

# MADAGASCAR

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, WHO, UNAIDS SECRETARIAT, FAO, OCHA, OHCHR, UNIDO

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The Joint Team in Madagascar partnered with civil society organizations to scale up access to HIV prevention, testing, and treatment services, especially among key populations. HIV testing was expanded to sex workers and people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. Capacity building on income generating activities was pursued to empower sex workers in creating livelihood for themselves and their families. Healthcare providers were trained on delivery of quality harm reduction programmes to reduce the risk of HIV and other viral infections among people who inject drugs. To improve the low access to HIV prevention services among pregnant and breastfeeding women, the Joint Team supported training of health care providers; supervision missions at selected health facilities; and development of national epidemiological surveillance protocol for pregnant women. To expand sexuality and life skills education among adolescent and young people, the Joint Team helped train teachers on the delivery of these education programmes and reach more young people through the Joint Team's supported youth centres. Awareness raising tools on stigma and discrimination and information materials on gender-based violence (GBV) were also produced and disseminated to address various forms of inequalities and eliminate violence against women.*

## HIV TESTING AND TREATMENT

The Joint Team provided technical and financial support to the FIFAFI Association in Vakinankaratra region, the Association of Samaritan Women (AFSA), and networks of the LGBTI community to implement various activities aimed at expanding HIV services and addressing stigma in the HIV and COVID-19 responses among key populations in Antananarivo and Antsirabe cities. For example, in collaboration with AFSA, 300 sex workers were sensitized on HIV prevention and available services; 100 of the sex workers received HIV testing and counselling (HTC) services, of whom nine people tested positive for HIV and referred to health facilities; and 14 400 condoms were distributed to communities. Support to LGBTI networks strengthened access to HIV prevention services. For instance, 57 people from the LGBTI community who were lost to follow up were traced and relinked to treatment services, and 1356 people were sensitized on HIV transmission and prevention, where 79 accessed HTC services, and the five people who tested positive for HIV were referred for treatment.

The Ministry of Health and the National HIV/AIDS Control Programme (PNLIST) were assisted to conduct a capacity building training for 20 healthcare workers on provider-initiated HIV testing and counselling guidelines in Antananarivo. The Joint Team also supported 47 regional and district managers and medical doctors to review HIV programmes in Ambositra city, with focus on ART and reagents.

The Joint Team assisted the PNLIST with the integration of body mass index (BMI) indicators in monitoring and programme management tools used in food and nutrition programmes for people living with HIV and people who have active tuberculosis. This included the organization of workshops and joint supervisions with partners in three southern regions—Anosy, Androy, and Atsimo-Andrefana, to ensure treatment adherence and improve health outcomes in these populations.

### ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

In Madagascar, prevention of mother-to-child transmission of HIV (PMTCT) service coverage declined from 24% in 2019 to 21% in 2020 due to low access to health centres among pregnant women in fear of COVID-19 infection. In response, 71 healthcare workers were trained to improve their skills on delivery of PMTCT services in Androy, Anosy, and Atsimo Andrefana regions. In addition, 60 healthcare workers and 100 community workers from the same regions received training of trainers on PMTCT to reach more healthcare providers with capacity building initiatives and strengthen the quality of PMTCT services. Supervised visits were also organized in Analanjifofo, Analamanga and Atsinanana to support 25 healthcare workers providing PMTCT services.

The Joint Team assisted in the development and validation of the national epidemiological surveillance protocol for pregnant women. The protocol was predominantly based on a 2021 study that identified 111 sentinel sites for data surveillance. This is an important improvement when compared to the 49 sentinel sites identified 2009 study that identified only 49 sentinel sites.

### HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported an assessment to identify the needs of key populations aimed at scaling up HIV programmes tailored for this group. Key results of the assessment supported advocacy efforts towards ensuring the inclusion of key populations in municipal and regional decision-making spheres. In parallel, the Joint Team organized training for representatives from government institutes, civil society and key populations organizations, and young key populations, social media influencers to increase their understanding of issues affecting young key populations and strengthen their advocacy skills and engagement with decision-makers on the urgency of protecting the rights and addressing the needs of this group.

As part of the comprehensive sexuality education (CSE) expansion programme, the Joint Team provided training of trainers on Life Skills Education for 30 people from the Ministry of Education. Technical assistance was also provided for the orientation of 14 technical staff from the Ministry of Education to ensure common understanding of the fundamental elements of the CSE. Similarly, 40 teachers in the Menabe region were trained to improve their knowledge and skills on delivery of CSE. The CSE training was also extended to 95 young peer educators in 4 new youth spaces in Ampefiloha, Anosibe, Marovoay, and Tsaramandroso towns and communes. Similarly, a Joint Team-led awareness raising initiatives on HIV prevention reached 14 171 young people from five schools in Antsohihy, Manakara, Mananjary, and Tuléar).

In collaboration with partners, the Joint Team is actively supporting the implementation of Partnership to Accelerate COVID-19 Testing (PACT) in Madagascar to strengthen the engagement of civil society in the national COVID-19 response in the country. Five networks of people living with HIV, key populations and young people were selected to roll out the first phase of the project in six districts of the Boeny region. Beyond the improved access to

COVID-19 services, the project also supported the development of social entrepreneurship skills among key populations, providing them with socioeconomic support during COVID-19. For instance, in collaboration with AFSA and through the Solidarity Fund, the Joint Team conducted training on project management and marketing for 56 female sex workers in Antananarivo, Foulepointe and Toamasina, empowering them to start income-generating activities and make a better livelihood for themselves and their families. Lessons showed improved community life, better standard of living and increased creativity and pride among sex workers who benefited from the project, with a reduction in discrimination against sex workers.

The Ministry of Health was supported to organize a national conference in Nosy Be to improve coordination for HIV and harm reduction programme implementation for people who inject drugs, including a joint supervision of service delivery among this group. With support from the Joint Team, training of trainers on harm reduction was conducted for 20 representatives from the Ministry of Health, National AIDS Council, and civil society organizations to improve their knowledge on the package of services, including prevention of HIV and hepatitis associated with injecting drug use. The trainees were also able to develop their skills on the delivery of online training of trainers and support the development of strategic and action plans on harm reduction.

The Joint Team collaborated with the Ministry of Health to install 90 manual condom dispensers in HIV hotspots to ensure access and promote consistent use of condoms among people who are at higher risk of HIV infection. A total of 200 000 condoms were also distributed in Ambilombe, Analamanga, Melaky-Morondava, and Tsihombe towns, and six programmes promoting condom use and distribution were broadcasted on local radio stations raising public awareness on prevention of HIV and sexually transmitted infections (STIs) and the advantages of consistent use of condoms. Additionally, 3500 posters on Accidental Exposure to Blood (AEB) for public use and 4100 booklets for healthcare providers were printed and distributed to health centres. The Joint Team further supported the implementation of COVID-19 awareness raising initiatives reaching over 95 700 people living HIV, adolescents and young people, women, and people from the LGBTI community in six districts— Ambatoboeny, Mahajanga I, Mahajanga II, Marovoay Mitsinjo, and Soalala.

### **HUMAN RIGHTS, STIGMA AND GENDER-BASED VIOLENCE**

The Joint Team supported the revision of the Law 2005-040 on the Fight Against HIV/AIDS and the Protection of Rights of People Living with HIV (2005) to decriminalize wilful HIV transmission and reduce the minimum age for independent consent for HIV testing. The amended law was submitted to the Health Commission of the General Assembly for approval to help address HIV-related stigma and discrimination.

The Joint Team provided technical assistance for the development of awareness raising tools which were used to guide the implementation of a national campaign aimed at addressing stigma and discrimination against transgender people in Madagascar and uphold their human rights. Support was also provided for the training of 340 people living with HIV and persons from key populations to improve their knowledge of HIV and human rights.

Technical and financial assistance was provided to develop and disseminate 10 000 leaflets, 1500 posters, and 35 rollups on GBV prevention and support services in two target districts in southern Madagascar—Amboasary Sud and Fort-Dauphin. The Joint Team also supported training on GBV for 22 young people, including young leaders, social workers, and scouts to scale up peer education through their associations, and support access to GBV services.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team continued to actively contribute to the implementation of the United Nations Development Assistance Framework (UNDAF) for 2019-2023, to support Lesotho in the realisation of the 2030 Agenda and ensuring that no one is left behind. For instance, the Joint Team in Madagascar continued to make critical contributions towards realization of the Sustainable Development Goals (SDGs). Capacity building for economic empowerment was provided to female sex workers to reduce their risk of acquiring HIV; while social protection programmes also helped vulnerable people living with HIV and affected by tuberculosis to reduce food insecurity, adhere to treatment, and improve their health outcome. The integration of BMI indicators into the national food and nutrition, and tuberculosis programmes has also strengthened differentiated service delivery among this group—contributing to SDGs 1 and 3.

Efforts were made to improve the quality of sexuality education among adolescent and young people and empower them to make safe and responsible decisions, improve their self-esteem, protect themselves from HIV and other STIs, and play an active role in eliminating harmful gender and social norms—in line with SDG 4 (quality education). The Joint Team further supported the dissemination of information, education, and communication materials on GBV to rally communities in addressing violence against women and accelerate progress towards SDG 5 (gender equality).

### CHALLENGES AND LESSONS LEARNED

In 2020-2021, the COVID-19 pandemic presented enormous challenges to the national HIV response. These included disruption of HIV and essential health services; social and travel restrictions impacting outreach initiatives and face-to-face interactions; and delays in planned support activities and programme implementation. However, initiatives to build entrepreneurship skills of key populations, especially sex workers, offered opportunities to increase and diversify revenues of participants, and equip them with tools to prevent HIV and COVID-19 infections.

The HIV response is further challenged due to insufficient number of health facilities offering PMTCT services predominantly due to lack of equipment, particularly child delivery kits; lack of data and weak coordination between stakeholders in data management and community mobilization; and insufficient budget allocated for capacity building of health providers on delivery of psychosocial services for people living with HIV.

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