



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	19.4 million (mid-2007)
Estimated Population Living with HIV/AIDS**	49,000 [16,000-110,000] (end 2005)
Adult HIV Prevalence**	0.2% (2005)
HIV Prevalence in Most-At-Risk Populations***	Female Sex Workers: 0.52% (2007) STI Patients: 0.28% (2007)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	1% (end 2006)

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

With less than 1 percent of the population estimated to be HIV positive, Madagascar is one of the few low HIV-prevalence countries in sub-Saharan Africa. Recent expansion of Madagascar's surveillance system has yielded more representative data, lowering the national HIV prevalence rate from 0.5 to 0.2 percent, according to UNAIDS. The 2007 Biologic Sentinel Surveillance found a prevalence rate of 0.83 percent among pregnant women in Sainte-Marie and 0.35 percent in Morondava. However, several factors, including low levels of HIV awareness and risky behaviors, particularly among youth, have put Madagascar in danger of an HIV/AIDS outbreak. UNAIDS estimates that 49,000 people in Madagascar are HIV positive.

As in many countries, Madagascar's youth are among the most vulnerable to HIV infection. Results from a 2003–2004 survey indicate that young people in Madagascar typically become sexually active at an early age, between 15 and 19 years. As many as 31 percent of young women and 72 percent of young men in the 15-to-24 age group said they had sex with a casual partner in the previous 12 months. From that group, only 5 percent of women and 12 percent of men reported using a condom the last time they had sex with a casual partner. Nationally, HIV awareness is low, with only 20 percent of the population able to identify two methods for preventing the sexual transmission of HIV.

Data about populations often considered most at risk – commercial sex workers, men who have sex with men (MSM), and injecting drug users (IDU) – are lacking for Madagascar because of stigma and discrimination. However, 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 4.42 percent among pregnant women, 6.68 percent among STI patients, and 12.11 percent among female sex workers. Although geographical and political isolation has been responsible for low levels of HIV prevalence in Madagascar, the economic boom in recent years has been accompanied by an increase in sex tourism and prostitution. This increase, in addition to growth in internal and external migration of the labor force due to the emergence of mining projects in several parts of the country, hampers HIV/AIDS prevention efforts.

National Response

President Marc Ravalomanana, who has been Madagascar's head of state since 2002, has made maintaining low rates of HIV/AIDS prevalence a national priority, particularly over the past few years. The National AIDS Control Committee, *Conseil 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. To achieve a more effective local response, the CNLS, along with partners, is initiating an approach to decentralize resources and competencies in the 22 regions. For 2008, the model will start in four high-risk regions and is expected to cover the 22 regions by 2010.

CNLS activities include funding programs that advocate condom use, ensure blood safety, and prevent mother-to-child transmission of HIV. Since 2003, the committee has increased the number of confidential voluntary counseling and testing centers from 80 to 290. 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.

In 2004, CNLS received a third-round grant through January 2008 from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen multisectoral prevention activities and quality and access to care and treatment for HIV-infected and HIV-affected individuals.



USAID Support

Through USAID, Madagascar received \$1.93 million in fiscal year 2008 for essential HIV/AIDS programs and services. USAID programs in Madagascar are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID is dedicated to assisting Malagasy programs working to maintain – if not reduce – the country's low HIV prevalence. Current USAID efforts are focused on implementing behavior change interventions targeting vulnerable groups, expanding access to necessary prevention products and services, and helping the government develop data to improve the decisionmaking process.

In addition to working with CNLS, USAID has funded private clinics for reproductive health issues, including HIV/AIDS prevention. In 2007, the CNLS and the Platform of Religious Leaders and Faith-Based Organizations, along with USAID, the World Bank, and the African Development Bank, supported a regional youth forum that brought together about 300 young people from different congregations (Christians, Muslims, and traditional groups) in the Anosy region to work on a joint HIV prevention vision and effort. To address risky sexual behaviors among youth, USAID – in cooperation with PEPFAR – launched the *Ankoay* initiative in 2005 to educate youth about HIV/AIDS. The initiative, which began by teaching HIV/AIDS prevention to Malagasy scout troops, has been expanded to include other youth groups, sports teams, and schools and is considered a model program by the National AIDS Control Committee.

Recent USAID successes in Madagascar include the Red Card Initiative, which is a low-cost tool to empower adolescent girls to say "no" to risky sexual situations. The Initiative reached 900,000 girls aged 10 to 14. Another initiative called Top Reseau reached more than 78,338 at-risk youth with quality counseling and reproductive health services (122 percent increase from last year) through a franchised network of private sector service providers in seven high-risk cities. One positive impact of the program was an increase in youth aged 15 to 18 who had never had sexual intercourse from 65.6 percent in 2003 to 82 percent in 2006. Over the same period, sexually active youth with only one partner in the previous 12 months increased from 58.2 to 73.2 percent, and young men who used a condom with their last commercial sex partner increased from 49.7 to 76.4 percent. To address vulnerable groups' needs, USAID has secured 35,000 female condoms for sex workers' associations and has started a peer education approach to reach MSM and mobile men with money.

USAID is using data to design and monitor interventions. In collaboration with a private mining company, USAID has conducted a Priority for Local AIDS Control Efforts survey in Fort Dauphin that used data to design prevention activities within the locality and to specify indicators that are used to monitor AIDS prevention activities. In addition, USAID has developed the TRaC survey, an easy monitoring and evaluation tool to continuously track results of interventions.

Madagascar is also one of the 15 countries covered by USAID's Office for Eastern Africa, which focuses on enhancing regional capacity to strengthen health systems through improved health care services, policy dialogue, and training institutions. Eastern Africa's HIV/AIDS efforts include developing an innovative, multisectoral approach to reducing the cross-border effects of the pandemic in the region.

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

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids

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