



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MADAGASCAR

The president of Madagascar, Marc Ravalomanana, publicly established his leadership of Madagascar's HIV/AIDS program during a landmark meeting, September 24, 2002. He predicted that Madagascar would set a global example in the fight against AIDS. Madagascar still has an opportunity to slow the spread of HIV, but needs an aggressive, comprehensive, targeted program. Madagascar lacks adequate, valid HIV prevalence data and has an extremely high rate of sexually transmitted infections (STIs). Opportunities may be available for the donors to work with the Government of Madagascar on technical assistance for a more effective surveillance system.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	22,000
Total Population (2001)	16.4 million
Adult HIV Prevalence (end 2001)	0.3%
HIV-1 Seroprevalence in Urban Areas	
Among subpopulations at high risk (e.g., sex workers, STI patients, or others with known risk factors)	1.0%
Among population groups with no known high risk factors (e.g. pregnant women, blood donors, or others)	1%

Sources: UNAIDS, U.S. Census Bureau

With a population of nearly 16 million, Madagascar had 248 officially reported HIV/AIDS cases as of end 2000. The actual number of HIV/AIDS cases is believed to be much greater since underreporting cases is a widely recognized phenomenon. Results from a survey done in 2000 suggest that HIV prevalence among STI patients has increased substantially. New data suggest that Madagascar may now be experiencing acceleration in the spread of the epidemic. Confounding the situation is the fact that the prevalence of STIs, such as syphilis and gonorrhea, is among the highest in the world. In 1997, more than 14 percent of pregnant women tested positive for syphilis in some regions, and syphilis prevalence among sex workers ranged as high as 35 percent.



Map of Madagascar: PCL Map Collection, University of Texas

While national data is sparse for the general population, STI data among high-risk women is well documented. Eighty-two percent of female sex workers in a 2001 USAID-funded operations research study had at least one STI, and, at baseline, gonorrhea and chlamydia were as high as 34 percent and 26 percent respectively. In addition, behavioral data demonstrated less than 14 percent of commercial sex workers in Antananarivo, the capital, reported using a condom with the last sex act.

Madagascar's extremely high rates of STIs, limited access to health and social services, high illiteracy, and widespread poverty provide ideal conditions for the rapid spread of HIV to the general population. Women's low economic status, combined with their greater susceptibility to HIV, compounds their vulnerability to infection. Since the discovery of multiple mining sites inside the island, a new emerging high-risk population has appeared: laborers in mining communities and their transient partners.

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National Response

Madagascar began implementing activities to combat HIV/AIDS as early as 1988. The *Programme National de Lutte contre le SIDA*, or National AIDS Program, was established in the early 1990s.

In late 2000, the prime minister designated a national coordination office as the focal point for intersectoral HIV/AIDS prevention efforts. In addition, an interdepartmental/multisectoral HIV/AIDS committee was established. The committee developed a national strategic plan for HIV/AIDS through a participatory process. Regional HIV prevention committees were also established. Today, the country's overall strategy focuses on information, education, and communication activities to promote behavior change, advocacy, prevention and treatment of STIs, and promotion of condom use.

The Government of Madagascar included STI/HIV/AIDS components in its "Poverty Reduction Strategy" paper and its "Decision Point" document for the Highly Indebted Poor Countries Debt Initiative. It is expected that increased funding will be available to Madagascar through the ongoing World Bank Health Project, CRESAN II, the World Bank AIDS Project, and the Highly Indebted Poor Countries Debt Initiative.

Emerging from seven months of political crisis, the new government has made a major breakthrough in its level of awareness and commitment to tackle the threat of an HIV/AIDS epidemic before it is too late. Recognizing the importance of intensifying prevention efforts, the newly elected Malagasy president is actively and pragmatically engaged in the country's efforts to prevent the further spread of HIV/AIDS. A new structure for national coordination of HIV programs, chaired by the president, is being finalized and an executive secretary will be in charge of managing and coordinating the multisectoral response to the epidemic.

USAID Support

In FY 2002, the U.S. Agency for International Development (USAID) allocated \$1.250 million to HIV/AIDS programs in Madagascar. The Mission's HIV/AIDS strategy, developed in 1997, focuses on reducing the rate of STIs among vulnerable populations, and promoting an integrated approach to HIV prevention in target areas through condom social marketing, behavior change communication, and improved STI services. In addition, the strategy calls for improving STI treatment and ensuring a consistent drug supply; raising awareness among policymakers and the public; conducting research; and strengthening the capacity of nongovernmental organizations (NGOs).

The Mission is currently revising its HIV strategic framework to complement the new HIV/AIDS country strategy for 2003-2008. The Mission is also exploring ways to fully integrate HIV prevention across sectors. USAID/Madagascar has conducted a situation analysis to reflect the current status of the epidemic, the Government of Madagascar's response, changes in donor commitment, and lessons learned to date. Intensive efforts to manage and prevent STIs, condom social marketing, and support for surveillance and operations research remain a high priority for the Mission.

USAID supports the following country programs:

Behavior Communication Change

USAID implements a number of targeted behavior change activities. Interventions include:

- Promoting regular preventive and curative visits to public and private STI clinics;
- Providing peer education and outreach on prevention and symptoms of HIV/STI infection and health-seeking behavior;
- Encouraging condom use and providing condom negotiation skills; and
- Creating educational materials in the local dialect designed specifically for sex workers and high-risk populations.

Capacity Building

USAID provides technical assistance at the national level; supports activities to strengthen NGO capacity; assists in the design and management of HIV prevention activities; provides HIV/AIDS training to journalists; and assists Madagascar in efforts to enhance program monitoring and evaluation and improve data collection.

The Mission also supports the training of clinicians in STI and HIV/AIDS counseling techniques, and continues to provide technical assistance in implementing new STI treatment guidelines.

Condom Social Marketing

Through Population Service International's social marketing program, USAID/Madagascar supports condom promotion and strengthens the private sector response to HIV/AIDS. More than 1,500 pharmacists and private physicians were trained on syndromic approach by December 2001. Condom sales through social marketing increased from 1.1 million in 1996, to more than 6.4 million in 2001. STI prepackaged treatment kits for gonorrhea and chlamydia were developed and launched in mid-August 2002. About 5,500 kits have been sold as of end August 2002. PSI and its partners are now developing a second kit for genital ulcers.

Operations Research

USAID supports operations research aimed at improving STI prevention and treatment for female sex workers, reducing STI transmission, and preventing the spread of HIV/AIDS. The research aims to:

- Identify appropriate and effective STI screening and treatment strategies for female sex workers;
- Evaluate the feasibility and acceptability of a strategy to improve basic STI services for female sex workers that incorporates partnership with the sex workers themselves; and
- Use qualitative methods to identify opportunities to improve STI/HIV prevention and control among sex workers.

Through Family Health International (FHI), USAID collaborated with commercial sex worker associations, clinicians, and the Ministry of Health to develop new national guidelines for treating STIs among female sex workers, along with recommendations for community-based intervention strategies for sex workers. The guidelines were based on data from USAID-funded operations research.

The Mission also finances operations research on the female condom, as well as qualitative research to evaluate care-seeking behavior.

Surveillance/Monitoring Evaluation

The nation's sentinel HIV/AIDS surveillance system has not been functional since 1996 and needs to be evaluated. A robust second-generation surveillance system needs to be established. To begin the process, USAID leveraged technical assistance from the Centers for Disease Control and Prevention to assess the current HIV/AIDS surveillance system and provide recommendations. Following the recommendations, USAID will support a high transmission areas survey this year, and a nationwide HIV and syphilis seroprevalence survey among pregnant women and STI patients will be conducted through a multidonor effort.

USAID will provide also technical assistance through FHI to hold a consultative meeting with the government and partners to discuss steps needed to establish a second-generation survey system in the country.

Challenges

According to the Madagascar's Minister of Health, the country faces the following challenges in combating its HIV/AIDS epidemic:

- High levels of external debt diminish the availability of resources for HIV/AIDS programs;
- HIV testing is not readily available; and
- General population's risk perception of contracting HIV is very low.

According to USAID/Madagascar, several factors hinder HIV/AIDS and STI prevention efforts:

- Widespread poverty—71 percent of Madagascar's people were living in poverty in 2000;
- Unproductive agriculture leading to food insecurity;
- High level of illiteracy—49 percent of the population is illiterate;
- Limited access to health and social services; and
- Weak governance.

Selected Links and Contacts

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com*

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