This overview has been prepared by the Interagency Working Group on Sexual and Reproductive Health (SRH) and HIV Linkages (IAWG) convened by UNFPA, WHO and IPPF. It works with 25 organizations to:

- advocate for political commitment to a linked sexual and reproductive health and rights (SRHR) and HIV agenda;
- support national action to strengthen SRHR and HIV bi-directional linkages at the policy, systems and service delivery levels; and
- create a common understanding of SRHR and HIV linkages by building the evidence base and sharing research, good practice and lessons learnt.

**Rationale**

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

Linking SRHR and HIV responses is critical for reaching human rights, gender equality, and health targets for the Sustainable Development Goals.


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

**To find out more please visit** [www.srhhivlinkages.org](http://www.srhhivlinkages.org)
**Linking SRHR and HIV: Understanding the key connections**

**Linkages versus integration**

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

Integration refers to the service delivery level and can be understood as joining operational programmes to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop shop services under one roof, etc.).

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**Theory of change for SRHR and HIV linkages**

- **Output**
  - More enabling environment for a linked SRHR and HIV response
  - Stronger health systems that support SRHR and HIV integration
  - More integrated delivery of SRHR and HIV services

- **Outcome**
  - Reduced HIV-related stigma and discrimination*
  - Increased access to and utilization of quality integrated SRHR and HIV services
  - Reduced gender-based violence*
  - Improved programme efficiency and value for money

- **Impact**
  - Improved health, human rights, and quality of life

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*It is recognized that reducing stigma and discrimination and gender-based violence are also impact level measures and the outcome measures influence each other.

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Key connections between SRHR and HIV

The intrinsic connections between SRHR and HIV are well-established. These include:

1. HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.1
2. HIV is the leading cause of death in women of reproductive age and the second leading cause of death among adolescent girls globally.2
3. HIV-associated maternal death contributes to maternal mortality.3
4. Gender-based violence can increase after an HIV-positive diagnosis.4
5. HIV can be transmitted to infants during pregnancy, delivery, and breastfeeding; without ART and care interventions HIV transmission to infants ranges from 15–45%.5
6. Sexually transmitted infections (STIs), such as gonorrhoea, HSV, chlamydia, and syphilis, greatly increase the risk of HIV acquisition and transmission.6
7. Male and female condoms provide triple protection from unintended pregnancies, HIV, and other STIs.7
8. SRHR and HIV strategies and policies should be interconnected to increase comprehensive service provision, and effective responses must go beyond health services to address human rights, gender equality, and development.8
9. Integrating SRHR and HIV services requires strengthening health systems including: coordination; joint partnerships; planning and budgeting; human resources; procurement and supply chain management; and monitoring and evaluation.9
10. Providing integrated SRHR and HIV services could enable clients to receive as many quality services as possible at the same time and in the same place, especially at the primary healthcare level.10
11. Young people need access to a range of SRHR and HIV information and services related to their physical, social, emotional, and sexual development.11
12. Key populations – including men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people – typically have higher HIV prevalence than the general population, are often not adequately reached with health services, and frequently experience violations of their human rights.12

SRHR and HIV Linkages in practice

HIV and SRHR Linkages Infographic Snapshots

This infographic outlines key concepts and highlights the importance of integrating SRHR and HIV linkages at the national and sub-national levels. It demonstrates how these linkages support the achievement of the 2030 Agenda for Sustainable Development, particularly the Sustainable Development Goals (SDGs).

Key achievements

1. The IAWG on SRH and HIV Linkages
3. Compendium of case studies: HIV and SRH
4. Snapshots: HIV and SRH Linkages

Human rights are the cornerstone

“Upholding human rights is intrinsic to the [SRHR and HIV] linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls.”

SRHR and HIV Linkages

A number of tools and indicators are being developed to monitor progress toward linking SRHR and HIV linkages. These include:

1. SRHR and HIV Linkages Compendium of Indicators and Related Assessment Concepts
   - Measurement of SRHR and HIV Linkages
   - Monitoring and Evaluation

2. SRHR and HIV Linkages Indicators
   - SRHR and HIV Linkages Indicators
   - SRHR and HIV Linkages Summary

Efforts are ongoing to develop indicators and tools that can be used to assess progress in linking SRHR and HIV linkages at national and sub-national levels. These indicators aim to capture the extent to which SRHR and HIV linkages are being implemented effectively and efficiently.
Building the evidence base

A research working group of the IAWG identifies gaps and shares information and results of research related to SRHR and HIV linkages, including integration. Key current research areas include:

- The relationship between hormonal contraception (HC) and HIV
- Integrated models of service delivery
- Cost effectiveness
- Approaches to reducing stigma, discrimination, and gender based violence against key populations

Examples of research include, but are not limited to:

- **Integra Initiative** – IPPF, LSHTM, Population Council
  - benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings. [www.integrainitiative.org](http://www.integrainitiative.org)


- **LINKAGES** – FHI 360, Pact, IntraHealth International, University of North Carolina at Chapel Hill

- **ECHO Study** – Echo Consortium
  - a study on the relationship between HC and HIV outcomes. [http://echo-consortium.com](http://echo-consortium.com)

Related research supplements include:


Measuring SRHR and HIV linkages

A number of tools and indicators are being developed to capture progress toward linking SRHR and HIV:

1. **SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools**
   - Based on a theory of change, the SRH and HIV Linkages Compendium contains a focused set of indicators and related assessment tools that have relevance to tracking the links between SRHR and HIV programmes at national and sub-national levels. Each indicator includes an overview, a brief description of its relevance to SRHR and HIV linkages, and a hyperlink to a detailed definition. All the indicators in this compendium have passed through a rigorous evaluation based on the indicator standards of the UNAIDS Monitoring and Evaluation Reference Group. [www.srhhivlinkages.org](http://www.srhhivlinkages.org)

2. **Composite SRHR and HIV Linkages Index**
   - The full scope of SRHR and HIV linkages is difficult to capture in any single indicator. The SRHR and HIV Linkages Index uses 30 indicators across three domains (enabling environment, health systems and integrated service delivery) to provide a composite measure of SRHR and HIV linkages. It reflects the complex nature of linkages and allows progress to be measured. [http://index.srhhivlinkages.org](http://index.srhhivlinkages.org)

3. **HIV and SRHR Linkages Infographic Snapshots**
   - The Infographic Snapshots provide an overview of national data for the full scope of SRHR and HIV linkages/integration at three levels: enabling environment (policy and legal); health systems; and integrated service delivery. By highlighting results, areas that need strengthening, and data gaps, these Infographic Snapshots can be used for determining priorities, programme planning and resource mobilization. [http://bit.ly/InfographicSnapshot](http://bit.ly/InfographicSnapshot)
Linkages with other interagency groups and strategies

- **Start Free. Stay Free. AIDS Free.**
  [https://free.unaids.org](https://free.unaids.org)

- **FP2020**

- **Global health sector strategies on sexually transmitted infections, HIV and viral hepatitis. 2016–2021**

- **Global strategy for women’s, children’s and adolescents’ health 2016–2030**
  [www.everywomaneverychild.org](http://www.everywomaneverychild.org)

- **Implementing Best Practices Initiative (IBP)**
  [www.ibpinitiative.org](http://www.ibpinitiative.org)

- **Initiative for Multipurpose Prevention Technologies (IMPT)**
  [www.theimpt.org](http://www.theimpt.org)

- **On the fast-track to end AIDS: UNAIDS 2016–2021 strategy**

- **The Global Fund strategy 2017–2022**

- **WHO global plan of action on violence against women and girls and against children**

- **16 ideas for addressing violence against women in the context of the HIV epidemic**

Members of the IAWG on SRH and HIV Linkages

For the most up-to-date list of members see [http://bit.ly/1kZQDWB](http://bit.ly/1kZQDWB)

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To find out more

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