



# HEALTH PROFILE: MADAGASCAR

## HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	140,000 (68,000–250,000)
Total Population (mid-2004)	17.5 million
Adult HIV Prevalence (end 2003)	1.7% (0.8%–2.7%)
HIV-I Seroprevalence in Urban Areas	
Populations most at risk (i.e., sex workers and their clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	1.0%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.0%

Source: UNAIDS, U.S. Census Bureau, Population Reference Bureau

Madagascar is a country on the move upward both economically and politically. The 2005 Index of Economic Freedom has selected Madagascar as the most improved country in the world. In addition, Madagascar was selected as the first country to sign a Millennium Challenge Account Compact. This international acknowledgement is a result of efforts by the Government of Madagascar to open the economy to foreign investments while displaying improvements in economic and democratic freedom. However, with the development of economic growth poles and infrastructure, and the emergence of new mining areas, the government is also faced with adverse pressures that could increase the HIV prevalence in Madagascar.

Madagascar is among very few countries in sub-Saharan Africa with an opportunity to slow the HIV epidemic and avert the socioeconomic destruction that is evident in high-prevalence areas. With the internal and external migration of workforce to keep up with the labor needs of these economic zones, Madagascar will be faced with an increased problem containing HIV, which would have a negative effect on the economic and development efforts. If these problems are not proactively addressed in their infancy, Madagascar could actually reverse the benefits brought to the country through the period of economic prosperity and increase its health and social burden.

Even though low, the HIV prevalence in Madagascar is increasing, as seen among pregnant women attending antenatal clinics; prevalence in this population rose from 0.064% in 1995 to 1.1% in 2003. Madagascar's rapid increase in HIV prevalence is likely influenced by a variety of conditions, including low literacy, widespread poverty, limited access to health and social services, high rates of partner change, and an increasingly transient population. Madagascar also has some of the highest rates of sexually transmitted infections (STIs) in the world. Services for prevention and treatment of HIV, such as counseling and testing and antiretroviral therapy, are being offered, but only a small portion of the Malagasy in need currently benefit from these interventions. At the end of 2003, Madagascar had only 13 sites offering counseling and testing services to 2,082 clients annually. Treatment for HIV is still limited in Madagascar, with only one site in the country currently offering antiretroviral therapy at the end of 2003. As of September 2004, only 30 of an estimated 17,000 adults in need of treatment for advanced HIV were receiving antiretroviral therapy.

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## NATIONAL RESPONSE

Efforts by the United States Agency for International Development (USAID) and other donors to garner the commitment of the Government of Madagascar to HIV prevention and treatment have paid off. One of the primary supports to addressing Madagascar's emerging epidemic is the powerful political commitment at the highest levels of the new government. Just after his inauguration in 2002, President Marc Ravalomanana publicly established his leadership in HIV prevention. He chairs the nation's multisectoral HIV/AIDS program [*Conseil National de Lutte contre le SIDA (CNLS)*]. President Ravalomanana is committed to aggressively fighting the spread of HIV, and the government has taken bold steps to control the spread of the infection. The National Strategic Framework was approved by the government in December 2001 and was adjusted following the first national seroprevalence survey in 2003. The country's overall strategy focuses on behavior change and prevention, treatment of HIV and STIs, and AIDS education.

With the guidance of USAID and other partners, the Government of Madagascar is actively responding to gaps in its HIV/AIDS program. The government will use \$13.4 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria to expand current interventions by opening 40 new counseling and testing sites in 2005 and will reinforce existing HIV-prevention measures by ensuring use of universal precaution measures, reinforcing blood transfusion safety, and providing free condoms in public health care facilities. New interventions will include measures to prevent mother-to-child HIV transmission in 11 districts and the provision of psychosocial and community medical care for about 500 to 750 persons living with HIV/AIDS. The program will also lay the groundwork for the care of the estimated 30,000 children orphaned by AIDS.

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## USAID SUPPORT

The USAID Mission in Madagascar is dedicated to assisting the government and the Malagasy people to reduce—or at least maintain—the country's low HIV prevalence. USAID's HIV/AIDS program in Madagascar builds on previous achievements and USAID's comparative advantage as a leader in innovative research, social marketing, capacity building, and behavior change interventions.

## ONGOING IMPLEMENTATION ACTIVITIES

USAID's HIV/AIDS program supports the National HIV/AIDS Strategic Framework to ensure that the Malagasy people have appropriate knowledge and access to high-quality and effective services for prevention and care of STIs and HIV. USAID has helped Madagascar to achieve the results described below.

### *Increased demand for services and products for prevention and STI treatment*

USAID has developed a comprehensive behavior change communication (BCC) program incorporating and complementing promotion of the social-marketing products to increase demand for the package of health services and products. USAID, through Population Services International (PSI) and SanteNet, has developed BCC messages based on quantitative and

qualitative research intended to identify key barriers and principal motivating factors to achieving healthy behavior among key segments of the population.

USAID funds several communication campaigns aimed at preventing STIs and HIV/AIDS. PSI's campaigns on STI/HIV/AIDS prevention focus on increasing personal risk perception, social support, knowledge about transmission of STIs and HIV/AIDS, and prevention, including the ABC approach (Abstinence, Be faithful, or correct and consistent use of Condoms). PSI, in collaboration with religious leaders and local public and private stations, aired an innovative radio and TV program, "It's my choice," promoting abstinence and delayed onset of sexual activity. PSI also produced a four-film series, *Lakilasy*, which educates youth on the consequences of early unwanted pregnancy on their future and on reproductive health.

USAID's FY 2004 and FY 2005 efforts continue to support innovative behavior change programs with community-based programs through community and faith-based organizations for norm change and compassionate response. USAID, in collaboration with the CNLS, developed the "Ankoay" Scout movement, focusing on HIV/AIDS prevention and education. The "Ankoay" movement combines participatory life-skills activities, role-playing, peer education, and community outreach activities with the Scout Merit Badge system. It is expected that the project will reach 136 scout troops in four provinces, for a total of more than 50,000 scouts. USAID and the U.S. Embassy continue to work with religious leaders in the fight against AIDS. USAID worked closely with the major religious leaders to establish a platform to develop a common understanding of the comprehensive response to HIV/AIDS among the religious groups and to reinforce the vision and direction of the religious leaders.

### ***Increased availability of prevention and STI treatment products and services***

The CNLS, the Ministry of Health and Family Planning (MOHFP), and the donor community have placed increasing emphasis on the prevention and treatment of STIs in Madagascar as an important component of the HIV-prevention program. The public sector alone is unable to adequately respond to STI treatment needs, including improving the quality of STI management among providers. In August 2002, with support from USAID, the World Health Organization, the World Bank, the European Union, their own private funds, and the MOHFP, PSI launched a prepackaged treatment kit for gonorrhea and chlamydia. In 2003, with support from the World Bank, USAID, and the MOHFP, PSI launched another unique prepackaged treatment kit for syphilis and chancroid. The kits contain the antibiotics recommended by the MOHFP; prevention products (condoms and partner referral cards) to prevent reinfection and promote partner referral; and simple information, education, and communication (IEC) materials to communicate key prevention and correct treatment messages. The kits are intended as an aid to both health providers for correct diagnosis and treatment of STIs and patients to improve compliance and complete treatment. These products are now available in both the private sector (pharmacies and private physicians' clinics) and public sector health centers throughout Madagascar. The kits have been incorporated into training in STI syndromic case management for public and private physicians.

With the increasing focus on STI and HIV prevention, the CNLS has taken the initiative to distribute 15 million condoms that will be procured through World Bank funding, as well as to develop advocacy and IEC/BCC strategies for use in condom programming. In support of the government's priority, USAID, through its prime bilateral health contractor, is providing technical assistance to the CNLS on logistics and system strengthening. To further ensure the long-term management of reproductive health commodities, USAID continues to strengthen the public and private sector in forecasting, logistics, distribution, and marketing, and has helped the CNLS to develop a mid- and long-term condom programming strategy that will guide the procurement, distribution, and promotion of condoms.

### ***Improved quality of STI services***

Youth are an important focus for STI-prevention efforts in Madagascar, where nearly half of the population is under the age of 15. To further increase access to high-quality, youth-friendly services, USAID expanded the franchised network of youth-friendly health services, TOP Reseau, to five major cities to provide high-quality, innovative, and affordable reproductive health services to youth, including STI treatment. The franchise network also includes education and outreach through

a mix of television and radio advertisements, mobile video units, and peer educators to promote safe sexual behavior, including prompt STI treatment, abstinence, partner reduction, and condom use.

USAID continues to fund operational research to provide information to be used at the national level to improve policies and interventions. Family Health International is studying the outcomes of female and male condom promotion to determine if introduction of the female condom will reduce STI incidence in high-risk subpopulations, including vulnerable women. Other studies include joint trials funded by the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH), such as the USAID–NIH-funded multicentric clinical trial to evaluate the effectiveness of one-dose oral azithromycin treatment for early syphilis and USAID–CDC–NIH evaluation of the diaphragm to decrease STI transmission.

Another key area to improve quality of services delivered is through pre-service and in-service education for health professionals. USAID continues to support training of clinicians and other service providers on reproductive health, including the STI syndromic approach. PSI helped the MOHFP in the development of training curricula for the syndromic approach to managing STIs. SanteNet is collaborating with the MOHFP for the implementation of the Performance and Quality Improvement operational model to determine the desired performance standards for reproductive health activities and, therefore, to strengthen providers' ability to deliver good-quality health services.

### **Improved capacity of NGOs, community-based groups, and government entities to use data and quality services**

USAID continues to strengthen the institutional capacity of public, nongovernmental organization (NGO), and private sector organizations to provide appropriate health services and to use data to design and evaluate health programs. USAID supported the assessment of the surveillance system and the implementation of the HIV second-generation surveillance survey both for the behavioral component and the biologic component. The findings of the second-generation survey will provide NGOs and the government with baseline information that can be used to develop HIV/AIDS activities. To help target interventions design in selected sites, USAID supported the Priorities for Local AIDS Control Efforts (PLACE) high-transmission area survey to identify high-risk behaviors for HIV/AIDS transmission. The study, through MEASURE Evaluation and the University of North Carolina, was implemented in seven of the government's priority zones. USAID, through SanteNet, provided technical support to the MOHFP to reinvigorate the Health Task Force to coordinate IEC and BCC activities, including tools and materials.

Despite high-level commitment regarding HIV/AIDS prevention, Madagascar is facing weak local capacity at different levels to manage and implement efficient interventions. Through the International HIV/AIDS Alliance, USAID played a leadership role in helping the Government of Madagascar create an effective structure for the CNLS and strengthen the managerial and technical capacity at the central and commune levels. Alliance also provided technical assistance in the development of the local AIDS strategic plan in 20 government priority zones. At the community level, Alliance supported local NGO capacity building for STI prevention, focusing on high-risk subpopulations, HIV prevention activities, and collection of best practices for STI/HIV/AIDS prevention.

## **IMPORTANT LINKS AND CONTACT INFORMATION**

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USAID HIV/AIDS Web site for Madagascar:  
[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/africa/madagascar.html](http://www.usaid.gov/our_work/global_health/aids/Countries/africa/madagascar.html)

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*For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids)*