

# MADAGASCAR

Report prepared by the Joint UN Team on AIDS

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
At least 60% of adults and children living with HIV receive antiretroviral treatment (ART) by the end of 2021.	<b>SLOW PROGRESS</b>	In 2020, 87% of people living with HIV who know their status receive antiretroviral treatment. However, only 16% of people living with HIV know their status, reaching a treatment coverage of only 14% of all estimated people living with HIV in Madagascar (GAM 2021).
By the end of 2021, at least 90% of pregnant women living with HIV benefit from prevention of mother-to-child transmission of HIV (PMTCT) services.	<b>SLOW PROGRESS</b>	PMTCT coverage among pregnant women living with HIV declined from 25% in 2019 to 17% in 2020 due to challenges associated with the COVID-19 pandemic (GAM 2021).
New HIV infections among adults and young people reduced by at least 75% (5600 new infections occurred among adults aged 15 years and above in 2018).	<b>SLOW PROGRESS</b>	In 2020, an estimated 6000 new HIV infections were registered in Madagascar, an increase from 5800 in 2019 (GAM 2021).

### JOINT TEAM

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

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*In Madagascar, the UN Joint Team focused its efforts to address the increasing new HIV infections. Extensive support was provided to reinforce implementation of HIV testing and counselling services, improve the quality and access to PMTCT services, and ensure integration of HIV and sexual and reproductive health services targeting populations at high risk, including adolescent and young people. The Joint Team supported various capacity building initiatives on various areas, ranging from management of HIV and sexually transmitted infection cases to HIV prevention among adolescent and young people, and comprehensive sexuality education. Advances have also been made in expanding nutritional support to ensure a better health outcome among people living with or affected by HIV and tuberculosis co-infection.*

## **HIV TESTING AND TREATMENT**

### **ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS**

The provider-initiated HIV testing and counselling (PICT) guideline was updated and printed for dissemination in health facilities. To improve coordination and effectiveness of the ‘test and treat’ strategy, the Joint Team conducted a programme review workshop with 38 regional- and district-level programme managers strengthening their technical and management skills on HIV and sexually transmitted infections (STIs) interventions.

Around 10 693 malnourished people infected with tuberculosis or affected by HIV and tuberculosis co-infection received nutritional support in Centre for Diagnosis of Tuberculosis (CDT) from January to August 2020. Training on integration of HIV, TB, nutrition, and basic health centre services was provided to healthcare workers in 23 CDTs in Southern and South-East region and community health workers in 38 CDTs to improve the health outcomes in their communities.

Awareness-raising sessions towards health providers were conducted to reduce discrimination and stigma in healthcare facilities. A sensitivity orientation session for facilitators and a series of sensitization trainings for healthcare providers were conducted improving their knowledge and skills on stigma and discrimination reduction measures.

## **PMTCT COVERAGE**

### **POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

An operational framework for the acceleration of PMTCT, syphilis and hepatitis B virus 2019-2020 and newly developed implementation tools have been duplicated and dissemination to PMTCT service sites is underway to scale up of HIV prevention, syphilis, and hepatitis B services among pregnant and lactating women living with HIV and HIV-exposed children.

Formative supervisions and group follow-up visits were conducted to improve quality and access to PMTCT services in 82 basic health centres in 12 districts in seven regions (Anosy, Androy, Atsimo Andrefana, Menabe, Sava, Atsinanana et Sofia). 40 healthcare workers were trained on PMTCT and STI service delivery in Analamanga and Analanjirifo regions. 300 community workers trained at 30 public health centres to conduct information sessions for primary HIV prevention among adolescents and young people and orientation sessions for the early detection of pregnant women in six regions (Analamanga, Analanjirifo, Sava, Androy, Anosy, Atsinanana).

## **HIV COMBINATION PREVENTION**

### **POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

Capacity building was provided for 120 young peer educators on HIV prevention who received information, education, and communication (IEC) kits to support their outreach efforts. As a result, 7000 students were sensitized and received IEC kits in four selected schools and colleges. In addition, 34 self-study books for the Education for Life in Harmony (EVF) course at primary and secondary levels and 13 radio recordings on various topics of comprehensive sexuality education have been produced and disseminated during the COVID-19 pandemic.

To ensure better integration of HIV and sexual reproductive health (SRH) services, 150 picture boxes related to SRH were produced and distributed to health facilities. 54 healthcare workers from Analamanga, Betsiboka, and Sofia regions were trained on effective use of the picture boxes. Integrated HIV and SRH service delivery skill building trainings were delivered for 22 healthcare workers from Analamanga, Vatovavy Fitovinany, and Itasy regions. In addition, 11 trainers from technical and professional education and 70 instructors from Professional Centre for Training were also trained on comprehensive sexual education in the Menabe region.

An advocacy workshop was conducted enabling health workers and community members to improve their knowledge around the proper use of condoms and lubricants and 150 male condom dispensers were procured and distributed during this session.

Community mobilization and awareness creation tools were developed to increase knowledge around HIV prevention and uptake of services among informal workers at high risk of HIV. A partnership with Alt Consulting was formed to rollout a series of workshops on HIV in the workplace at the end of 2020. For example, the national consultation workshop galvanizing more than 50 participants from ministries of health, work and tourism, development partners, and the United Nations agencies was held end of 2020 to integrate HIV programmes in the mining, construction, and tourism sectors.

The Joint Team provided technical support in the validation and dissemination of the updated national harm reduction policy document to minimize the risk of HIV infection among people who inject drugs. A multisectoral steering committee was also established to monitor implementation (planned for 2021) of harm reduction programmes and their compliance with the national policy and global standards.

### **CONTRIBUTION TO THE COVID-19 RESPONSE**

The Joint Team reprogrammed existing funding and procured personal protective equipment to ensure continuity of maternal, new-born, and child health, including PMTCT services in basic health centres.

As a result of financial and technical support to the Network of Associations for people living with HIV/AIDS in Madagascar (Mad'AIDS), 528 people living with HIV in 37 cities received food baskets and personal protective kits to minimize their risk of exposure to the coronavirus. The Joint Team also supported the collaboration between Mad'AIDS and the national health system to ensure that people living with HIV continue to have access and adhere to HIV prevention, care, and treatment services.

### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

The Joint UN Plan on AIDS 2020-2021 is aligned with the National HIV Strategic Plan 2018-2022 and the United Nations Development Assistance Framework (UNDAF) covering the period 2015-2019 which has been extended until the end of 2020. Through its contribution to the implementation of the UNDAF, the Joint Team is directly contributing to the achievement of the SDG on health, education, gender and human rights. The UNDAF is also aligned with the national development strategy called "Plan pour l'Emergence de Madagascar (PEM)" for 2019-2023, which clearly displays its ambition to make Madagascar an emerging economy within ten years through leveraging efforts in many areas, including energy, education, health, empowerment, and food security.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The increasing new HIV infections in Madagascar remains a serious concern in the national HIV response.</p>	<p>Continue supporting the Government to reduce new HIV infections, including through a) expansion of HIV testing, including rapid diagnostic testing, community-based testing, index testing, self-testing, and combination prevention services and implementation of the provider-initiated HIV testing and counselling guideline, b) scale up of PrEP programmes targeting vulnerable populations, including clients of sex workers, female partners of men who have sex with men, and people who inject drugs, c) implementation of an integrated harm reduction and Opioid Substitution Therapy pilot programme, d) expansion of integrated HIV and SRH services and comprehensive sexuality education to increase uptake.</p> <p>Support the implementation of stigma and discrimination reduction programmes in health facilities and workplaces, and the revision of the Law 2005-040 protecting the rights of people living with HIV.</p> <p>Support intensification of efforts towards reaching youth and key populations with HIV prevention and testing services.</p>
<p>Inconsistent and poor quality of HIV-related data continue to pose challenges in the planning, implementation, and evaluation of HIV programmes. HIV-data is also not integrated in the District Health Information Software-2 (DHIS2).</p>	<p>Provide technical assistance to strengthen data management and information systems at all levels, including through capacity building initiatives.</p> <p>Collaborate with the National AIDS Commission and Ministry of Health to update the current paper-based reporting templates at district level and integrate HIV-data in the DHIS2.</p>
<p>Insufficient capacity among healthcare professionals to provide integrated HIV, tuberculosis, SRH, and PMTCT services.</p> <p>Weak supply chain management capacity and distribution of HIV treatment and commodities.</p>	<p>Provide technical and financial support to the Ministry of Health to strengthen the capacity of health workers on integrated HIV, tuberculosis, SRH, and PMTCT service delivery.</p> <p>Support the Government to improve capacity of health workers on supply chain management and distribution of HIV treatment and commodities.</p>

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