <http://bit.ly/2aYQXst>

35. 2014. 2014. Identities.Mic. 7 Countries Giving Transgender People Fundamental Rights the U.S. Still Won't. <http://mic.com/articles/87149/7-countries-giving-transgender-people-fundamentalrights-the-u-s-still-won-t> Accessed June 2015
- 35a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p10, p50 and p54. <http://www.hivlawcommission.org/index.php/report>
36. 2014. The Constitution, the penal code and other relevant legislation. Ministry of Solidarity, Family, Women and Children(2014). National Strategy to Combat Gender-Based Violence. Executive Summary: English. http://stoprapenow.org/uploads/docs/CDI_-_Exec_Summary_English.pdf
- 36a. Convention on the Elimination of Discrimination against Women. General Recommendation No. 19 (11th session, 1992). Violence against women, paras 1, 7 and 24(b). <http://bit.ly/2dGkvxS>
37. Indicator: Are there Laws Against Rape in Marriage? WHO (2014). Global Status Report on Violence Prevention. <http://bit.ly/2dOxNst>
- 37a. Global Commission on HIV and the Law (2012). Risks, Rights and Health. Final Report July 2012, at p9 and p69. <http://www.hivlawcommission.org/index.php/report>
38. Indicator: Are there laws that allow free entry into marriage and divorce? WHO (2014). Global Status Report on Violence Prevention. <http://bit.ly/2dOxNst>
- 38a. Convention on the Elimination of Discrimination against Women. General Recommendation No. 21 (13th session, 1994). Equality in marriage and family relations. <http://bit.ly/2dGkvxS>
39. Indicator: Are there laws that allow the removal of violent spouses? WHO (2014). Global Status Report on Violence Prevention. <http://bit.ly/2dOxNst>
- 39a. Convention on the Elimination of Discrimination against Women. General Recommendation No. 19 (11th session, 1992) Violence against women, paras 23 and 24(b). <http://bit.ly/2dGkvxS>
40. UNESCO and UNFPA (2012). Sexuality Education: A ten-country review of school curricula in East and Southern Africa. <http://unesdoc.unesco.org/images/0022/002211/221121e.pdf> Make sex education compulsory in schools. Posted 08 May 2014 http://www.zambia-weekly.com/news/make_sex_education_compulsory_in_100074.php
41. 2015. United Nations, World Population Policies Database. http://esa.un.org/poppolicy/about_database.aspx
42. 1998. Law No. 98-757 of 23 December 1998 on the repression of certain forms of violence against women.
43. 2011. United Nations Statistics Division. Gender Statistics. Qualitative Indicators related to national norms. 11 Legal minimum age at marriage, by sex. <http://unstats.un.org/unsd/gender/Data/Qualitative%20Indicators.html>
44. 2013. NB: But exception is limited to 15 years, 14 years and under can receive counselling only with parental consent. World Health Organization (2013). HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Annex 15. <http://bit.ly/2dvgGNY>
45. 2014. Correspondance with UNFPA Country Office June 2016
46. 2013. World Health Organization (2013). HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Annex 15. <http://bit.ly/2dvgGNY>
47. 2014. UNAIDS GARPR
48. People Living with HIV Stigma Index. IPPF, GNP+, ICW, UNAIDS, 2008. <http://www.stigmaindex.org/>
49. Côte d'Ivoire has not undertaken the People Living with HIV Stigma Index.
50. UN (2015) Sustainable Development Goals. <https://sustainabledevelopment.un.org/?menu=1300>
- 50a. 2011-2012. Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011-2012. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
- 50b. 2011-2012. Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011-2012. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
51. WHO and UNAIDS (2013) 16 ideas for addressing violence against women in the context of HIV epidemic: a programming tool. http://apps.who.int/iris/bitstream/10665/95156/1/9789241506533_eng.pdf
52. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III),Rapport Republique de Cote d'Ivoire, page 343
53. 2002-2011. UNICEF State of the World's Children, 2013 - data from UNICEF Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys, and refers to the most recent year available during the period 2002-2011. Accessed from: <http://www.icrw.org/child-marriage-facts-and-figures>
- 53a. 2011-2012. "The percentage of women age 15-49 who agree that a husband is justified in hitting or beating his wife if she refuses to have sexual intercourse with him" Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011-2012. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
- 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." Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011-2012. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
54. Indicator: Dating violence prevention programmes in schools. WHO (2014). Global Status Report on Violence Prevention. http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
55. UNAIDS (2014). Global AIDS response progress reporting 2014: construction of core indicators for monitoring the 2011 UN political declaration on HIV/AIDS.
56. 2010-2014. Indicator: % of children whose households received external support, 2010-2014. UNICEF Statistical Update 2015. Table 6: Protection, care and support for children affected by HIV and AIDS in low- and middle-income countries: Percentage of children whose households received external support. <http://data.unicef.org/hiv-aids/care-support.html>
57. 2010-2014. Based on DHS, MICS and other national surveys. Available from <http://www.childrenandaids.org/>
58. 2014. UNAIDS 2014 estimates
59. 2008. WHO Global Health Observatory Data Repository. Density per 1000 Data by country <http://apps.who.int/gho/data/node.main.A1444>
60. 2008. 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>
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. 2014. UNFPA Global Programme to Enhance Reproductive Health Commodity Security Target: Annual report 2014
70. 2014. 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. 2009. Rapid assessment of sexual and reproductive health and HIV linkages: Côte D'Ivoire <http://srhhivlinkages.org/rapid-assessment-tool/>
73. 2009. Rapid assessment of sexual and reproductive health and HIV linkages: Côte D'Ivoire <http://srhhivlinkages.org/rapid-assessment-tool/>
74. 2014. World Bank, WDI. Statistical Capacity Index <http://databank.worldbank.org/data/reports.aspx?source=Statistical-capacity-indicators#>
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
77. GNP+, ICW, IPPF, UNAIDS, UNFPA, WHO and Young Positives (2009). Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a generic guide. <http://srhhivlinkages.org/rapidassessment-tool/>
78. 2011. IPPF, UNAIDS, UNFPA, WHO (2011). Rapid Assessment of Sexual and Reproductive Health and HIV Linkages: Cote D'Ivoire.
79. 2014. UNAIDS GARPR
80. Indicator: Are health facilities providing HIV services integrated with other health services: EMTCT/PMTCT with antenatal care/maternal and child health? UNAIDS GARPR

81. UNAIDS (2011). Countdown to zero. Global plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive. http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf
82. 2014. UNAIDS 2014 estimates
83. 2014. UNAIDS 2014 estimates
84. 2011-2012. UNICEF 2015. Antenatal care coverage - at least one visit with skilled health personnel <http://www.data.unicef.org/maternal-health/antenatal-care>
85. 2011-2012. UNICEF 2015. Antenatal care coverage - at least four visits with skilled health personnel <http://www.data.unicef.org/maternal-health/antenatal-care>
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
88. 2012. UNAIDS (2014). 2014 progress report on the global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. http://www.unaids.org/sites/default/files/documents/JC2681_2014-Global-Plan-progress_en.pdf
89. 2014. UNAIDS 2014 estimates
90. 2014. UNAIDS 2014 estimates
91. 2014. UNAIDS 2014 estimates
92. 2014. UNAIDS 2014 estimates
93. World Health Organisation Universal Access Indicator 3.4
94. 2011-2012. UNICEF 2015 Skilled attendant at birth <http://www.data.unicef.org/maternal-health/delivery-care>
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)
96. WHO (2007). Global elimination of congenital syphilis: rationale and strategy for action. <http://www.who.int/reproductivehealth/publications/rtis/9789241595858/en/>
97. WHO (2014). Global guidance on criteria and processes for validation: elimination of mother-to-child transmission (EMTCT) of HIV and syphilis. <http://www.who.int/reproductivehealth/publications/rtis/9789241505888/en/>
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.CONGENITALSYFPSTlv>
99. 2014. 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. 2013. Annual STI report, MOH
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.A1362STlv>
102. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport Republique de Cote d'Ivoire, page 68. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
103. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport Republique de Cote d'Ivoire, page 246. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
104. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport Republique de Cote d'Ivoire, page 246. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
105. 2008-2012. Data refer to most recent year available. UNICEF (2013) Towards An AIDS-Free Generation. Children and AIDS Sixth Stocktaking Report. Statistical Tables. Table 4 Knowledge, HIV testing and sexual behaviour among adolescents <http://www.childrenandaids.org/>
106. 2006. WHO Global Health Observatory Data Repository.
107. 2015. Correspondence from UNFPA Country Office Côte d'Ivoire, November 2015
108. 2015. Correspondence from UNFPA Country Office Côte d'Ivoire, November 2015
- 108a. 2013. Ministère de la Santé et de la Lutte contre le Sida (MSLS) Institut National de la Statistique, Ministère d'État, Ministère du Plan et du Développement (MEMPD) Abidjan, Côte d'Ivoire; MEASURE DHS and ICF International (Juin 2013). Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011-2012. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
109. 2013. Unemployment, youth total (% of total labor force ages 15-24) (modeled ILO estimate). <http://data.worldbank.org/indicator/SL.UEM.1524.ZS>
110. 2014. UNAIDS 2014 estimates
111. 2014. UNAIDS 2014 estimates
112. 2008-2012. Data refer to most recent year available. UNICEF (2013) Towards An AIDS-Free Generation. Children and AIDS Sixth Stocktaking Report. Statistical Tables. Table 4 Knowledge, HIV testing and sexual behaviour among adolescents <http://www.childrenandaids.org/>
113. 2014. UNAIDS 2014 estimates
114. 2014. UNAIDS 2014 estimates
115. 2012. Enquete Demographique et de Santé et à Indicateurs Multiples (EDSCI-III), Rapport Republique de Cote d'Ivoire, page 121. <http://www.dhsprogram.com/pubs/pdf/FR272/FR272.pdf>
116. 2008-2012. Data refer to most recent year available. UNICEF (2013) Towards An AIDS-Free Generation. Children and AIDS Sixth Stocktaking Report. Statistical Tables. Table 4 Knowledge, HIV testing and sexual behaviour among adolescents <http://www.childrenandaids.org/>
117. Indicator: Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year.
118. 2014. UNAIDS GARPR
119. 2014. UNAIDS GARPR
120. 2014. UNAIDS GARPR
121. Indicator: Transgender people population size estimate
122. 2012. UNAIDS GARPR
123. 2014. UNAIDS GARPR
124. 2014. Etude Biologique et Comportementales des IST/VIH/SIDA chez les Professionnels du sexe du district d'Abidjan et examen des interventions en directions des populations clefs en Côte d'Ivoire, MSLS, 2014
125. Indicator: Percentage of transgender people who are living with HIV.
126. 2013. 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. 2013. UNAIDS GARPR
131. 2014. UNAIDS GARPR
132. 2014. Etude Biologique et Comportementales des IST/VIH/SIDA chez les Professionnels du sexe du district d'Abidjan et examen des interventions en directions des populations clefs en Côte d'Ivoire, MSLS, 2014
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.



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