

MADAGASCAR

April 2010



At a Glance: Madagascar

Population – 2010: 21 million¹

Life expectancy at birth – 2010:
61 years (male), 65 years (female)¹

Population at risk of malaria – 2008:
100%²

Under-5 mortality rate – 2008:
106/1,000, or approximately 1 in 9
children die before their fifth birthday³

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2009

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.

The President's Malaria Initiative (PMI)

Madagascar is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Madagascar's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** 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.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia, and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.

- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in malaria-affected regions of Africa, and are extremely effective against malaria parasites; they have few or no side effects.

Progress to Date

Madagascar is in its third year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

PMI-Supported Activities	2008	2009	Cumulative
IRS: Houses sprayed ¹	422,132	216,060	-
IRS: Residents protected ¹	2,561,034	1,274,809	-
ITNs: Procured	351,900	1,805,007	2,156,907
ITNs: Distributed	351,900	1,005,007	1,356,907
ACTs: Procured by other donors and distributed with PMI support	-	519,338	519,338
Health workers trained in ACT use ²	-	1,696	-
Health workers trained in diagnostics ²	-	108	-

¹ A cumulative count of the number of houses sprayed and people protected is not provided since some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

The proposed FY 2010 PMI budget for Madagascar increased to \$33.9 million. Of this amount, 33 percent will support procurement and distribution of long-lasting ITNs, 29 percent for IRS and related activities, 19 percent for improvement of malaria diagnosis and appropriate use of ACTs, 3 percent will support malaria in pregnancy, including IPTp, 5 percent will support behavior change activities, 7 percent for monitoring and evaluation, and 4 percent for staffing and administration. More than 42 percent of the total will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$5 million	\$16.8 million	\$16.7 million	\$33.9 million

For details on FY 2010 PMI activities in Madagascar, please see the **Madagascar Malaria Operational Plan:** http://www.pmi.gov/countries/mops/fy10/madagascar_mop-fy10.pdf.



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