

# HIV AND SRHR LINKAGES INFOGRAPHIC SNAPSHOT MADAGASCAR 2016



What's this  
all about?

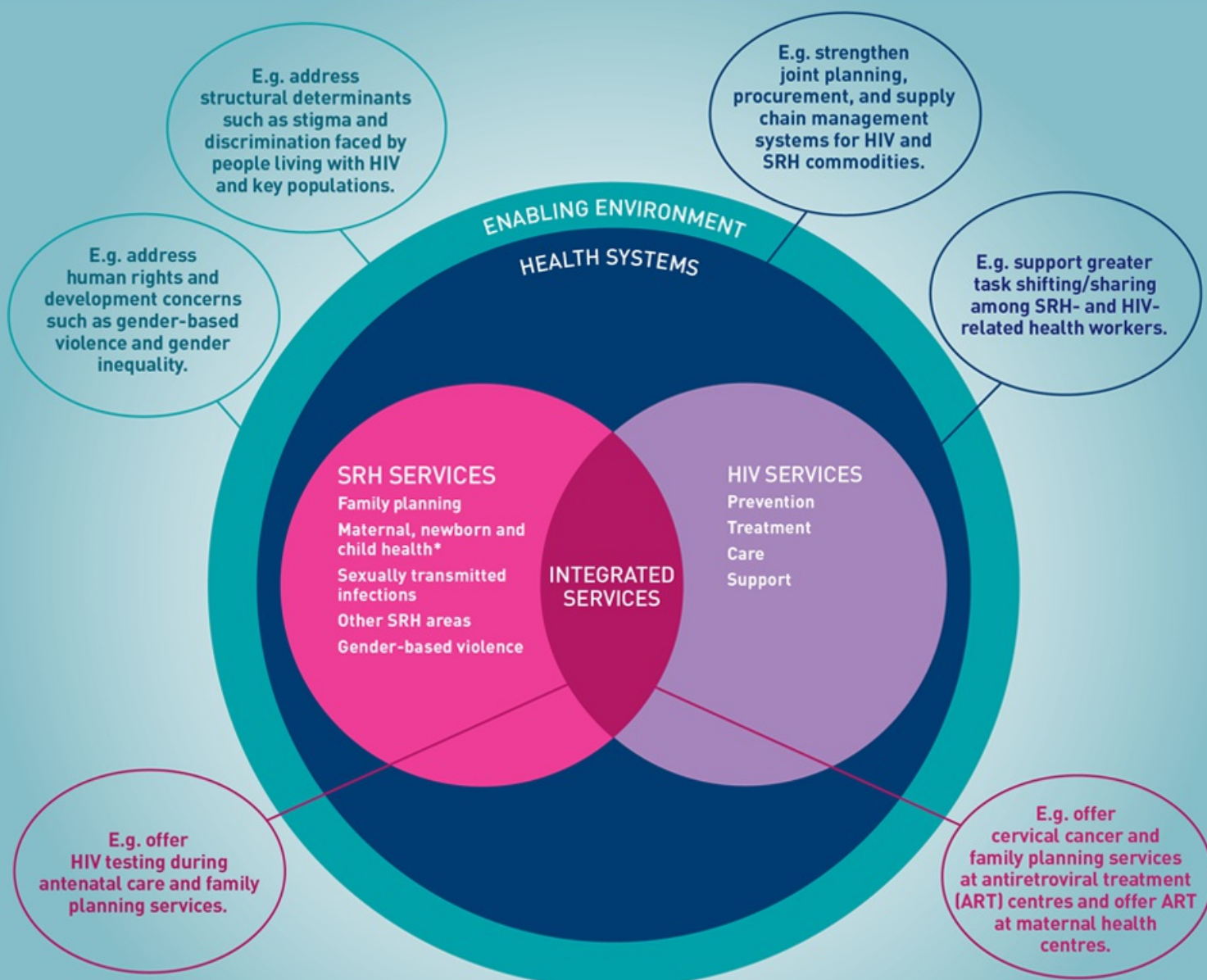


This country snapshot provides an overview of national level data for the full scope of HIV and sexual & reproductive health and rights (SRHR) linkages/integration at three levels:<sup>1</sup>

- 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](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<sup>2</sup>

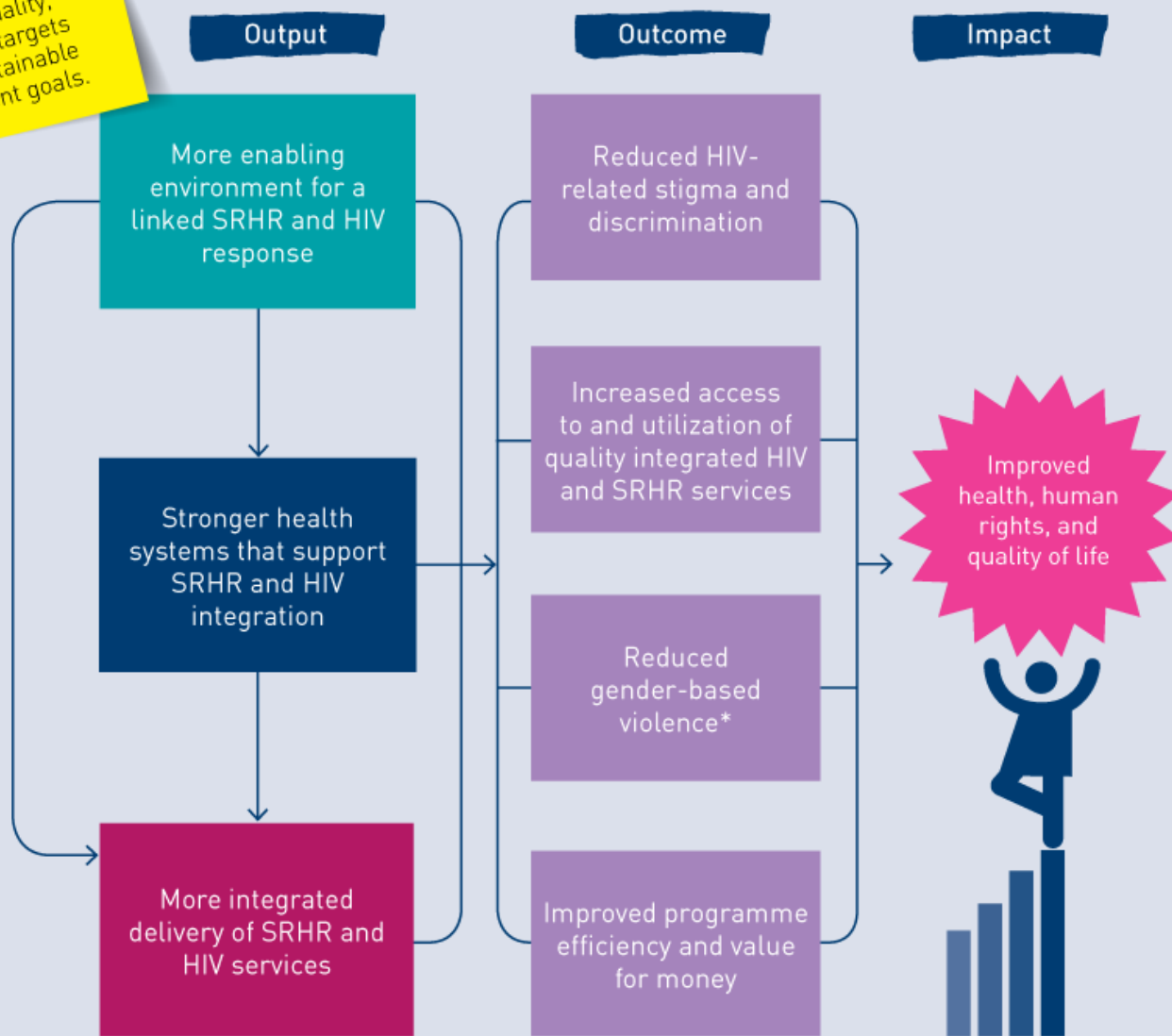
**Linkages** refer to bi-directional synergies in policy, systems, and services between SRH and HIV. It refers to a broader human rights-based approach, of which service integration is a subset.

**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.<sup>3</sup>

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>

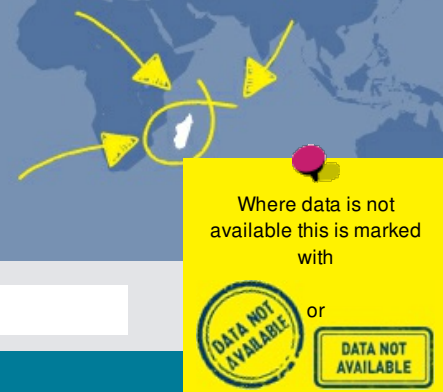


**To find out more about linkages/integration**

Visit <http://srhhivlinkages.org>  
- a collection of SRHR and HIV linkages resources.

# Key HIV and SRHR intersections: Madagascar data<sup>3a</sup>

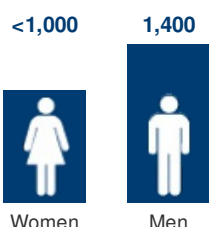
The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.<sup>4</sup>



Population size 23.57 million<sup>4a</sup> Life expectancy at birth 64.7<sup>4b</sup> Fertility rate 4.5<sup>4c</sup>

HIV is a leading cause of death in women of reproductive age (globally)<sup>5</sup>

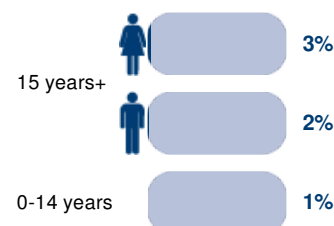
New adult HIV infections<sup>6</sup>



HIV prevalence (ages 15-49)<sup>8</sup>



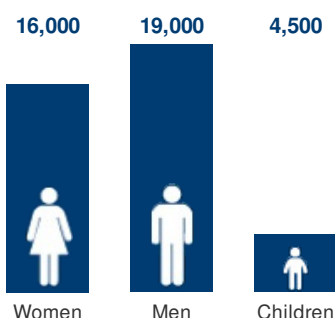
People living with HIV receiving ART<sup>10</sup>



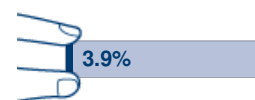
AIDS-related deaths among adults (ages 15+)<sup>7</sup>



People living with HIV<sup>9</sup>



HIV testing in the general population<sup>11</sup>



HIV-associated maternal death contributes to maternal mortality<sup>12</sup>

Maternal mortality ratio<sup>13</sup>



Maternal deaths attributed to HIV<sup>14</sup>



Gender-based violence is a cause and consequence of HIV<sup>15</sup>  
▲ also p.5 & 7

Prevalence of recent intimate partner violence<sup>16</sup>



HIV transmission to infants can occur during pregnancy, childbirth, and breastfeeding. This is more likely where there is acute maternal HIV infection.<sup>17</sup>

▲ also p.5

Mother-to-child HIV transmission rate (after breastfeeding)<sup>18</sup>



Pregnant women who know their HIV status<sup>19</sup>



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



Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV<sup>22</sup>  
▲ 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)<sup>21</sup>

Number of adults reported with syphilis<sup>23</sup>



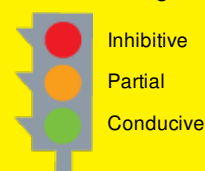
Condom use at last sex<sup>24</sup>



# 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:



## Strategies and policies

Is there a national HIV strategy?<sup>25</sup>



If yes, have the following SRHR components been included as a measurable target:<sup>25a</sup>

Condoms (with reference to STI prevention / contraceptive method)?	Mentioned
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?<sup>26</sup>



If yes, have the following HIV components been included as a measurable target:<sup>26a</sup>

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

Is there a national SRHR and HIV integration policy or strategy?<sup>27</sup>



## Laws

▲ also p.5

▲ also p.9

▲ also p.7

### People living with HIV

Are there laws that:<sup>27a</sup>

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

### Key populations

Are there laws that:<sup>30b</sup>

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

### Gender-based violence

Are there laws that:

address gender-based violence? <sup>36</sup>	Yes	36a
penalise rape in marriage? <sup>37</sup>	No	37a
allow free entry into marriage and divorce? <sup>38</sup>	No	38a
allow the removal of violent spouses? <sup>39</sup>	No	39a

### Other laws

▲ also p.8

Are there laws that:

make sexuality education mandatory? <sup>40</sup>		DATA NOT AVAILABLE
allow legal abortion? <sup>41</sup>	Yes: to save a woman's life	
prohibit female genital mutilation? <sup>42</sup>	No	

### Age of Consent

▲ also p.5 & 8



What is the minimum legal age for marriage without parental consent?<sup>43</sup>

18 years  
18 years



What is the legal age for HIV testing without parental consent?<sup>44</sup>

Not specified



What is the legal age for accessing contraceptives?<sup>45</sup>



What is the legal age for consent to sexual intercourse?<sup>46</sup>

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 HIV<sup>47</sup>**

>95%

**Has the Stigma Index been conducted?<sup>48</sup>**

**NO** <sup>49</sup>



## 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.<sup>50</sup>

**Ability to participate in decisions regarding their own health<sup>50a</sup>**

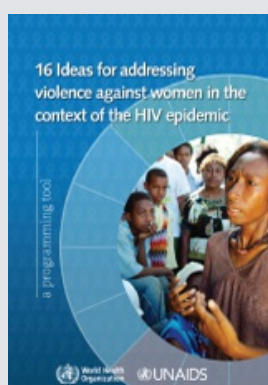


**Women who believe wife is justified in refusing sex with husband<sup>50b</sup>**



83%

## 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.<sup>51</sup> Visit <http://bit.ly/1PIpTip>

**Prevalence of recent intimate partner violence<sup>52</sup>**



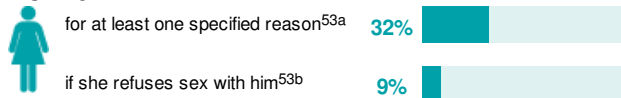
12.8%

Gender-based violence is a cause and consequence of HIV

**Girls married before 18<sup>53</sup>**



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



**Intimate partner violence prevention programmes<sup>54</sup>**

In-school education on preventing dating violence

Limited

Microfinance and gender equity training

Limited

Changing social and cultural norms that support violence

Limited

## Children and Social Protection

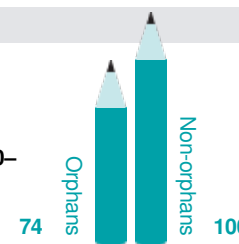
Orphanhood is frequently accompanied by prejudice and increased poverty, factors that can jeopardize children's chances of completing school education and may lead to increased vulnerability to HIV and poor SRHR outcomes. As such, economic support (with a focus on social assistance and livelihoods assistance) to poor and HIV-affected households remains a high priority in many comprehensive care and support programmes.<sup>55</sup>

**Children whose households received external support<sup>56</sup>**

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)<sup>57</sup>**



**Children who have lost one or both parents due to AIDS<sup>58</sup>**

DATA NOT AVAILABLE



# 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<sup>59</sup>



Nurses and  
midwives per  
1,000<sup>60</sup>



Community and traditional  
health workers per 1,000<sup>61</sup>



## Training and supervision

Are there SRHR training materials and curricular that include HIV?<sup>62</sup> No

Are there HIV training materials and curricula that include SRHR?<sup>63</sup> Yes (partial)

To what extent is supportive supervision for SRHR and HIV integrated at the health service-delivery level?<sup>64</sup> Partially integrated

Is there a tool for integrated supervision available?<sup>65</sup> Yes

## Logistics and supplies

### HIV and SRHR commodities

Are there integrated supply systems?<sup>66</sup> Partially integrated

Are there integrated ordering systems?<sup>67</sup> Partially integrated

Are there integrated monitoring systems?<sup>68</sup> Fully integrated

### Commodity stockouts



Contraceptives<sup>69</sup>

5.1%



Antiretrovirals for HIV<sup>70</sup>

25%



STI drugs<sup>71</sup>

26.4%

## Coordination, planning and budgeting

Is there joint planning of HIV and SRHR programmes?<sup>72</sup>

DATA NOT AVAILABLE

Is there any collaboration between SRHR and HIV for programme management/implementation?<sup>73</sup>

DATA NOT AVAILABLE

## Health information systems<sup>74</sup>

### Health system statistical capacity



National surveys



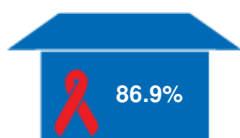
Facility-based data collection

## SRHR and HIV service coverage

HIV testing and counselling facilities per  
100,000 adult population<sup>75</sup>



Primary level service delivery points offering  
at least three modern methods of  
contraception<sup>76</sup>



## Rapid Assessment of SRH and HIV linkages<sup>77</sup>

Has the Rapid Assessment for Sexual and Reproductive Health and HIV Linkages been conducted?<sup>78</sup>



2015

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<sup>79</sup>

Many



EMTCT with antenatal care/maternal and child health<sup>80</sup>

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.<sup>81</sup>

**Women living with HIV delivering<sup>82</sup>**



1,500



**New child HIV infections<sup>83</sup>**



<1,000



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

<b>Prong 1:</b> new HIV infections among women 15-49 <sup>87</sup>	<1,000
<b>Prong 2:</b> unmet need for family planning for women of reproductive age <sup>88</sup>	35.3%
<b>Prong 3:</b> final mother-to-child HIV transmission rate <sup>89</sup>	40.3%
<b>Prong 3:</b> women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children <sup>90</sup>	4%
<b>Prong 3:</b> women or infants receiving ARVs during breastfeeding <sup>91</sup>	0%
<b>Prong 4:</b> ART coverage among children under 15 years <sup>92</sup>	1%

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



DATA NOT AVAILABLE

**Pregnant women attending an antenatal care clinic**

at least once<sup>84</sup>

at least 4 times<sup>85</sup>



82%

51%



whose sexual partners were tested for HIV in the last 12 months<sup>86</sup>



DATA NOT AVAILABLE

**Pregnant women who know their HIV status<sup>93</sup>**



25%

**Skilled attendant at birth<sup>94</sup>**



44%

77.8%



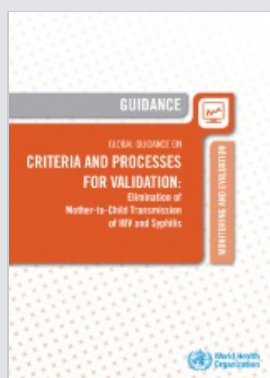
39.3%



Urban Rural

## 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.<sup>96</sup> Initiatives are now ongoing for dual elimination of mother-to-child transmission of HIV and syphilis as an integrated process, including data validation.<sup>97</sup>



### Elimination of mother-to-child transmission of syphilis

Congenital syphilis rate (per 100,000 live births)<sup>98</sup>

DATA NOT AVAILABLE

Antenatal care attendees tested for syphilis at first antenatal care visit<sup>99</sup>

30.4%

Antenatal care attendees who test positive for syphilis<sup>100</sup>

4.3%

Antenatal care attendees positive for syphilis who are treated appropriately<sup>101</sup>

65.1%

<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.

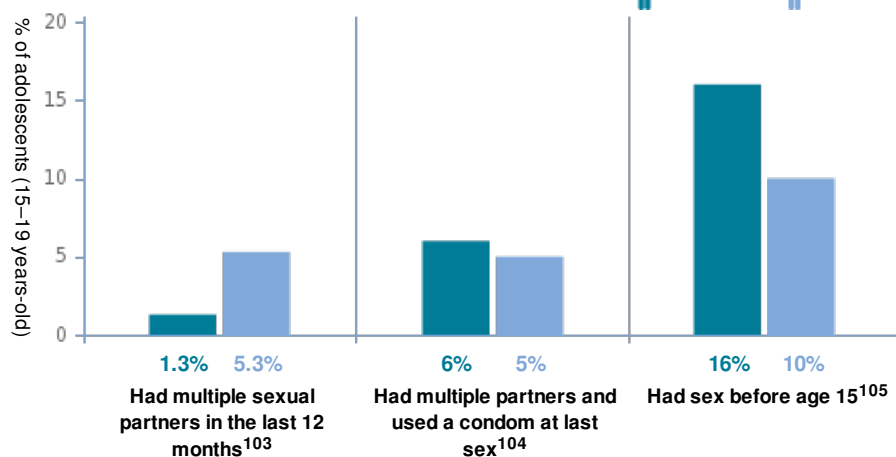
Young people, including those living with HIV and from key populations, need access to comprehensive services and a supportive legal framework.

## Sexual behaviour

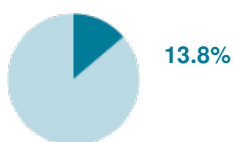
Median age at first sex among young people aged 20-24<sup>102</sup>



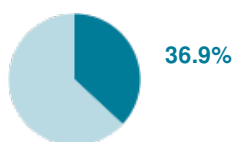
Adolescents aged 15-19 who had:



Unmet need for family planning, among young women aged 15-19<sup>106</sup>



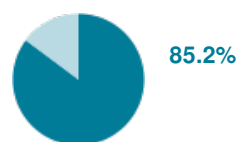
Young women aged 15-19 who have ever had a child<sup>107</sup>



Recent births to mothers under 20 that were unplanned<sup>108</sup>



Young women aged 15-19 able to participate in decisions about their healthcare<sup>108a</sup>



## Youth unemployment<sup>109</sup>

5.2%



## HIV

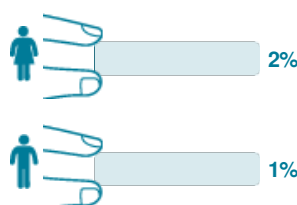
Estimated number of adolescents living with HIV aged 10-19<sup>110</sup>



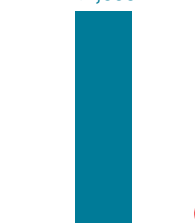
Young people living with HIV aged 15-24<sup>111</sup>



Adolescents aged 15-19 who were ever tested for HIV and received the results<sup>112</sup>



<1,000



New HIV infections among adolescents aged 15-19<sup>113</sup>



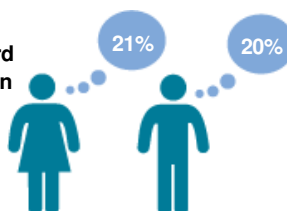
<200

AIDS deaths among adolescents aged 10-19<sup>114</sup>

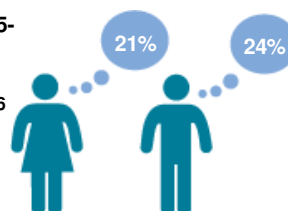
## Knowledge and comprehensive sexuality education

▲ also p.4

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



Adolescents aged 15-19 who have comprehensive knowledge of HIV<sup>116</sup>



Schools that provided skills-based HIV and sexuality education in the previous academic year<sup>117</sup>



# 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

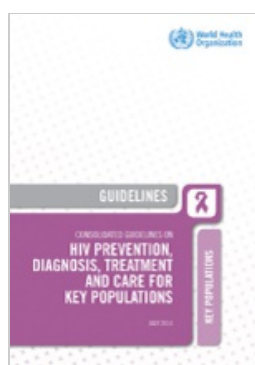
	Men who have sex with men	People who inject drugs	Sex workers	Transgender people
Population size estimate	14,914 <sup>118</sup>	2,033 <sup>119</sup>	167,443 <sup>120</sup>	DATA NOT AVAILABLE
HIV prevalence	14.9% <sup>122</sup>	7.1% <sup>123</sup>	0.3% <sup>124</sup>	DATA NOT AVAILABLE
HIV testing	16.5% <sup>126</sup>	23.7% <sup>127</sup>	59.6% <sup>128</sup>	DATA NOT AVAILABLE
Condom use	59.6% <sup>130</sup>	41.4% <sup>131</sup>	66.3% <sup>132</sup>	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/1rhtlgZ>



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](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/LAWG\\_SRHHIVlinkages\\_summary1.pdf](http://www.srhhivlinkages.org/wp-content/uploads/LAWG_SRHHIVlinkages_summary1.pdf)
- 4a. 2014. World Bank. <http://data.worldbank.org/indicator/>
- 4b. 2014. World Bank. <http://data.worldbank.org/indicator/>
- 4c. 2014. World Bank. <http://data.worldbank.org/indicator/>
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. 2014. UNAIDS 2014 estimates
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. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, The Maternal Mortality Estimation Inter-Agency Group (MMEIG). Trends in Maternal Mortality: 1990 to 2015. <http://bit.ly/1XsiZRO>
14. 2015. 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://bit.ly/1XsiZRO>
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. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. Profil des auteurs de violence contre les femmes, selon le type de violence. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_3.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_3.pdf)
17. <http://www.aidsinfo.nih.gov/guidelines/html/3/perinatalguidelines/162>.
18. 2014. UNAIDS 2014 estimates
19. 2014. Of the 997 683 expected pregnancies , 644,230 pregnant women were able to make their first prenatal visit, and 200,543 were tested for HIV. Présidence De La République De Madagascar. Secrétariat Général Comité National de Lutte contre le Sida Secrétariat Exécutif (2015). Rapport sur la Réponse Face au VIH et au Sida a Madagascar 2014. [http://www.unaids.org/sites/default/files/country/documents/MDG\\_narrative\\_report\\_2015.pdf](http://www.unaids.org/sites/default/files/country/documents/MDG_narrative_report_2015.pdf)
20. 2015. 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](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. Data not available
24. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013
25. 2013-2017. Conseil National de Lutte contre le SIDA – CNLS. Plan Stratégique de Lutte Contre Le VIH et le Sida 2013-2017. [http://www.hayzara.org/content/download/441/3524/version/1/file/PSN+2013\\_2017+Madagascar.pdf](http://www.hayzara.org/content/download/441/3524/version/1/file/PSN+2013_2017+Madagascar.pdf)
- 25a. 2015. IPPF and UNFPA coding (2015)
26. 2014. Repoblikan'i Madagasikara (2014) La feuille de route pour l'accélération de la réduction de la mortalité maternelle et néonatale à Madagascar 2015-2019
- 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>
- 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](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/WebContentEATG/File/Quick%20Ref/2012\\_2013\\_DAH\\_Quick\\_Reference\\_Guide\\_EN.pdf](http://www.hivtravel.org/Web/WebContentEATG/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>
- 30b. The data in this section only looks at the law itself and not how the law is implemented
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](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 (2014) 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://www.unaids.org/sites/default/files/media\\_asset/JC2306\\_UNAIDS-guidance-note-HIV-sex-work\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2306_UNAIDS-guidance-note-HIV-sex-work_en_0.pdf); 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](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](http://www.incb.org/documents/Publications/PressRelease/PR2014/press_release_050314.pdf)
34. 2014. UNAIDS (2014) 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://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310\\_Joint%20Statement6March12FINAL\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf)

35. 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. 2009. Laws on domestic violence, and sexual assault. SADC Gender Protocol 2015 Barometer. Chapter 5: Gender-based violence, Articles 20-25. [http://www.genderlinks.org.za/attachment.php?aa\\_id=19382](http://www.genderlinks.org.za/attachment.php?aa_id=19382).
- 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://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>
37. 2014. 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. 2014. 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://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>
39. 2014. 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://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>
40. Indicator: Is there a law or policy mandating the government (or its regulatory bodies) to implement sexuality education?
41. 2015. United Nations, World Population Policies Database. [http://esa.un.org/poppolicy/about\\_database.aspx](http://esa.un.org/poppolicy/about_database.aspx)
42. 2014. WHO (2014) Global Status Report on Violence Prevention <http://bit.ly/2dOxNst>
43. 2008. 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. 2006. Loi N°2005-040 du 20 Février 2006. Sur la lutte contre le VIH/sida et la protection des droits des personnes vivant avec le VIH/sida. The Republic of Madagascar, 2005. <http://www.ilo.org/aids/legislation/lang--en/index.htm> World Health Organization (2013). HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Annex 15: Adolescent consent to testing: a review of current policies and issues in sub-Saharan Africa. [http://apps.who.int/iris/bitstream/10665/95147/1/WHO\\_HIV\\_2013.141\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/95147/1/WHO_HIV_2013.141_eng.pdf)
45. Indicator: Legal age for accessing contraceptives.
46. 2006. World Health Organization (2013). HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Annex 15: Adolescent consent to testing: a review of current policies and issues in sub-Saharan Africa. [http://apps.who.int/iris/bitstream/10665/95147/1/WHO\\_HIV\\_2013.141\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/95147/1/WHO_HIV_2013.141_eng.pdf)
47. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013
48. People Living with HIV Stigma Index. IPPF, GNP+, ICW, UNAIDS, 2008. <http://www.stigmaindex.org/>
49. Madagascar has not undertaken the People Living with HIV Stigma Index.
50. UN (2015) Sustainable Development Goals. <https://sustainabledevelopment.un.org/?menu=1300>
- 50a. Indicator: Ability to participate in decisions regarding their own health. Madagascar Demographic and Health Survey 2008-2009. <http://www.dhsprogram.com/pubs/pdf/FR236/FR236.pdf>
- 50b. 2008-2009. Madagascar Demographic and Health Survey 2008-2009. <http://www.dhsprogram.com/pubs/pdf/FR236/FR236.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](http://apps.who.int/iris/bitstream/10665/95156/1/9789241506533_eng.pdf)
52. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. Profil des auteurs de violence contre les femmes, selon le type de violence. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_3.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_3.pdf)
53. 2005-2013. UNICEF State of The World's Children 2015 Country Statistical Information [http://www.unicef.org/statistics/index\\_countrystats.html](http://www.unicef.org/statistics/index_countrystats.html)
- 53a. 2008-2009. "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" Madagascar Demographic and Health Survey 2008-2009. <http://www.dhsprogram.com/pubs/pdf/FR236/FR236.pdf>
- 53b. 2008-2009. "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." Madagascar Demographic and Health Survey 2008-2009. <http://www.dhsprogram.com/pubs/pdf/FR236/FR236.pdf>
54. 2013. WHO (2014) Global Status Report on Violence Prevention [http://www.who.int/violence\\_injury\\_prevention/violence/status\\_report/2014/en/](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. 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. UNAIDS 2014 child-level estimates not published
59. 2007. WHO Global Health Observatory Data Repository. Density per 1000 Data by country <http://apps.who.int/gho/data/node.main.A1444>
60. 2004. WHO Global Health Observatory Data Repository. Density per 1000 Data by country <http://apps.who.int/gho/data/node.main.A1444>
61. 2004. WHO Global Health Observatory Data Repository. Density per 1000 Data by country <http://apps.who.int/gho/data/node.main.A1444>
62. 2015. Communication with UNFPA Country Office Madagascar
63. 2015. HIV and syphilis. Communication with UNFPA Country Office Madagascar
64. 2015. Communication with UNFPA Country Office Madagascar
65. 2015. Communication with UNFPA Country Office Madagascar
66. 2015. Communication with UNFPA Country Office Madagascar
67. 2015. Communication with UNFPA Country Office Madagascar
68. 2015. Communication with UNFPA Country Office Madagascar
69. 2014. Rapport d'évaluation du système de sécurisation des produits de sante de la reproduction et de la qualite de l'offre de service de planification familiale – decembre 2014
70. 2014. Lopinavir/Ritonavir : 25%; Zidovudine : 16.7%. Rapport d'évaluation du système de sécurisation des produits de sante de la reproduction et de la qualite de l'offre de service de planification familiale – decembre 2014
71. 2014. Cefixime 26.4%; Doxycycline 21.8%; Benzathine Penicilline 15.3%; Rapport d'évaluation du système de sécurisation des produits de sante de la reproduction et de la qualite de l'offre de service de planification familiale – decembre 2014
72. Data not available
73. Data not available
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. Rapport d'évaluation du système de sécurisation des produits de sante de la reproduction et de la qualite de l'offre de service de planification familiale – decembre 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. 2015. Ministère de la Sante Publique, Repoblikan'i Madagasikara, UNFPA (2015) Evaluation rapide sur l'intégration du VIH et de la Santé Sexuelle et de la Reproduction
79. 2014. UNAIDS GARPR
80. 2013. 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](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. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013– from UNICEF 2015 – <http://data.unicef.org/maternal-health/antenatal-care.html> - Antenatal care coverage - at least one visit with skilled health personnel.
85. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013 – from UNICEF 2015 – <http://data.unicef.org/maternal-health/antenatal-care.html> - Antenatal care coverage - at least four visits.
86. 2014. Présidence De La République De Madagascar. Secrétariat Général Comité National de Lutte contre le Sida Secrétariat Exécutif (2015). Rapport sur la Réponse Face au VIH et au Sida a Madagascar 2014. [http://www.unaids.org/sites/default/files/country/documents/MDG\\_narrative\\_report\\_2015.pdf](http://www.unaids.org/sites/default/files/country/documents/MDG_narrative_report_2015.pdf)
87. 2014. UNAIDS 2014 estimates
88. 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](http://www.un.org/en/development/desa/population/publications/dataset/contraception/data/Table_Model-based_estimates_Countries_Run20140520.xls)
89. 2014. UNAIDS 2014 estimates
90. 2014. UNAIDS 2014 estimates
91. 2014. UNAIDS 2014 estimates
92. 2014. UNAIDS 2014 estimates
93. 2014. World Health Organisation Universal Access Indicator 3.4
94. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013– from UNICEF 2015 <http://data.unicef.org/maternal-health/delivery-care.html> - Skilled attendant at birth.
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 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>
99. 2014. WHO Report on global sexually transmitted infection surveillance 2015.
100. 2014. WHO Report on global sexually transmitted infection surveillance 2015.
101. 2014. WHO Report on global sexually transmitted infection surveillance 2015.
102. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_5.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_5.pdf)
103. 2010-2014. Data refer to most recent year available. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. Available from <http://www.childrenandaids.org/>
104. 2010-2014. Data refer to most recent year available. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. Available from <http://www.childrenandaids.org/>
105. 2010-2014. Data refer to most recent year available. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. Available from <http://www.childrenandaids.org/>
106. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_5.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_5.pdf)
107. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_5.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_5.pdf)
108. Indicator: Percent of recent births to mothers <20 that were unplanned
- 108a. 2008-2009. Enquête démographique et de santé à Madagascar – EDSM 2008-2009
109. 2014. Unemployment, youth total (percentage of total labour 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. 2010-2014. Data refer to most recent year available. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. Available from <http://www.childrenandaids.org/>
113. 2014. UNAIDS 2014 estimates
114. 2014. UNAIDS 2014 estimates
115. 2012-2013. Millennium Development Goals National Monitoring Survey (ENSOMD) 2012-2013. [http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013\\_5.pdf](http://instat.mg/essai/wp-content/uploads/2014/12/ensomd-2012-2013_5.pdf)
116. 2010-2014. Data refer to most recent year available. UNICEF global databases, 2014, based on DHS, MICS and other national surveys, 2006–2014. Available from <http://www.childrenandaids.org/>
117. 2016. L'intégration de l'éducation sexuelle complète dans le programme scolaire étant en cours d'expérimentation à Madagascar, les éducateurs au niveau de quatre (04) établissements scolaires au niveau de deux circonscriptions scolaires (CISCO) de deux sites pilotes octroient actuellement l'éducation sexuelle complète. ESA Commitment – Madagascar country profile, 2016
118. 2014. UNAIDS GARPR
119. 2014. UNAIDS GARPR
120. 2014. UNAIDS GARPR
121. Indicator: Transgender people population size estimate
122. 2014. UNAIDS GARPR
123. 2014. UNAIDS GARPR
124. 2011. UNAIDS GARPR
125. Indicator: Percentage of transgender people who are living with HIV.
126. 2014. UNAIDS GARPR
127. 2014. UNAIDS GARPR
128. 2011. UNAIDS GARPR
129. Indicator: Percentage of transgender people who received an HIV test in the past 12 months and know their results.
130. 2014. UNAIDS GARPR
131. 2013. UNAIDS GARPR
132. 2012. Enquête de surveillance combinée biologique et comportementale auprès des Professionnels de sexe (ESBC – PS 2012)
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>

**Disclaimer:** All reasonable precautions have been taken by the publishers to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the IAWG on SRH and HIV Linkages or any organization whose logo appears on this document be liable for damages arising from use of this publication. This publication does not necessarily represent decisions the IAWG on SRH and HIV Linkages or any organization whose logo appears on this document.

