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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: MADAGASCAR

July 2015

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo: A health workers provides postnatal care services to a new mother in Madagascar.
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CONTENTS

Acronyms.....	i
About the Essential Packages of Health Services Country Snapshot Series..	1
The Essential Package of Health Services (EPHS) in Madagascar.....	2
Priority Reproductive, Maternal, Newborn and Child Health Interventions.....	2
Use of Selected Priority Services.....	3
How the Health System Delivers the EPHS.....	3
Delivering the EPHS to Different Population Groups.....	4
Providing Financial Protection for the EPHS.....	4
Sources.....	5
Annex A. Madagascar's EPHS.....	7
Annex B. Comparison between the EPHS and the Priority RMNCH Services.....	11
Annex C: Madagascar Health Equity Profile.....	17

ACRONYMS

EPHS	Essential Package of Health Services
NGO	Nongovernmental organization
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN MADAGASCAR

Madagascar’s EPHS is not clearly defined in policy documents or regulations. Instead, in Annex A we have identified health care services in various policy documents that may best meet the definition of the country’s EPHS.

The latest health sector policy document available is the Ministry of Public Health’s *2012–2013 Interim Plan*. The government of Madagascar and its international partners agreed to draft this document because the *Plan de Développement Secteur Santé (Health Sector Development Plan) 2007–2011* had expired and the government had not yet put a succeeding one in place. As a result, this document is not very comprehensive. It mentions a “Minimum Package of Activities” and “basic healthcare services,” but does not define the services that would be included under these concepts. The website nationalplanningcycles.org reports that a *Plan de développement Secteur Santé 2014–18* is in process of elaboration (information accessed March 2015).

Through our analysis of Madagascar’s health policy, we have determined that the closest thing to a defined EPHS in Madagascar is the list of services explicitly mentioned in Law n° 2011 - 002 concerning the Code of Public Health. The government of Madagascar promulgated this law on July 15, 2011. Law n° 2011 - 002 replaces the former Code of Public Health, which had been promulgated in 1962. In 2007, the World Health Organization stated that the 1962 law remained the legal and regulatory reference to essential health services, despite its age (WHO 2007). Therefore, we can assume its replacement takes its place as the legal and regulatory reference to essential health services.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Madagascar’s EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	18
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	1
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	40

The following two priority RMNCH interventions are excluded from Madagascar's EPHS:

Implicitly excluded:

- ▶ Women's groups

Explicitly excluded:

- ▶ Safe abortion

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2008		50.3	45.6
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2008		81.6	39.3
BCG immunization coverage among one-year-olds (%)	2013	77		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	74		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

In 2012, the public health care delivery system included 138 hospital centers, 1,600 basic level health care centers (level II), and 879 basic level health care centers (level I).

The private sector included 610 private health centers or health centers affiliated with religious organizations, a private pharmaceutical sector with a network of 22 pharmaceutical wholesalers, 200 pharmacies and over 1,000 drug depots (Ministry of Public Health 2012).

A network of community workers are supervised by committees of health facilities and by international and national NGOs. While these workers do not appear to receive remuneration from the government, the government does have a national policy for community-based health care, and the policy clearly includes RMNCH service delivery by community health workers.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Madagascar based on data from a 2008 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Coverage of reproductive health, maternal health, and immunization services appears to be associated with wealth, education level of the mother, and rural versus urban place of residence, suggesting inequity in service coverage.
- ▶ Full immunization coverage ranges from approximately 40 percent to 80 percent, increasing with wealth.
- ▶ Coverage of at least one antenatal visit is approximately 70 percent among women with no education, compared to around 95 percent among women with secondary or higher education.
- ▶ Family planning needs are satisfied among 66 percent of women with rural residence compared to 76 percent of women with urban residence.

The government's national community-based health care strategy aims to bring health care services to rural and hard-to-reach populations that lack proximity to a health facility. Additionally, Law n° 2011 - 002 explicitly mentions that interventions shall be put in place to ensure health care services for adolescents, pregnant women, mothers, newborns, and children.

Providing Financial Protection for the EPHS

- ✓ Community-based insurance is available in parts or all of the country.
- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

Law n° 2011 - 002 does not explicitly address user fees with the exception of the statement that antenatal, intranatal, and postnatal care shall be provided to women free of charge if necessary. The law does not define the conditions that must be met for a facility to have to waive out-of-pocket payments for these services. Some populations are legally exempt from paying user fees for certain basic services.

Community-based health insurance schemes (*mutuelles*) exist in Madagascar, and help protect people against catastrophic costs of illness. We did not identify clear evidence of government-sponsored or regulated health insurance in Madagascar.

SOURCES

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ANNEX A. MADAGASCAR'S EPHS

[Report author] Madagascar's EPHS is not clearly defined in policy documents or regulations. Instead, we have identified health care services in various policy documents which would best meet the definition of the country's EPHS.

Source: 2012-2013 Interim Plan: Ministry of Public Health

[Report author] The Ministry of Public Health and international partners agreed to develop a two-year interim plan to cover the period of 2012 - 2013; the Plan de Développement Secteur Santé (Health Sector Development Plan) 2007-2011 expired and the Government had not put a succeeding one in place. The 2012 - 2013 Interim Plan defined a "minimum package of activities" in general terms. Below is an excerpt from the Interim Plan defining this package. Note, there is no further definition of this package of activities or a definition of "basic healthcare services."

VI.1-STRATEGIC GUIDELINE 1: MINIMUM PACKAGE OF ACTIVITIES PROVIDED TO THE ENTIRE POPULATION AT EACH LEVEL

This minimum package of activities focuses on the priority needs of the population. It relies on four elements.

VI.1.1- AVAILABILITY OF HEALTHCARE PERSONNEL ENSURING FUNCTIONING OF ALL THE HEALTH INSTITUTIONS BY PRIORITISING CLOSED BASIC LEVEL HEALTHCARE CENTERS LEVEL I/DISTRICT HOSPITAL CENTERS LEVEL I TRANSFORMED TO DISTRICT LEVEL CENTERS LEVEL II/NEWLY BUILT ANNEX HOSPITALS BY 2013.

Provision of basic healthcare services at all levels of the health system.

Community participation in health development (including stimulation of demand for healthcare services).

Availability of necessary equipment and infrastructure.

VI.1.2-PROVISION OF QUALITY PRIORITY SERVICES, AT ALL LEVELS OF THE HEALTH SYSTEM

The availability of a Minimum Package of preventive, promotive and curative Activities at each level (Central/Regional/District/BHC) is essential for resource optimization, synergism and effort coordination for a better operational efficiency of the service delivery system.

VI.1. 2.2- Communicable diseases:

Challenge: To improve the control on Communicable diseases (including HIV-AIDS) and management of risks and emergencies

VI.1.2.3- Non-communicable diseases:

Challenge: To promote the fight against Non-Communicable Diseases

VI.1.2.4-. Promotion of community health

Challenge: To promote community health in healthcare sector development.

VI.1.3- INFRASTRUCTURE AND EQUIPMENTS

Challenge: To comply with standards for health infrastructure and technical facilities

Source: LOI n°2011-002 Portant Code de la Santé (Law n° 2011 - 002 concerning public health)

[Report author] LOI n°2011-002 listed the following as services to which every person is entitled or that the government must provide. The bulleted list below is translated and paraphrased from the published law.

General

- Leprosy treatment
- Plague case management and treatment
- Home-, community- and facility-based malaria prevention and treatment
- Insecticide treated nets to prevent malaria
- The State shall take all appropriate measures to fight against disease and malnutrition, provide primary health care, ensuring the provision of adequate nutritious foods and clean drinking water
- Access to safe water
- IEC for hygiene and sanitation
- IEC for prevention against non-communicable diseases, chronic and disabling diseases, injury and violence
- Victims of trauma or violence are entitled to proper care from the place of the incident to health facilities
- Interventions for smoking cessation and drug abuse/addiction

Maternal and Child Health

- Family, natural and fundamental unit of society, is protected by the state, which ensures its free development as well as that of the mother and child through legislation and appropriate social institutions;
- The State recognizes the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and adequate housing and to the continuous improvement of living conditions and also the right to the highest attainable standard of physical and mental health attainable;
- Appropriate services and, if necessary, free of charge, for ante natal, intra natal and post natal care, as well as adequate nutrition during pregnancy and breastfeeding;
- Malagasy Penal Code severely punishes anyone who performs or promotes abortion.
- It is up to the state to provide accessible, quality health services to women with complications of pregnancy, childbirth, postpartum, in the postnatal period and post abortion.
- The child has the right to the highest attainable standard of health and to facilities for treatment and rehabilitation. The State shall endeavor to ensure that every child access to health services
- Responsibility for their education in the first place to the family, however in case of failure, must be aided and assisted by the government
- The State, through the Ministry of Health shall provide complete assistance on health programs for children and adolescents, allowing the participation of non-governmental entities and specifically involving the following:
 - Allocation of a percentage of public funds for mother and child health assistance;
 - Creation of preventive care programs for disabled and special motor, sensory or mental;
 - Creation of programs for the social integration of disadvantaged young people through specialized training and oriented towards their integration in professional and community life;
 - Creation of specialized prevention and treatment programs for children and young people who abuse drugs

- Prevention against cholera and childhood diarrhea
- BCG tuberculosis vaccine (mandatory at birth)
- Mandatory vaccinations for school enrollment

Reproductive Health / Family Planning

- IEC for reproductive health
- Organizations providing health services targeting teenagers through age 24 have a duty to promote safe and responsible sexual behavior.
- Health facilities have a duty to make available to women aged twenty-five to fifty appropriate information for prevention of cervical, uterine and breast cancer. The doctor has a duty to give advice to women on the prevention of gynecological cancers.
- Every woman has the right to benefit from screening for cervical cancer by Visual Inspection with Acetic Acid (VIA) by Pap test at least once in her life.
- It is the State's responsibility to provide diagnosis and treatment of breast and cervical cancer
- The doctor has a duty to give advice to patients on the prevention of unwanted pregnancies

Nutrition

- Multi-sectoral actions which aim to fight against:
 - malnutrition of the mother and child;
 - the lack of food and economic security at the household level;
 - micronutrient deficiencies (disorders due to iodine deficiency, Vitamin deficiency and anemia)
- Promotion of breastfeeding and complementary feeding
- Community-based nutrition interventions
- Integration of nutrition interventions in primary health care
- Support for severely malnourished children
- School nutrition
- National food and nutrition surveillance system

[Report author] The following services were included in various policy documents older than the 2012 - 2013 Interim Plan and Loi n°2011-002. It appears that the Government authors intended these services to be part of the country's EPHS at the time of drafting, but this is not explicitly stated.

Source: Feuille de route pour la Réduction de la Mortalité Maternelle et Néonatale à Madagascar 2005 - 2015 (Ministère de la Santé et du Planning Familial)

- Safe Motherhood
- Emergency Obstetrics and Neonatal Care (EmONC)
- Adolescent Reproductive Health
- Prevention of Mother to Child Transmission of HIV
- Malaria During Pregnancy / Intermittent Preventive Treatment
- Family Planning
- Men's Reproductive Health

Source: Politique Nationale de Sante Communautaire a Madagascar (2009, Ministre de la Santé et du Planning Familial)

- Community health workers provide the following services: prevention, promotive, curative, rehabilitation and emergency care
- Improve home-based health and welfare, nutrition, hygiene through group sensitization, interpersonal communication and home visits;
- Distribute basic health and nutrition products to families in areas where people have little or no access to clinical health services;
- Ensure first-line treatment according to the guidelines of the existing programs in remote areas and / or remote;
- Contribute to epidemiological surveillance of endemic and endemic and epidemic diseases, including accelerating the fight against disease and the active identification of cases

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	Level: Community Primary Referral		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: Law n° 2011 - 002; note that hormonal and barrier methods not specified
	Prevent and manage sexually transmitted infections, HIV	Unspecified	This service was not specified in reviewed documents
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: Law n° 2011 - 002; note that hormonal, barrier and selected surgical methods not specified
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: Law n° 2011 - 002; note that surgical methods not specified
Pregnancy (antenatal)	Level: Community Primary Referral		
	Iron and folic acid supplementation	Yes	Source: Law n° 2011 - 002; specifies multi-sectoral actions which aim to fight against disorders due to iodine deficiency, Vitamin deficiency and anemia)
	Tetanus vaccination	Unspecified	This service was not specified in reviewed documents
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: Feuille de route pour la Réduction de la Mortalité Maternelle et Néonatale à Madagascar 2005 - 2015
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: Feuille de route pour la Réduction de la Mortalité Maternelle et Néonatale à Madagascar 2005 - 2015; includes PMTCT
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	Yes	Source: Law n° 2011 - 002

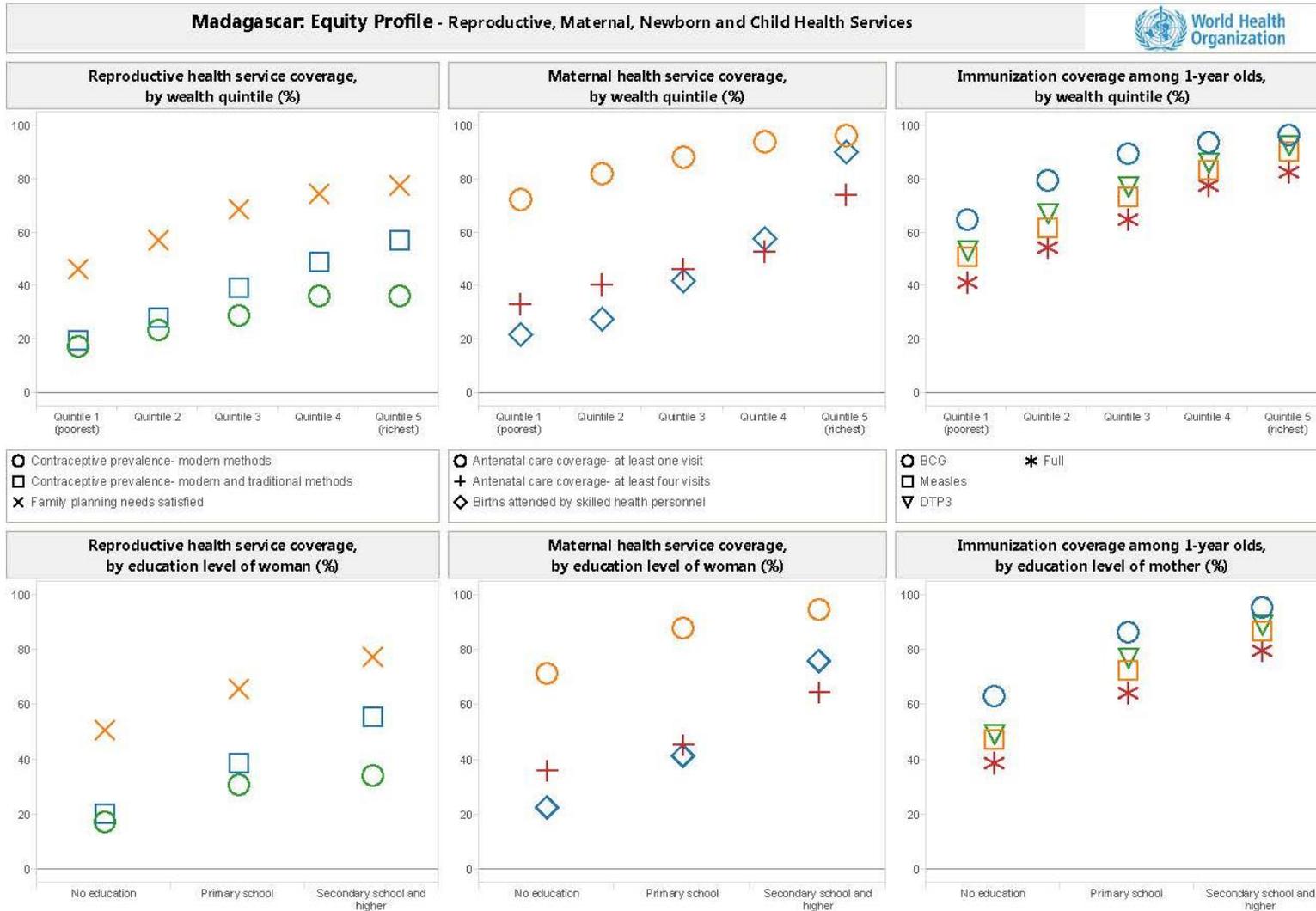
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Unspecified	This service was not specified in reviewed documents
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Magnesium sulphate for eclampsia	Unspecified	This service was not specified in reviewed documents
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	No	Source: Law n° 2011 - 002 explicitly excludes abortion
	Post abortion care	Yes	Source: Law n° 2011 - 002
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	Level: Community Primary Referral		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (as above plus controlled cord traction)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Unspecified	This service was not specified in reviewed documents
	Screen and manage HIV (if not already tested)	Yes	Source: Feuille de route pour la Réduction de la Mortalité Maternelle et Néonatale à Madagascar 2005 - 2015; includes PMTCT

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Unspecified	This service was not specified in reviewed documents
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus surgical procedures)	Unspecified	This service was not specified in reviewed documents
Postnatal (Mother)	Level: Community Primary Referral		
	Family planning advice and contraceptives	Yes	Source: Law n° 2011 - 002
	Nutrition counselling	Yes	Source: Law n° 2011 - 002
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Unspecified	This service was not specified in reviewed documents
	Treat maternal anaemia	Yes	Source: Law n° 2011 - 002
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
Postnatal (Newborn)	Level: Community Primary Referral		
	Immediate thermal care (to keep the baby warm)	Unspecified	This service was not specified in reviewed documents
	Initiation of early breastfeeding (within the first hour)	Unspecified	This service was not specified in reviewed documents
	Hygienic cord and skin care	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	This service was not specified in reviewed documents
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	This service was not specified in reviewed documents
	Extra support for feeding small and preterm babies	Unspecified	This service was not specified in reviewed documents
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents

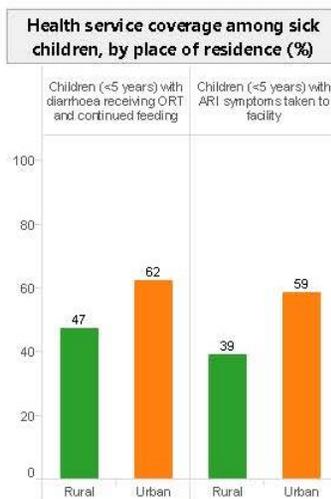
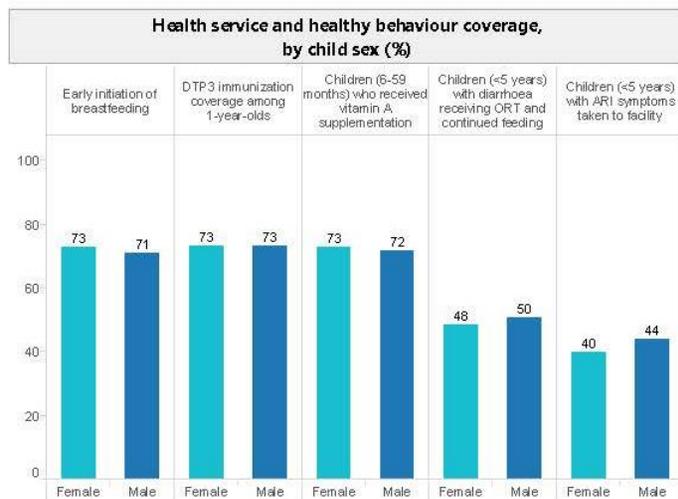
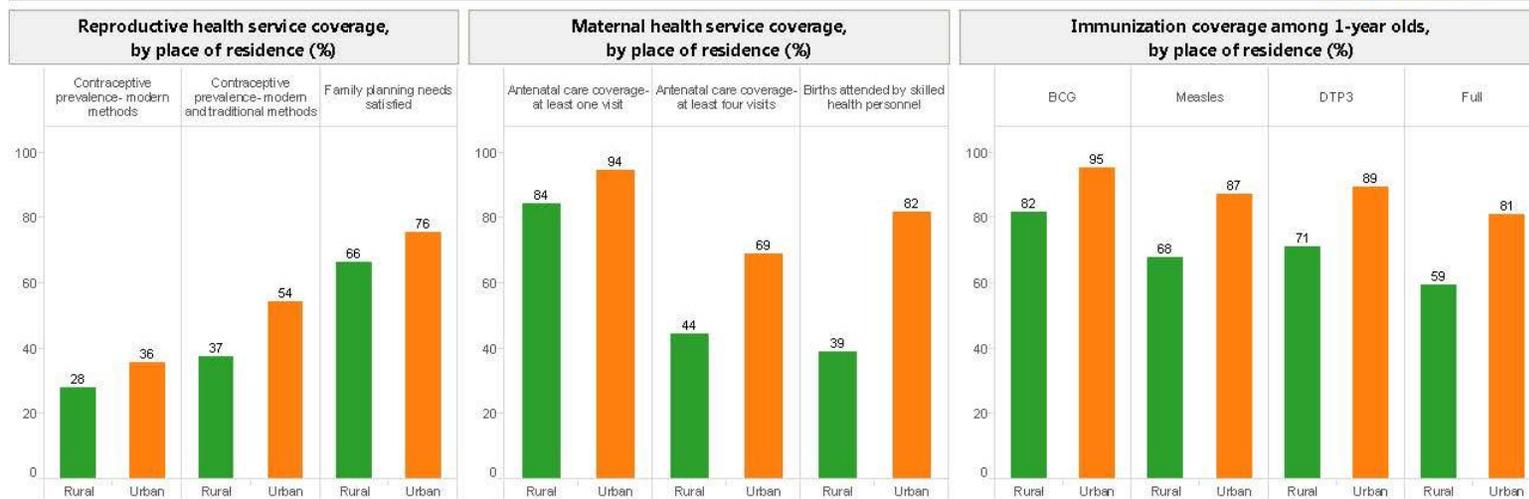
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: Feuille de route pour la Réduction de la Mortalité Maternelle et Néonatale à Madagascar 2005 - 2015; includes PMTCT
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
Infancy and Childhood	Level: Community Primary Referral		
	Exclusive breastfeeding for 6 months	Yes	Source: Law n° 2011 - 002; note that 6 months not specified
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: Law n° 2011 - 002; note that from 6 months not specified
	Prevention and case management of childhood malaria	Unspecified	This service was not specified in reviewed documents
	Vitamin A supplementation from 6 months of age	Unspecified	This service was not specified in reviewed documents
	Routine immunization plus <i>H.influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	Yes	Source: <i>Plan Pluriannuel Complet Programme Elargi de Vaccination PPAC mis à jour 2012-2016</i>
	Management of severe acute malnutrition	Yes	Source: Law n° 2011 - 002
	Case management of childhood pneumonia	Unspecified	This service was not specified in reviewed documents
	Case management of diarrhoea	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Across the continuum of care	Level: Community Strategies		
	Home visits for women and children across the continuum of care	Yes	Source: Politique Nationale de Sante Communautaire a Madagascar (2009)
	Women's groups	No	This service was not specified in the EPHS and is not related to other included services. It is implicitly excluded.

ANNEX C: MADAGASCAR HEALTH EQUITY PROFILE



Madagascar: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services



Contraceptive prevalence- modern methods	29
Contraceptive prevalence- modern and traditional methods	40
Family planning needs satisfied	68
Antenatal care coverage- at least one visit	86
Antenatal care coverage- at least four visits	47
Births attended by skilled health personnel	43
Early initiation of breastfeeding	72
BCG immunization coverage among 1-year-olds	83
Measles immunization coverage among 1-year-olds	70
DTP3 immunization coverage among 1-year-olds	73
Full immunization coverage among 1-year-olds	62
Children (6-59 months) who received vitamin A supplementation	72
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	49
Children (<5 yrs) with ARI symptoms taken to facility	42

Source: DHS 2008

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html



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