

Country Profile | President's Malaria Initiative (PMI)

MADAGASCAR

April 2009



At a Glance: Madagascar

Population - 2009: 20.6 million¹

Life expectancy at birth - 2009:
61 years (male), 65 years (female)¹

Population at risk of malaria - 2006:
100% (52% high, 48% low
transmission)²

Under-5 mortality rate - 2007:
112/1,000, or approximately 1 in 9
children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

Malaria transmission rates vary across Madagascar, with higher levels of transmission on the east and west coasts, and lower transmission in the highlands and in the south, but the entire country is considered vulnerable to the disease. Malaria is the leading cause of death among children under age five.

Madagascar is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Madagascar's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

In its second year as a PMI focus country, Madagascar has made some promising strides in the fight against malaria and is poised to effect greater changes in the immediate future.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. PMI provided \$1 million to support logistics and social mobilization for a successful national integrated measles/malaria campaign in October 2007 that involved many partners and distributed more than 1.5 million long-lasting ITNs. In 2008, PMI purchased and distributed nearly 352,000 long-lasting ITNs.

Indoor residual spraying: IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission. In 2008, PMI provided support for two spraying campaigns: In February–March, more than 205,000 houses were sprayed, protecting more than 1.2 million people; in November–December, nearly 216,000 houses were sprayed, protecting 1.3 million people. This support included funding to train nearly 680 local residents to conduct and supervise spraying operations.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. Since activities began in Madagascar, PMI strengthened implementation of IPTp by developing training materials and tools and a quality assurance approach to implementing malaria in pregnancy activities at health facilities.

Diagnosis and treatment: Artemisinin drugs are the most rapidly acting and effective antimalarial drugs available. Combined with a second effective antimalarial, so-called artemisinin-based combination therapy has become the standard of treatment of malaria in most malaria-affected areas. In 2008, PMI supported community-based management of fever with a new ACT blister pack formulation and assisted in developing national guidelines on community case management. PMI also provided technical support in a number of areas, including supply chain management to strengthen the pharmaceutical and commodity management systems, and drug safety and quality control monitoring.

PMI Funding

For fiscal year 2009, PMI allocated \$16.7 million in funding for malaria prevention and treatment in Madagascar. Of this amount, 43 percent will support procurement and distribution of long-lasting ITNs, 25 percent IRS and entomological activities, 11 percent improvement of malaria diagnosis and appropriate use of ACTs, 9 percent community-based interventions, 3 percent monitoring and evaluation, and 2 percent will support malaria in pregnancy, including IPTp. More than 52 percent of the total will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009
Budget	\$5 million	\$16.8 million	\$16.7 million

For details on 2009 PMI activities in Madagascar, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/madagascar_mop-fy08.pdf.