

MADAGASCAR



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

Madagascar witnessed decades of health improvements. Under-five child mortality has fallen 23 percent, from 94 per 1,000 live births (DHS 2003) to 72 (DHS 2008). Other determinants of child survival such as coverage of key health interventions have improved significantly. Despite the improvements, Madagascar still faces major health challenges that threaten social and economic development. The national health infrastructure, information, and commodity management systems remain weak, and much still remains to be done at central and regional levels to ensure quality services and sustainable health financing. From 2003–2013, there were clear impacts observed from malaria control program investments, including decreases in malaria cases and deaths reported through the national Health Management Information System. This trend continued as 2016 MIS data showed a decrease in RDT-diagnosed malaria from 10 percent in 2013 to 5.2 percent in 2016 among children less than five years of age.

However, malaria remains a major health problem in Madagascar, and severe malaria is among the top five causes of reported overall mortality. Malaria epidemiology varies considerably in different regions of the country; however, the entire population is considered to be at risk for the disease. The majority of cases are caused by *Plasmodium falciparum*. In 2017, the 2018–2022 Malaria National Strategic Plan was drafted, stratifying the country into malaria epidemiologic clusters based on the intensity of malaria transmission. Malaria control and elimination interventions will be defined based on each epidemiologic cluster. Implementation of PMI funding began in Madagascar in FY 2008. However, the 2009 suspension of all activities requiring direct government collaboration due to political difficulties impeded full implementation of malaria control activities until 2015, when PMI re-engaged with the Malagasy Ministry of Public Health.

AT A GLANCE

Population (2017):
25.6 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015):
104.2³

Under-five mortality rate (2009):
72/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017
2 World Health Organization (WHO), *World Malaria Report 2017*
3 WHO, *World Health Statistics 2017*
4 Demographic and Health Survey (DHS) 2009

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Madagascar.

Madagascar Malaria Indicators	PMI Baseline	DHS 2009	MIS 2011*	MIS 2013	MIS 2016
All-cause under-five mortality rate	94/1,000 (DHS 2004)	72/1,000	-	-	
Proportion of households with at least one ITN	-	57%	81%	69%	80%
Proportion of children under five years old who slept under an ITN the previous night	-	16%	77%	62%	73%
Proportion of pregnant women who slept under an ITN the previous night	-	46%	72%	62%	69%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	-	6%	20%	18%	22%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Madagascar is in its eleventh year as a PMI focus country. With support from PMI and other partners, malaria control interventions are being scaled up, and critical commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

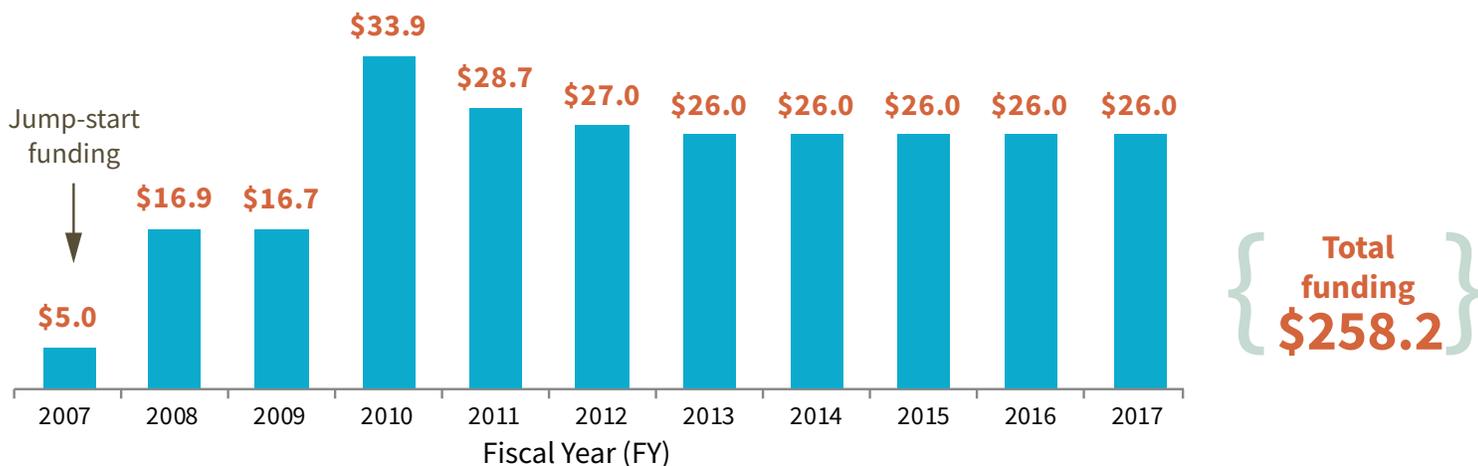
		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	2,000,000	18,333,007
		ITNs distributed	1,320,246	14,244,611
		ITNs procured by other donors and distributed with PMI support	465,471	3,960,754
Indoor Residual Spraying		Houses sprayed	487,636	n/a ²
		Residents protected	2,008,963	n/a ²
Rapid Diagnostic Tests		RDTs procured	200,000	10,428,000
		RDTs distributed	156,900	9,693,674
Artemisinin-based Combination Therapy		ACTs procured	444,800	3,435,725
		ACTs distributed	391,600	3,281,797
		ACTs procured by other donors and distributed with PMI support	104,831	1,804,410
Sulfadoxine-pyrimethamine		SP treatments procured	0	750,000
		SP treatments distributed	0	634,933
Health Workers		Health workers trained in treatment with ACTs	6,469	n/a ³
		Health workers trained in malaria diagnosis	4,794	n/a ³
		Health workers trained in IPTp	2,438	n/a ²

¹ The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

² A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

³ A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Madagascar, please see the [Madagascar Malaria Operational Plan](#).



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