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

- enabling environment (policy and legal)
- health systems
- integrated service delivery

By highlighting results, areas that need strengthening, and data gaps, this snapshot can be used for determining priorities, programme planning, and resource mobilization.


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

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

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

Theory of change for SRHR and HIV linkages

Output

More enabling environment for a linked SRHR and HIV response

Stronger health systems that support SRHR and HIV integration

More integrated delivery of SRHR and HIV services

Outcome

Reduced HIV-related stigma and discrimination

Increased access to and utilization of quality integrated HIV and SRHR services

Reduced gender-based violence*

Improved programme efficiency and value for money

Impact

Improved health, human rights, and quality of life


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

To find indicators and tools to measure progress
Visit http://bit.ly/1KVaET1

To find out more about linkages/integration
Visit http://srhhivlinkages.org
- a collection of SRHR and HIV linkages resources.
Key HIV and SRHR intersections: Madagascar data

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

Population size 23.57 million
Life expectancy at birth 64.7
Fertility rate 4.5

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

New adult HIV infections
Women: <1,000
Men: 1,400

HIV prevalence (ages 15-49)
Women: 0.3%
Men: 1.0%

People living with HIV
Women: 16,000
Men: 19,000
Children: 4,500

People living with HIV receiving ART
15 years+: 3%
0-14 years: 2%

AIDS-related deaths among adults (ages 15+)
Women: 1,300
Men: 1,500

HIV-associated maternal death contributes to maternal mortality

Maternal mortality ratio
353 per 100,000 live births

Maternal deaths attributed to HIV

Gender-based violence is a cause and consequence of HIV

Prevalence of recent intimate partner violence
12.8%

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

Mother-to-child HIV transmission rate (after breastfeeding)
Women: 40.3%

Pregnant women who know their HIV status
Women: 20.1%

Demand for family planning satisfied with a modern method of contraception (15–49)
58.9%

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

Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV

Number of adults reported with syphilis

Condom use at last sex
Female: 9.3%; Male: 8.3%
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.

<table>
<thead>
<tr>
<th>Strategies and policies</th>
</tr>
</thead>
</table>
| **Is there a national HIV strategy?**

If yes, have the following SRHR components been included as a measurable target?

- 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?**

If yes, have the following HIV components been included as a measurable target:

- 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?**

Yes: to save a woman's life

<table>
<thead>
<tr>
<th><strong>Other laws</strong></th>
</tr>
</thead>
</table>
| Are there laws that:

- make sexuality education mandatory? **Yes**
- allow legal abortion? **Yes**
- prohibit female genital mutilation? **No**

<table>
<thead>
<tr>
<th><strong>Key populations</strong></th>
</tr>
</thead>
</table>
| Are there laws that:

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

<table>
<thead>
<tr>
<th><strong>Gender-based violence</strong></th>
</tr>
</thead>
</table>
| Are there laws that:

- address gender-based violence? **Yes**
- penalise rape in marriage? **No**
- allow free entry into marriage and divorce? **No**
- allow the removal of violent spouses? **No**

<table>
<thead>
<tr>
<th><strong>Support to SRHR and HIV linkages:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhibitive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Laws</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People living with HIV</strong></td>
</tr>
</tbody>
</table>
| Are there laws that:

- criminalise HIV transmission or exposure? **Yes**
- impose HIV specific restrictions on entry, stay or residence? **No**
- address HIV-related discrimination and protect people living with HIV? **Yes**

<table>
<thead>
<tr>
<th><strong>Key populations</strong></th>
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</thead>
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<table>
<thead>
<tr>
<th><strong>Age of Consent</strong></th>
</tr>
</thead>
</table>
| What is the minimum legal age for marriage without parental consent? **18 years**
| What is the legal age for HIV testing without parental consent? **Not specified**
| What is the legal age for accessing contraceptives? **18 years**
| What is the legal age for consent to sexual intercourse? **18 years**
Enabling environment (policy and legal)

People living with HIV often face stigma and discrimination. A non-supportive environment can drive people living with HIV away from SRHR and HIV prevention, treatment, care and support services, hindering the AIDS response.

**Stigma faced by people living with HIV**

Percentage of general population reporting discriminatory attitudes to HIV: >95%

**Has the Stigma Index been conducted?**

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.


**Prevalence of recent intimate partner violence**

- Girls married before 18: 12.8%
- Women who agree husband is justified in hitting or beating his wife:
  - for at least one specified reason: 32%
  - if she refuses sex with him: 9%

**Ability to participate in decisions regarding their own health**

- 88%

**Gender-based violence prevention programmes**

- Limited in-school education on preventing dating violence
- Limited microfinance and gender equity training
- Limited changing social and cultural norms that support violence

**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.
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

| Role                                    | Per 1,000
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>0.161</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>0.316</td>
</tr>
<tr>
<td>Community and traditional health workers</td>
<td>0.022</td>
</tr>
</tbody>
</table>

Training and supervision

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

Logistics and supplies

**HIV and SRHR commodities**

<table>
<thead>
<tr>
<th>Component</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there integrated supply systems?</td>
<td>Partially</td>
</tr>
<tr>
<td>Are there integrated ordering systems?</td>
<td>Partially</td>
</tr>
<tr>
<td>Are there integrated monitoring systems?</td>
<td>Fully integrated</td>
</tr>
</tbody>
</table>

**Commodity stockouts**

- Contraceptives: 5.1%
- Antiretrovirals for HIV: 25%
- STI drugs: 26.4%

Coordination, planning and budgeting

- Is there joint planning of HIV and SRHR programmes? Data not available
- Is there any collaboration between SRHR and HIV for programme management/implementation? Data not available

Health information systems

- Health system statistical capacity
  - National surveys: 0.5/2
  - Facility-based data collection: 1.7/3

SRHR and HIV service coverage

- HIV testing and counselling facilities per 100,000 adult population: 12
- Primary level service delivery points offering at least three modern methods of contraception: 86.9%

Rapid Assessment of SRH and HIV linkages

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

EMTCT with antenatal care/maternal and child health

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

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

Women living with HIV delivering82

New child HIV infections83

1,500

<1,000

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

Prong 1: new HIV infections among women 15-4987 <1,000

Prong 2: unmet need for family planning for women of reproductive age88 35.3%

Prong 3: final mother-to-child HIV transmission rate89 40.3%

Prong 3: women receiving antiretrovirals (ARVs – excluding single dose nevirapine) to prevent new infections among children90 4%

Prong 3: women or infants receiving ARVs during breastfeeding91 0%

Prong 4: ART coverage among children under 15 years92 1%

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

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

Antenatal care attendees tested for syphilis at first antenatal care visit99 30.4%

Antenatal care attendees who test positive for syphilis100 4.3%

Antenatal care attendees positive for syphilis who are treated appropriately101 65.1%

http://bit.ly/1jQx7sf
**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.

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**Sexual behaviour**

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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>16.6</td>
</tr>
<tr>
<td>Male</td>
<td>17.3</td>
</tr>
</tbody>
</table>

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

- Had multiple sexual partners in the last 12 months: 1.3% for females and 5.3% for males.
- Had multiple partners and used a condom at last sex: 6% for females and 5% for males.
- Had sex before age 15: 16% for females and 10% for males.

---

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

- 13.8% of young women have ever had a child.
- 36.9% of young women have ever heard of family planning.
- 85.2% of young women are able to participate in decisions about their healthcare.

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**HIV**

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

- 4,100 young people living with HIV aged 10-19.
- 3,500 young people living with HIV aged 15-24.

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

- 2% of adolescents received the results.

**New HIV infections among adolescents aged 15-19**

- <1,000 new HIV infections.

**AIDS deaths among adolescents aged 10-19**

- <200 AIDS deaths.

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**Knowledge and comprehensive sexuality education**

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

- 21% of adolescents have heard of family planning.

**Adolescents aged 15-19 who have comprehensive knowledge of HIV**

- 21% of adolescents have comprehensive knowledge of HIV.

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

- 24% of schools provided skills-based HIV and sexuality education.

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▲ also p.4
Focus on key populations

Key populations, including men who have sex with men, people who use drugs, sex workers and transgender people typically have higher HIV prevalence than the general population. The criminalization of key populations drives people away from health services, increasing vulnerability to negative SRHR and HIV outcomes, as well as to stigma, discrimination, and violence.

Key populations are often not reached with health services, including for SRHR and HIV, and frequently experience violation of their human rights.

<table>
<thead>
<tr>
<th></th>
<th>Men who have sex with men</th>
<th>People who inject drugs</th>
<th>Sex workers</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>14,914 118</td>
<td>2,033 119</td>
<td>167,443 120</td>
<td></td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>14.9% 122</td>
<td>7.1% 123</td>
<td>0.3% 124</td>
<td></td>
</tr>
<tr>
<td>HIV testing</td>
<td>16.5% 126</td>
<td>23.7% 127</td>
<td>59.6% 128</td>
<td></td>
</tr>
<tr>
<td>Condom use</td>
<td>59.6% 130</td>
<td>41.4% 131</td>
<td>66.3% 132</td>
<td></td>
</tr>
</tbody>
</table>

Useful programme implementation tools* and guidelines


*Similar implementation tools for HIV/STI programming with other key populations are currently under development.
This infographic snapshot builds on an overarching framework defining HIV and SRHR linkages/integration and provides related national data. Specific aspects of HIV and SRHR linkages/integration vary by region and country due to different types of HIV epidemics and structural drivers of HIV and SRHR. Therefore, a differentiated approach to investment and programming is required.

The suggested way forward

1. **Disseminate the snapshot broadly** to key decision-makers in the government (e.g. Ministry of Health and National AIDS Commission), programme managers, donors, UN agencies, civil society organisations and community-based organisations, and use for advocacy at key events.

2. **Review the data** presented in the snapshot with key HIV and SRHR stakeholders to identify and discuss areas where further work is particularly needed.

3. **Convene a technical working group** with HIV and SRHR stakeholders to jointly plan, coordinate activities and monitor progress on HIV and SRHR linkages/integration.

4. **Work with the Ministries of Justice, Education and Health, and other appropriate sectors** to eliminate human rights violations, such as gender-based violence, early and forced marriage and stigma and discrimination.

5. **Use the snapshot** when developing and evaluating strategies, operational plans and funding proposals.

6. **Collaborate with relevant data collection entities** to fill gaps where data are not available.
Endnotes


3a. Data used in the HIV and SRHR Linkages Infographic Snapshot is the most recent data available.


6. 2014. UNAIDS 2014 estimates

7. 2014. UNAIDS 2014 estimates

8. 2014. UNAIDS 2014 estimates

9. 2014. UNAIDS 2014 estimates

10. 2014. UNAIDS GARPR


13. 2015. UN Commission on Status of Women (2013). Agreed conclusions on the elimination and prevention of all forms of violence against women and girls. New York, UN CSW.


16. 2014. UNAIDS 2014 estimates


21. Indicator: Percentage of total demand for family planning among married or in-union women living with HIV aged 15 to 49 that is satisfied with modern methods (modern contraceptive prevalence divided by total demand for family planning).


23. Data not available


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

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

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

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


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


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


34. 2014. UNAIDS (2014) GARPR


82. 2014. UNAIDS 2014 estimates

83. 2014. UNAIDS 2014 estimates


87. 2014. UNAIDS 2014 estimates


89. 2014. UNAIDS 2014 estimates

90. 2014. UNAIDS 2014 estimates

91. 2014. UNAIDS 2014 estimates

92. 2014. World Health Organisation Universal Access Indicator 3.4


94. 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)


97. 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


108. Indicator: Percent of recent births to mothers <20 that were unplanned


110. 2014. UNAIDS 2014 estimates

111. 2014. UNAIDS 2014 estimates


113. 2014. UNAIDS 2014 estimates

114. 2014. UNAIDS 2014 estimates


117. 2011. 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


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

- 2004: The Gion Call to Action and the New York Call to Commitment
- 2005: A Framework for Priority Linkages
- 2008 onwards: Rapid Assessment Tool for SRH and HIV Linkages
- 2009: Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV
- 2008 onwards: Gateways to Integration Case Studies
- 2010: SRH and HIV linkages resource pack
- 2011: SRH Services and HIV Interventions in Practice
- 2012: What Works? SRH and HIV Linkages for Key Populations
- 2013: EMTCT Job Aid
- 2014: SRH and HIV Linkages Compendium: Indicators and Tools
- 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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