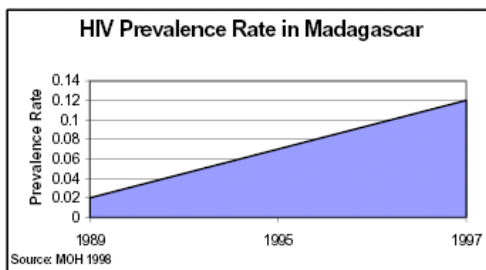


# MADAGASCAR

Assessment of the Epidemiological Situation & Demographics	HIV/AIDS Impact on the Macroeconomic Level
<p><b><u>Estimated percentage of adults living with HIV/AIDS, end of 2001</u></b>            These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: <b>0.3%</b></p> <p><b><u>Estimated number of adults and children living with HIV/AIDS, end of 2001</u></b>            These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: <b>22,000</b></p> <p><b><u>Estimated number of orphans</u></b>            Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: <b>6,300</b></p> <ul style="list-style-type: none"> <li>With a population of nearly 16 million, Madagascar had 248 officially reported HIV/AIDS cases as of the end of 2000. The actual number of HIV/AIDS cases is believed to be much greater since <b>underreporting cases is a widely recognized phenomenon</b>.</li> <li>New data suggest that <b>Madagascar may now be experiencing acceleration in the spread of the epidemic</b>.</li> <li>Confounding the situation is the fact that, <b>in Madagascar, the prevalence of STIs, such as syphilis and gonorrhea, is among the highest in the world</b>. 82% 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 % and 26 % respectively.</li> <li>Results from a survey done in 2000 suggest that <b>HIV prevalence among Sexually Transmitted Infections (STI) patients has increased substantially</b>.</li> <li><b>Madagascar's extremely high rates of STIs, limited access to health and social services, high illiteracy, and widespread poverty provide all the conditions for the rapid spread of HIV to the general population</b>.</li> <li>In addition, behavioral data demonstrated less than 14% of commercial sex workers in Antananarivo, the capital, reported using a condom during the last sex act.</li> <li>Women's low economic status, combined with their greater susceptibility to HIV, compounds their vulnerability to infection.</li> <li><b>Since the discovery of multiple mining sites inside the island, a new emerging high-risk population has appeared: laborers in mining communities</b></li> </ul>	<ul style="list-style-type: none"> <li>Simulation results for Madagascar indicate that the direct costs of caring for AIDS patients will range from US\$10.75 million and US\$52.75 million by 2015, where the lower estimate is based on an assumed prevalence rate of 3%, and the higher estimate is based on an assumed prevalence rate of 15%. These costs are based on treating AIDS only, and do not include treatment costs for opportunistic infections. The Ministry of Health will not be able to afford to pay for these costs, particularly if the higher scenario prevails.</li> </ul> <p><i>Figures are in constant 1996 US dollars, using an exchange rate of 400 FMG/dollar. Futures Group International (1996) "Etude de l'Impact Socio-économique du VIH/SIDA a Madagascar," Projet Banque Mondiale Crédit CR1697-MAG. Washington DC.</i></p>
	HIV/AIDS Impact on the Private Sector
	<ul style="list-style-type: none"> <li>About 90% of reported AIDS cases worldwide are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees.</li> <li>The <b>agricultural sector</b> likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash crops.</li> <li><b>Transport</b>. The transport sector is especially vulnerable to AIDS and important to AIDS prevention. Building and maintaining transport infrastructure often involves sending teams of men away from their families for extended periods of time, increasing the likelihood of multiple sexual partners. The people who operate transport services (truck drivers, train crews, sailors) spend many days and nights away from their families. Most transport managers are highly trained professionals who are hard to replace.</li> <li><b>Mining</b>. Most mining is conducted at sites far from population centers forcing workers to live apart from their families for extended periods of time. They often resort to commercial sex. Many become infected with HIV and spread that infection to their spouses and communities when they return home. Highly trained mining engineers can be very difficult to replace. As a result, a severe AIDS epidemic can seriously threaten mine production.</li> <li>The mining, transportation, and construction sectors are traditionally the most impacted by HIV/AIDS.</li> <li><b>Education</b>. AIDS affects the education sector in at least three ways: the supply of experienced teachers will be reduced by AIDS-related illness and death; children may be kept out of school if they are needed at home to care for sick family members or to work in the fields; and children may drop out of school if their families can not afford school fees due to reduced household income as a result of an AIDS death.</li> </ul> <p><i>Source: Lori Bollinger, John Stover, Peter Riwa (September 1999), The Economic Impact of AIDS in Madagascar, The Futures Group International</i></p>



Source: United States Agency for International (USAID) HIV in Madagascar – (2002)

The National Response	Multisectoral Response
<ul style="list-style-type: none"> <li>• Madagascar began implementing activities to combat HIV/AIDS as early as 1988. The <i>Programme National de Lutte contre le SIDA</i>, or National AIDS Program, was established in the early 1990s.</li> <li>• In late 2000, the Prime Minister designated a national coordination office as the focal point for intersectoral HIV/AIDS prevention efforts and began to develop a national strategic plan. However, a political crisis brought efforts to a halt. The new government that emerged at the end of the crisis in 2002 made a commitment to tackle the HIV/AIDS epidemic.</li> <li>• Recognizing the importance of intensifying prevention efforts, the newly elected Malagasy President has taken a strong leadership role in AIDS prevention. He has established and chairs a new structure for the National Coordination of HIV Programs. An executive secretary manages a national multisectoral response to the epidemic.</li> <li>• Under the President's leadership, since October 2002:             <ul style="list-style-type: none"> <li>◦ An office of HIV/AIDS programs was established at the Ministry of Health to ensure technical quality of the interventions;</li> <li>◦ The National Strategic Plan 2002–2006 was finalized;</li> <li>◦ A national monitoring and evaluation plan was developed;</li> <li>◦ A national mother-to-child transmission policy and a legal framework for people living with HIV/AIDS were established.</li> </ul> </li> <li>• The Government of Madagascar identified 20 high transmission priority zones and is in the process of finalizing action plans for these hot spots. Sectoral action plans (education, armed forces, tourism, population, youth, and sports) have also been developed.</li> <li>• In March 2003, the National Coordination of HIV Programs held a partner-coordinating forum and formalized the terms of reference for a country coordinating mechanism for the Global Fund for AIDS, Tuberculosis, and Malaria.</li> <li>• The Government of Madagascar plans to submit a country proposal for the Fund in the third round.</li> </ul> <p><i>Source: USAID AIDS in Madagascar (2002)</i></p>	<ul style="list-style-type: none"> <li>• On April 2003 the <b>Global Fund to fight AIDS, Tuberculosis and Malaria</b> announced the first agreements signed in its second round of funding to stem contagious diseases around the world, allotting nearly \$4 million for <b>Madagascar</b>.</li> <li>• <b>USAID</b> 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.</li> <li>• <b>The social marketing program of Population Services International (PSI) supports condom promotion and strengthens the private sector response to HIV/AIDS.</b> 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.</li> <li>• <b>Family Health International (FHI)</b> 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.</li> <li>• <b>Pact</b>, an international Non-Governmental Organization (NGO) provides technical support and assistance to <b>John Snow International's STI/AIDS program</b> and to the Ministry of Health in Madagascar to build the capacities of the ministry's staff, <b>to private sector partners</b> and local NGOs to effectively manage and implement key health program activities.</li> </ul> <p><i>Source: USAID AIDS in Madagascar (2002)</i></p>

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IFC Against AIDS – Partnerships list

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