



## HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	21.3 million (mid-2010)
<b>Estimated Population Living with HIV/AIDS**</b>	14,000 [9,100-23,000] (end 2007)
<b>Adult HIV Prevalence**</b>	0.1% (<0.1-0.2%) (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations***</b>	Female Sex Workers: 0.5% (2007) STI Patients: 0.28% (2007)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy****</b>	4% (end 2007)

\*U.S. Census Bureau \*\*UNAIDS 2008 \*\*\*Biologic Sentinel Surveillance 2007  
\*\*\*\*WHO/UNAIDS/UNICEF Towards Universal Access 2008

With less than 1 percent of the population estimated to be HIV positive, Madagascar is one of the few low-prevalence countries in sub-Saharan Africa. The recently expanded surveillance system has yielded more representative data, lowering the estimated national HIV prevalence rate from the previous estimate of 0.5 percent to 0.1 percent, according to the Joint United Nations Program on HIV/AIDS (UNAIDS). The 2007 Biologic Sentinel Surveillance found prevalence rates of 0.83 percent among pregnant women in Sainte-Marie and 0.35 percent in Morondava. However, several factors, including risky behaviors (particularly among youth) and political unrest that threatens the sustainability of HIV/AIDS prevention activities, have put Madagascar in danger of a larger HIV/AIDS outbreak. UNAIDS estimates that 14,000 people in Madagascar are HIV positive.

As in many countries, Madagascar's youth are among the most vulnerable to HIV infection. Results from the 2008/09 Demographic and Health Survey (DHS) indicate more than half of young men and women 15 to 24 years of age reported having their first sexual encounter before they reached age 18. Nearly one out of five young men had more than one partner in the past year, but only 8.8 percent used a condom in their last sexual encounter. In the adult population (15 to 49 years old), only 7.4 percent of men and 7.6 percent of women who had slept with more than one partner in the past 12 months had used a condom with their last partner.

Nationally, HIV awareness is improving. Data from the 2008/09 DHS indicate that 87 percent of women and 89 percent of men had heard of HIV/AIDS. As heterosexual sex is the most common form of transmission and cultural norms allow for and sometimes encourage having multiple partners, the use of condoms and other preventive measures is especially important. While only 20 percent of the population was able to identify two methods for preventing the sexual transmission of HIV in the 2003/04 DHS, preliminary data from the 2008/09 DHS indicate that 65 percent of women and 68 percent of men were able to identify two methods of prevention. There are variations between regions and levels of education; urban Malagasy are more likely to know two methods of prevention than those in rural areas.

Data about populations often considered most at risk – commercial sex workers (CSWs), men who have sex with men (MSM), and injecting drug users – are lacking for Madagascar because of stigma and discrimination. There has been an increased focus on prevention within these populations, with a special focus on 119 high-risk communities around the country. Approximately 50 percent of most-at-risk populations, including CSWs and MSM, have been tested for HIV and know their status, according to the 2008 United Nations General Assembly Special Session report.

Available information suggests that Madagascar has one of the highest rates of sexually transmitted infections (STIs) in the world, meaning that a large portion of the population has heightened vulnerability to HIV/AIDS. Active syphilis prevalence is as high as 4.4 percent among pregnant women, 6.7 percent among STI patients, and 12.1 percent among female CSWs, according to the 2007 Ministry of Health (MOH) biologic surveillance report. Although geographical and political isolation has been responsible for low levels of HIV prevalence in Madagascar to date, an economic boom in recent years has been accompanied by an increase in sex tourism and prostitution. This increase, in addition to growing internal and external migration in the labor force due to the emergence of mining projects in several parts of the country, hampers HIV/AIDS prevention efforts. In addition, political unrest has impoverished the general population, reduced school attendance, and increased unemployment in the most vulnerable segments of the population, especially women and youth of reproductive age. This degraded situation creates further challenges for Madagascar in its fight against HIV/AIDS.



With an incidence rate of 260 cases per 100,000 people in 2008, tuberculosis (TB) is endemic in Madagascar. According to the World Health Organization (WHO), 3.1 percent of new TB cases are reported to be HIV positive. TB-HIV co-infection complicates the care and treatment of both diseases.

## National Response

Former president Marc Ravalomanana, who was Madagascar's head of state from 2002 through 2009, made maintaining low rates of HIV/AIDS prevalence a national priority throughout his time in office. The National AIDS Control Committee, *Council National de Lutte contre le SIDA (CNLS)*, is attached to the President's Office and coordinates the national response, with facilitation from the U.S. Agency for International Development (USAID) and other international donors. The two major national goals are to maintain HIV prevalence below 1 percent and to halve syphilis prevalence by 2015. In March 2009, a military coup took place, and the accompanying civil unrest has handicapped many humanitarian and development projects in Madagascar. Multiple countries, including the United States, limited or cut off their foreign assistance, with the exception of select humanitarian relief. The U.S. Government (USG) suspended all direct technical assistance and financial support to the Government of Madagascar, including technical assistance to the CNLS and the HIV/AIDS/STI Unit in the MOH and support for national awareness and prevention campaigns. USAID has been able to maintain activities working with the private sector and nongovernmental organizations (NGOs) to reach vulnerable groups with information and services.

Madagascar created a National Strategic Plan (2004–2007) (NSP I), which was followed by NSP II (2007–2012). NSP II built on the successes of the first plan and set objectives and targets based on DHS, behavior surveillance surveys, biologic surveillance, and other data. The target-setting process used in NSPs I and II increased investment in the national plans and prompted further decentralization of both prevention and treatment services, according to UNAIDS. HIV was also included in the Madagascar Action Plan (2007–2012), underscoring the government's commitment to minimizing the risk of a broader epidemic.

CNLS activities include programs that advocate condom use, ensure blood safety, improve access to voluntary counseling and testing (VCT), and prevent mother-to-child transmission of HIV. Madagascar is also a participant in the second phase of the United Nations Development Program/World Bank/UNAIDS joint initiative to integrate HIV/AIDS into poverty reduction strategies, which started in 2006. Efforts to decentralize HIV testing and care services to 22 regions commenced in 2008, spearheaded by the government with the support of multiple donor agencies.

The World Bank Multisectoral AIDS Project is the main contributor for HIV/AIDS care and STI treatment for the public sector. Other areas of support include monitoring and evaluation, research studies, project management support to the CNLS and the MOH HIV/AIDS/STI Unit, and capacity strengthening in various areas. The World Bank is restricted from providing any new financing to Madagascar, but the existing AIDS project has been allowed to continue until its funds run out. The African Development Bank supports a regional project in the Indian Ocean that consists of capacity strengthening in laboratories, disease surveillance systems, and health care service provision. It is the main supporter of the blood safety program and psychosocial support to people living with HIV/AIDS (PLWHA).

UNAIDS has identified three of Madagascar's efforts to combat the HIV epidemic – adherence to the “three ones” principle, providing a local response to the epidemic, and creation of a national behavior change communication (BCC) strategy – as best practices. The institutional framework for a local response encourages the building of local capacity. CNLS gives authority to regional directors who in turn work with local NGOs in prevention and treatment efforts on the ground. In addition to the government policies and programs in place, a national network for PLWHA was established in 2007, and a national communications strategy aimed at high-risk populations was introduced. Religious leaders around the country created their own platform to combat HIV in 2006.

Multiple public-private partnerships were created to prevent the spread of HIV in Madagascar, including peer education, free condom distribution, and VCT promotion. The CNLS and GTZ SIDA collaborate with UNIMA, a leading enterprise in shrimp aquaculture, fisheries, and cashew tree plantations that employs 3,300 people at three ports and nine aquaculture sites, and with JIRAMA, the leading electricity producer and distributor, which has 6,146 employees across 130 sites who benefit from free condom distribution.

The Global Fund to Fight AIDS, Tuberculosis and Malaria and other international donor agencies have supported Madagascar's efforts to contain the AIDS virus and prevent a large-scale epidemic. Since 2003, the Global Fund has disbursed \$24.5 million for HIV/AIDS prevention and treatment activities in Madagascar. A total of \$3.7 million has been disbursed through an eighth-round grant designed to respond to the HIV/AIDS epidemic in the most vulnerable zones around the country through activities jointly administered by Population Services International and CNLS. The USG provides nearly 30 percent of the Global Fund's total contributions.

## **USAID Support**

Through USAID, Madagascar received \$2.0 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Madagascar are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID is dedicated to assisting Malagasy programs working to maintain – if not reduce – the country's low HIV prevalence. Following months of political turmoil and the military coup in March 2009, the USG suspended all financial and technical support to the Government of Madagascar. USG bilateral funding focusing on BCC and youth outreach, a primary source for "ABC" (abstain, be faithful, and consistent and correct use of condoms) messaging, was suspended upon being awarded. Activities that were allowed to continue faced challenges in achieving results; for example, peer educators were advised to limit travel, significantly reducing the frequency of outreach activities and limiting their impact.

Ongoing USAID programs included the Top Reseau network of private youth-friendly clinics, mass media campaigns that included television and radio broadcasts, sale and distribution of condoms, and peer education programs for MSM and CSWs. USAID programs also include reinforcement of STI prevention and treatment through availability of affordable prepackaged treatment kits and capacity strengthening of health providers.

Despite the political strife, major achievements in 2009 included:

- Expansion of Top Reseau from seven to eight cities, bringing the number of clinics to 130 with 170 private providers
- More than 24,000 adolescent clients, 11,618 female CSWs, and 2,128 MSM reached with quality STI counseling and treatment at Top Reseau clinics, and more than 63,000 out-of-school youth (15 to 24 years of age) reached by Top Reseau peer educators
- USG-supported sales and distribution of nearly 14 million condoms through commercial channels
- 13 training sessions for peer educators in the CSW and MSM populations, which reached 11,618 CSWs and 2,128 high-risk men (transportation workers, seasonal migrants, and MSM)

## **Important Links and Contacts**

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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)

For more information, see USAID's HIV/AIDS Web site:  
[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)