# HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT

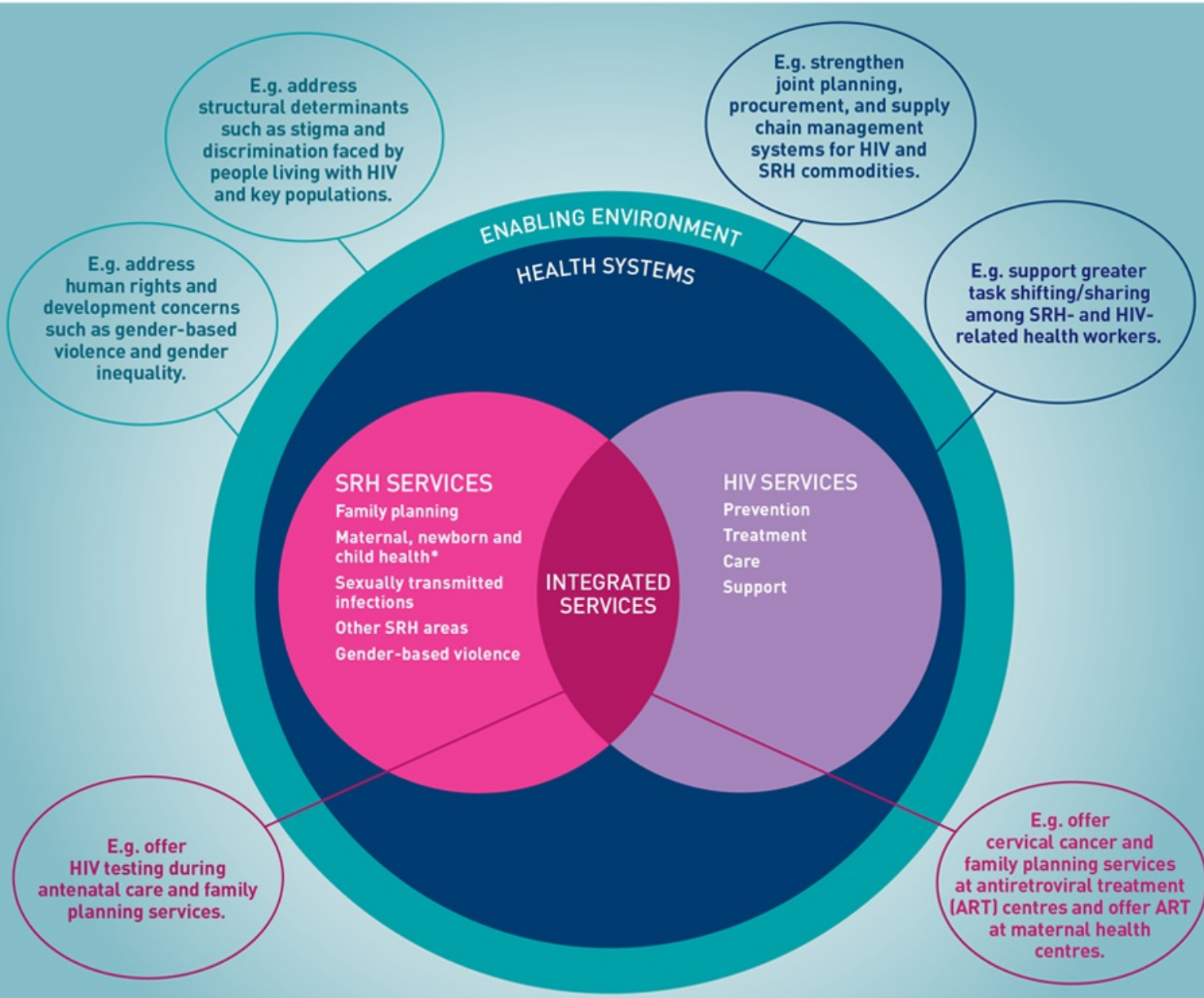
## **MALI** 2016


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 integration[2]

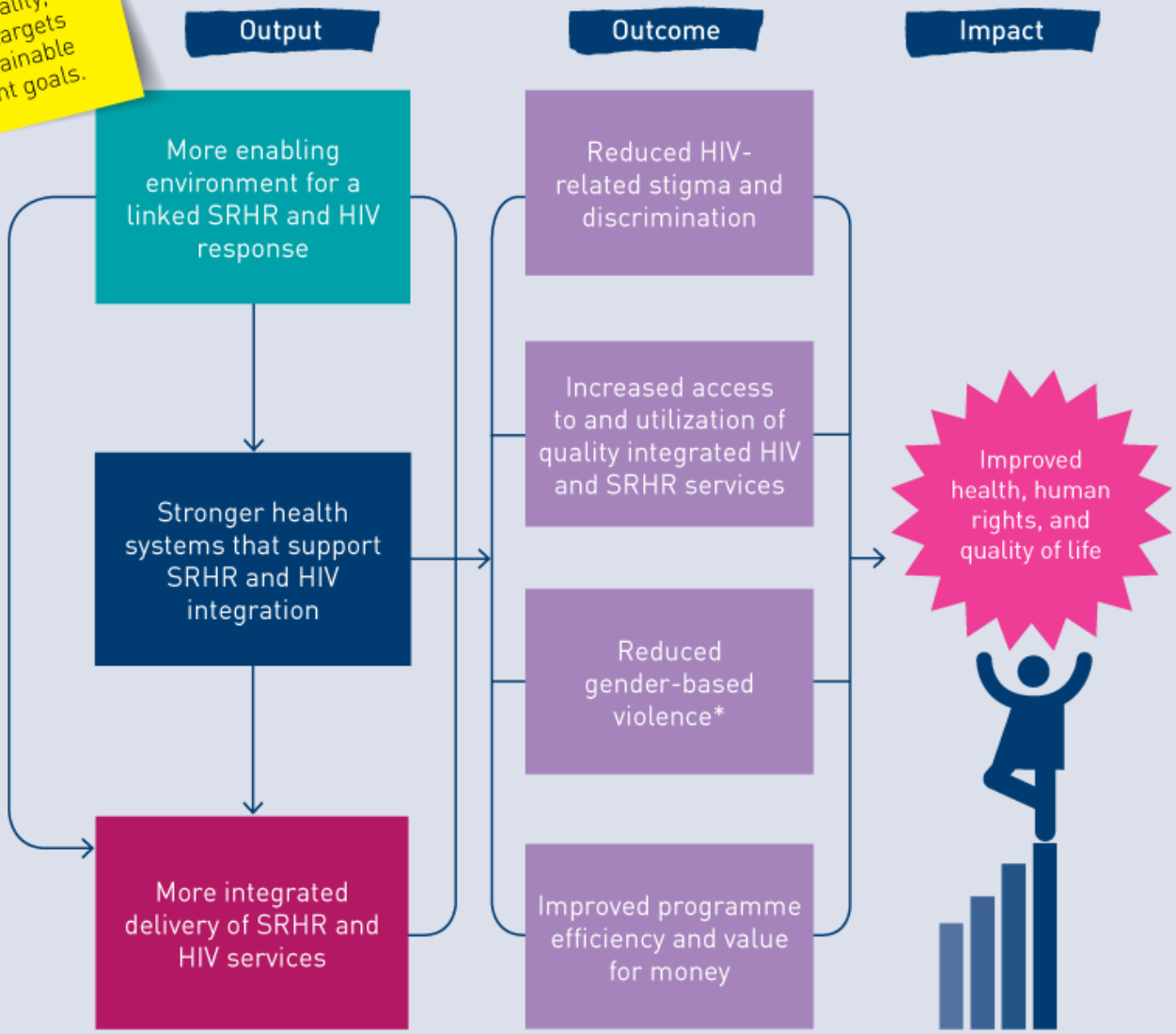
**Linkages** refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

**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]

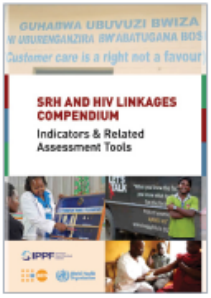
Linking HIV and SRHR responses is critical for reaching human rights, gender equality, and health targets for the sustainable development goals.

## 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: Mali data[3a]

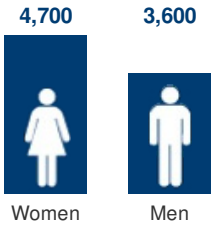
The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.[4]

Where data is not available this is marked with DATA NOT AVAILABLE or DATA NOT AVAILABLE

**Population size** 18.6 million[4a] **Life expectancy at birth** 58[4b] **Fertility rate** 6.1[4c]

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

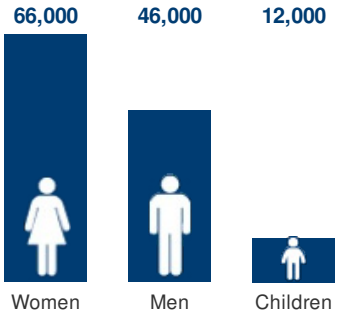
**New adult HIV infections[6]**



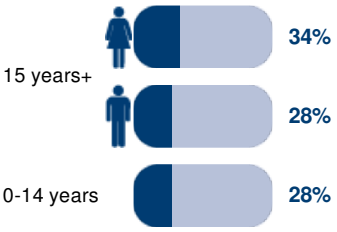

**HIV prevalence (ages 15-49)[8]**

1.1%

**People living with HIV[9]**

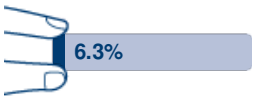



**People living with HIV receiving ART[10]**




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


**HIV testing in the general population[11]**




## HIV-associated maternal death contributes to maternal mortality[12]

**Maternal mortality ratio[13]**

368 per 100,000 live births

**Maternal deaths attributed to HIV[14]**

DATA NOT AVAILABLE

## Gender-based violence is a cause and consequence of HIV[15]

▲ also p.5 & 7

**Prevalence of recent intimate partner violence[16]**

STOP

34.6%

## 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]**

26.1%

**Pregnant women who know their HIV status[19]**

25.8%

**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 HIV[22]

▲ also p.7

**Number of adults reported with syphilis[23]**


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

**Condom use at last sex[24]**


**Demand for family planning satisfied with a modern method of contraception for women living with HIV (15–49)[21]**

# 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

Conducive

## 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? | Yes |
| 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? | Mentioned |
| HIV counselling and testing? | No |

**Is there a national SRHR and HIV integration policy or strategy?[27]** NO

## Laws

### People living with HIV

▲ also p.5

**Are there laws that:[27a]**

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

### Key populations

▲ also p.9

**Are there laws that:[30b]**

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

### Gender-based violence

▲ also p.7

**Are there laws that:**

| | | |
|---|---|---|
| address gender-based violence?[36] | Yes | 36a |
| penalise rape in marriage?[37] | No | 37a |
| allow free entry into marriage and divorce?[38] | DATA NOT AVAILABLE | 38a |
| allow the removal of violent spouses?[39] | DATA NOT AVAILABLE | 39a |

### 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, and in case of rape or incest |
| prohibit female genital mutiliation?[62] | No |

### Age of Consent

▲ also p.5 & 8

| | |
|---|---|
| **What is the minimum legal age for marriage without parental consent?[43]** | 15 years<br>18 years |
| **What is the legal age for HIV testing without parental consent?[44]** | Age of minor not defined |
| **What is the legal age for accessing contraceptives?[45]** | 18 years |
| **What is the legal age for consent to sexual intercourse?[46]** | 18 years<br>18 years |

# Enabling environment (policy and legal)

▲ also p.4

## 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[47]**

DATA NOT AVAILABLE

**Has the Stigma Index been conducted?[48]**

2015[49]


**Key findings from the Stigma Index**

| | |
|---|---|
| Denied sexual and reproductive health (SRH) services | 1.6% |
| Denied family planning services | 4.3% |
| Experienced forced or coerced sterilization by healthcare provider on the basis of HIV | 12.6% |
| Ever counselled about reproductive options since being diagnosed HIV-positive | DATA NOT AVAILABLE |
| Could access ART (among people yet to commence) | 90% |
| Had a constructive discussion on HIV treatment options | 96% |
| Reported experience of stigma and discrimination that hinder access to HIV and SRH services | 32.6% |
| Sought redress if rights violated | 85.0% |

## 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]**

DATA NOT AVAILABLE

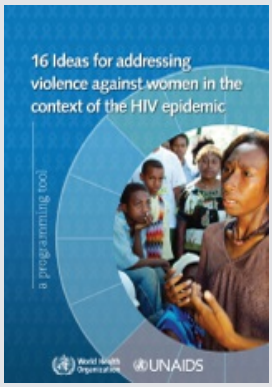
DATA NOT AVAILABLE

**Women who believe wife is justified in refusing sex with husband[50b]**

22%

## Gender-based violence

▲ also p.4




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 violence[52]**

34.6%

Gender-based violence is a cause and consequence of HIV

**Girls married before 18[53]**

DATA NOT AVAILABLE

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

for at least one specified reason[53a] DATA NOT AVAILABLE

if she refuses sex with him[53b] DATA NOT AVAILABLE

**Intimate partner violence prevention programmes[54]**

| | |
|---|---|
| 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 support[56]**

DATA NOT AVAILABLE

**Ratio of school attendance of orphans to non-orphans (aged 10–14 years)[57]**


92 100

AIDS deaths in adults occur just at the time in their lives when they are forming families and bringing up children.

**Children who have lost one or both parents due to AIDS[58]**

66,000

# 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 1,000[59]**


**Nurses and midwives per 1,000[60]**


**Community and traditional health workers per 1,000[61]**


### Training and supervision

| | |
|---|---|
| Are there SRHR training materials and curricular that include HIV?[62] | Yes (comprehensive) |
| Are there HIV training materials and curricula that include SRHR?[63] | Yes (comprehensive) |
| To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?[64] | Partially integrated |
| Is there a tool for integrated supervision available?[65] | Yes |

## Logistics and supplies

### HIV and SRHR commodities

| | |
|---|---|
| Are there integrated supply systems?[66] | Partially integrated |
| Are there integrated ordering systems[67] | Partially integrated |
| Are there integrated monitoring systems?[68] | Fully integrated |

### Commodity stockouts

Contraceptives[69]

Antiretrovirals for HIV[70]

STI drugs[71]


41.3%


## 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] | Yes |

## Health information systems[74]

### Health system statistical capacity

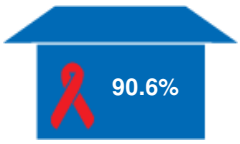

**National surveys**


**Facility-based data collection**

## SRHR and HIV service coverage

**HIV testing and counselling facilities per 100,000 adult population[75]**


**Primary level service delivery points offering at least three modern methods of contraception[76]**




## Rapid Assessment of SRH and HIV linkages[77]

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

2012


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[79]

Many

EMTCT with antenatal care/maternal and child health[80]

Many

## Elimination of mother-to-child transmission of HIV (EMTCT)

Eliminating new HIV infections among children and keeping their mothers alive is based on a four-pronged strategy.[81]

**Women living with HIV delivering[82]**

7,900

**New child HIV infections[83]**

2,100

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

| | |
|---|---|
| **Prong 1:** new HIV infections among women 15-49[87] | 4,500 |
| **Prong 2:** unmet need for family planning for women of reproductive age[88] | 27% |
| **Prong 3:** final mother-to-child HIV transmission rate[89] | 26.1% |
| **Prong 3:** women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children[90] | 33% |
| **Prong 3:** women or infants receiving ARVs during breastfeeding[91] | 33% |
| **Prong 4:** ART coverage among children under 15 years[92] | 23% |

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

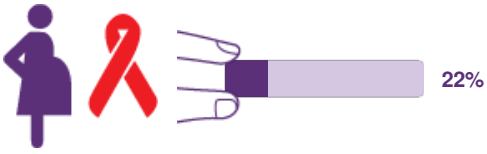

**Pregnant women attending an antenatal care clinic**

at least once[84]

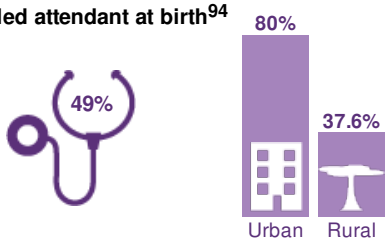

at least 4 times[85]


whose sexual partners were tested for HIV in the last 12 months[86]


**Pregnant women who know their HIV status[93]**



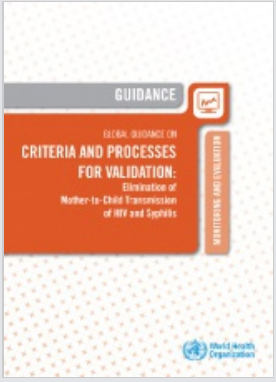

**Skilled attendant at birth[94]**




## 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] | DATA NOT AVAILABLE |
| Antenatal care attendees tested for syphilis at first antenatal care visit[99] | 4.8% |
| Antenatal care attendees who test positive for syphilis[100] | 2.4% |
| Antenatal care attendees positive for syphilis who are treated appropriately[101] | DATA NOT AVAILABLE |

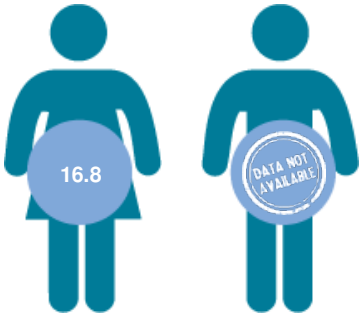
# Focus on adolescents and youth

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.

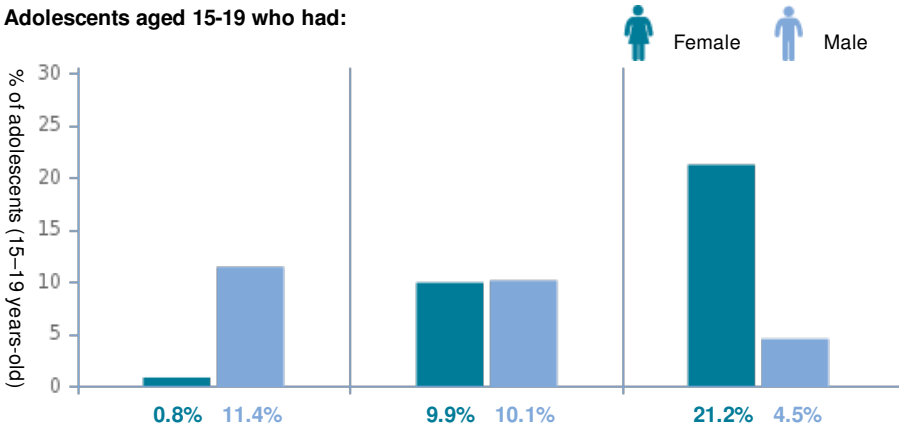
Young people, including those living with HIV and from key populations, need access to comprehensive services and a supportive legal framework.

## Sexual behviour

**Median age at first sex among young people aged 20-24**[102]




**Adolescents aged 15-19 who had:**




Had multiple sexual partners in the last 12 months[103]

Had multiple partners and used a condom at last sex[104]

Had sex before age 15[105]

## Youth unemployment[109]

10.5%


**Unmet need for family planning, among young women aged 15-19**[106]

23.3%

**Young women aged 15-19 who have ever had a child**[107]

33.2%

**Recent births to mothers under 20 that were unplanned**[108]


**Young women aged 15-19 able to participate in decisions about their healthcare**[108a]

11.1%

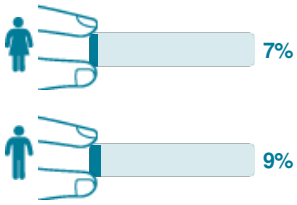
## HIV

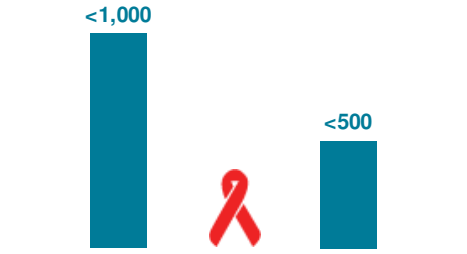
**Estimated number of adolescents living with HIV aged 10-19**[110]

7,900

**Young people living with HIV aged 15-24**[111]


**Adolescents aged 15-19 who were ever tested for HIV and received the results**[112]



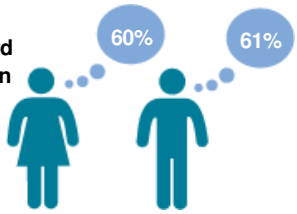

New HIV infections among adolescents aged 15-19[113]

AIDS deaths among adolescents aged 10-19[114]

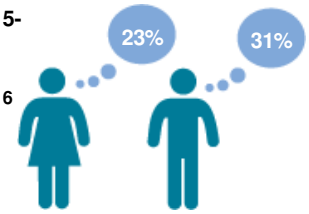
## Knowledge and comprehensive sexuality education

▲ 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 HIV**[116]




**Schools that provided skills-based HIV and sexuality education in the previous academic year**[117]

# 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.

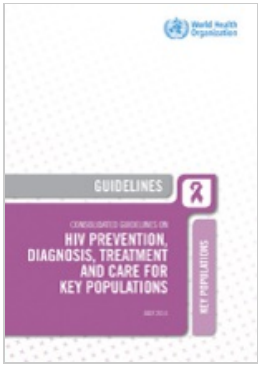
▲ also p.4

| | Men who have sex with men | People who inject drugs | Sex workers | Transgender people |
|---|---|---|---|---|
| Population size estimate | 3,671[118] | 9,599[119] | 13,345[120] | DATA NOT AVAILABLE |
| HIV prevalence | 13.7%[122] | DATA NOT AVAILABLE | 24.2%[124] | DATA NOT AVAILABLE |
| HIV testing | 99.6%[126] | DATA NOT AVAILABLE | 70.9%[128] | DATA NOT AVAILABLE |
| Condom use | 76.9%[130] | DATA NOT AVAILABLE | 98.1%[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/1rhtIgZ


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

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# 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

04 **2004:** The Glion Call to Action and the New York Call to Commitment

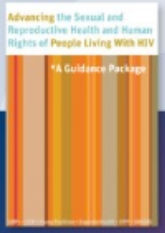
05 **2005:** A Framework for Priority Linkages


06 07 **2007:** Linkages: Evidence Review and Recommendations

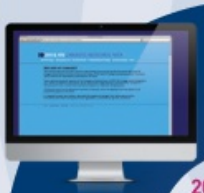
08 **2008 onwards:** Rapid Assessment Tool for SRH and HIV Linkages


09 **2008 onwards:** Gateways to Integration Case Studies


10 **2009:** Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV




**2010:** SRH and HIV linkages resource pack

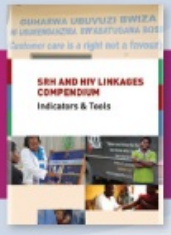


11 **2011:** SRH Services and HIV Interventions in Practice

12 **2012:** What Works? SRH and HIV Linkages for Key Populations


13 **2013:** EMTCT Job Aid

14 **2014:** SRH and HIV Linkages Compendium: Indicators and Tools




15 **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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