



# COMMITMENT FIVE HEALTH, FAMILY PLANNING AND THE FIGHT AGAINST HIV/AIDS

We will work to ensure that all of our people are healthy and can contribute productively to the development of the nation and lead long and fruitful lives. The problems of malnutrition and malaria will be brought to a halt. HIV and AIDS will not advance any further; safe drinking water will become accessible; and, through education and the provision of health services the average size of the Malagasy family will be reduced.

## CHALLENGE 1 > PROVIDE QUALITY HEALTH SERVICES TO ALL

### Current Reality

As of 2006, 197 Basic Health Centers have been rehabilitated and equipped with essential drugs. Still, 65% of the population in rural areas are more than 5 km away from a Basic Health Center. Many Basic Health Centres remain understaffed and ill-equipped.

### Goals

1. Adequate and quality health services will be increased to ensure easy access, affordability and reliability.
2. We will have an educated population which understands and uses quality health services and treatment options.
3. There will be partnerships with Community Agents and the private sector at local levels.

### Strategies

1. Ensure all existing health centers and first referral hospitals are staffed by medically qualified professionals who can provide the basic package of services.
2. Ensure rural areas have access to medical care.
3. Attract more medical professionals to rural areas by providing appropriate incentives such as improved housing.
4. Ensure medical graduates are attracted to work in the medical field.
5. Decentralize the management and the system of health financing and decision making at Regional and Commune level.
6. Implement a national policy of contracts for public, private, medical, para-medical and other human resources.
7. Build synergies between traditional medicines and modern practices.

PRIORITY PROJECTS AND ACTIVITIES	PROJECT LEADER
1. Contract and redeploy midwives and nurses for all Basic Health Centers to established standards (level 1 and 2)	Minister responsible for Health
2. Revitalize continuous training at all levels with special priority for initial training of midwives and paramedical	Minister responsible for Health
3. Improve working conditions of health agents (salary, career development, housing, allowances)	Minister responsible for Health
4. Provide mobile Health Center for remote areas or areas with low density of population	Minister responsible for Health
5. Rehabilitate and equip all Health Centers in the country to be able to deliver the quality basic health package of services for a Level 2 facility	Minister responsible for Health
6. Establish a quality control system for drugs at the remote health facilities including: training, logistics, and community control (centrale d'achat, pharmacie de gros, FS).	Minister responsible for Health
7. Define competencies and responsibilities of medical hierarchy levels	Minister responsible for Health
8. Transfer competencies and resources to the decentralized level	Minister responsible for Health
9. Introduce innovative financing methods for the sector to provide consistent quality services and to increase the use of these services by the poor, through mechanisms such as mutual insurance or social security	Minister responsible for Health

INDICATORS	2005	2012
Percentage of new consultations using Basic Health Centers	49	70
Percentage of childbirth occurring in Basic Health Centers	20	50
Average life expectancy	55	65



## CHALLENGE 2 >

# ERADICATION OF MAJOR DISEASES

### Current Reality

As of 2006, more than 1 million bed nets have been distributed for malaria prevention in highly vulnerable zones (coastal and tourism areas). Still, there remains a high rate of malaria mortality. Additionally, the prevalence of sexually transmitted diseases (mostly congenital syphilis) is still very high throughout the country. Tuberculosis treatment is low due to poor understanding of the disease by the population and health agents.

### Goals

1. We will have effectively controlled malaria.
2. We will have eradicated congenital syphilis and tuberculosis.
3. There will be a reduced prevalence of main endemic epidemic diseases and tropical diseases.

### Strategies

1. Ensure 100% coverage for malaria prevention and treatment.
2. Sexually Transmitted Diseases treatment kits are fully available throughout the country.
3. Improve capacity of health centers to prevent, diagnose and treat tuberculosis through immunization, education and social mobilization.



### PRIORITY PROJECTS AND ACTIVITIES

### PROJECT LEADER

1. Implement all available services for effective control of malaria including indoor and outdoor spraying, distribution of bed nets and adequate treatment	Minister responsible for Health
2. Link and coordinate national campaigns (eg vaccination, family planning etc) in order to maximize coverage and effectiveness	Minister responsible for Health
3. Improve training for health agents in order to prevent, diagnose and adequately treat tuberculosis	Minister responsible for Health
4. Standardize testing, treatment and equipment in health centers for sexually transmitted diseases management	Minister responsible for Health
5. Strengthen the capacities of private services providers to diagnose and treat sexually transmitted diseases	Minister responsible for Health
6. Ensure that people with Sexually Transmitted Diseases seek treatment	Minister responsible for Health

### INDICATORS

### 2005

### 2012

Number of presumed Malaria cases	1,234,520	320,000
Percentage of malaria mortality in hospitals (%)	17.5	9
Percentage of cured patients on tuberculosis(%)	72	90
Percentage of detected new case of tuberculosis	62	90
Percentage of syphilis among pregnant women	4.2	1

## CHALLENGE 3 > WIN THE FIGHT AGAINST HIV AND AIDS

### Current Reality

In 2006, Madagascar remains a low HIV prevalence country, with a rate of less than 2% in vulnerable groups and an estimated 0.95 % in the general population. With Madagascar going global with increased international mobility, trade and tourism the threat of HIV expansion is very real. The main component of the national response includes:

- Three ones (one coordination unit, one strategic framework and one monitoring and evaluation system),
- Clinical preventive and treatment services,
- Communication for Behavioral Change Communication (BCC) and social transformation, and local response, implemented as part of partnership between the public sector and the civil society, including NGOs, Community based organizations (CBOs), religious organizations and the private sector.

The response focuses on primary and secondary prevention for the control and impact mitigation of HIV infection. The major aspects of the response include:

1. Advocacy and awareness campaign for the general population and with a focus on women, youth and vulnerable groups.
2. Reduction of stigma and discrimination.
3. Effective community response.
4. Sexually transmitted infection (STI) control.
5. Voluntary counseling and testing.
6. Universal precautions.
7. Mother to child prevention.
8. Blood safety.
9. Opportunistic infections prevention, AIDS and Opportunistic infections treatment.
10. Care and support for orphans made vulnerable by HIV/AIDS.
11. To improve cost efficiency, the response needs to be further integrated and decentralised.



**CHALLENGE 3 > WIN THE FIGHT AGAINST HIV AND AIDS (CONTINUED)****Goals**

1. We will maintain HIV prevalence below 1% in the general population, while ensuring care for HIV/AIDS patients.
2. We will have reduced the number of new HIV infections.
3. We will have increased the number of HIV/AIDS patients receiving treatment.

**Strategies**

1. Improve access to promotional and clinical services for vulnerable groups and general population living in areas at risk of HIV.
2. Improve and ensure implementation of quality standards for delivery of integrated services at all levels.
3. Strengthen leadership, technical and managerial skills as well as inter and intra-sectoral coordination at all levels of the national response, according to the three ones principles.
4. Strengthen the partnership between public and private sectors.
5. Improve results based management especially focused on linking demand creation and service delivery.
6. Improve access to and management of drugs and diagnostic supplies for Sexually transmitted infections and HIV/AIDS, including anti retro viral (ARV) drugs.

**PRIORITY PROJECTS AND ACTIVITIES****PROJECT LEADER**

1. Strengthen managerial and technical skills at all levels for effective decentralization of the national response.	Minister of Health and ES/NAA
2. Consolidate, reinforce the implementation of the three ones in the context of universal access.	Minister of Health and ES/NAA
3. Ensure national coverage of communication for behavioral change and social transformation [ including reduction of stigma and fighting discrimination ]	Minister of Health and ES/NAA
4. Strengthen and empower communities to promote local response	Minister of Health and ES/NAA
5. Increase access and utilization of Voluntary Counselling and Testing, establish referral system	Minister of Health and ES/NAA
6. Improve access to primary prevention of all pregnant women and ensure Antiretroviral treatment for HIV positive women and their infants	Minister of Health and ES/NAA
7. Ensure blood bank in all 22 regions	Minister of Health and ES/NAA
8. Ensure implementation of the national policy for Universal precautions at all levels	Minister of Health and ES/NAA
9. Improve access of HIV/AIDS patients to Opportunistic Infections prevention and care and Antiretroviral treatment (linkages with Tuberculosis and psycho-social support)	Minister of Health and ES/NAA

**INDICATORS****2005****2012**

Prevalence of HIV among pregnant women	0.95%	< 0.8%
Prevalence of condom use for males and females in high risk category, 15 to 24 years old	Not available	M:45% F: 20%
Percentage of adults and children on ARV who are still alive 12 months after initiation of ARV	Not available	90%

## CHALLENGE 4 > IMPLEMENT A HIGHLY SUCCESSFUL FAMILY PLANNING STRATEGY

### Current Reality

The population of Madagascar has doubled over the past 25 years. This puts added strain on national and local resources including the environment, food supply and infrastructure needs. In some areas of the country, 70% of 16 year old girls have already had a child. Contraceptive use is increasing but overall prevalence is still low. There is high unmet demand for family planning with at least 24% of women in relationships saying they would use contraceptives if they were available. Currently, 1,945 centers for family planning are operational providing advice and contraceptives but the size of the challenge requires much more. Access for teenagers and youth to reproductive health and family planning services is still very limited.

### Goals

1. There will be a reduction in the average size of the Malagasy family to improve the well-being of each family member, the community and the nation.
2. The demand for contraceptives and family planning will be met.

### Strategies

1. Increase access and provision of contraceptives.
2. Provide educational programs to men, women and youth.
3. Specifically reduce unwanted teenage pregnancies through family planning services.
4. Integrate family planning into other key health campaigns (eg vaccination and HIV/AIDS).

PRIORITY PROJECTS AND ACTIVITIES	PROJECT LEADER
1. Accelerate implementation of a sectoral plan and carry out a national campaign	Minister responsible for Family Planning
2. Strengthen the capacities of health agents on family planning	Minister responsible for Family Planning
3. Promote long lasting contraceptive methods	Minister responsible for Family Planning
4. Identify and implement an innovative financing strategy to ensure sustainability and general availability of Family Planning programs	Minister responsible for Family Planning
5. Ensure the application of agreed quality standards and procedures for services at all levels	Minister responsible for Family Planning
6. Extend services on family planning for teenagers through youth centers	Minister responsible for Family Planning
7. Integrate reproductive health and family planning in HIV/AIDS programs	Minister responsible for Family Planning

INDICATORS	2005	2012
Total Fertility Rate	5.4	3
Fertility Rate – Urban	3.7	3
Fertility Rate – Rural ( some regions have higher fertility rates than others )	5 to 8	3 to 5
Contraceptive Prevalence Rate among population	18	30
Contraceptive Prevalence Rate among teenagers	15	45
Percentage of teenagers ( 15-24 ) having access to information on family planning	45	100

## CHALLENGE 5 >

# REDUCE INFANT MORTALITY

### Current Reality

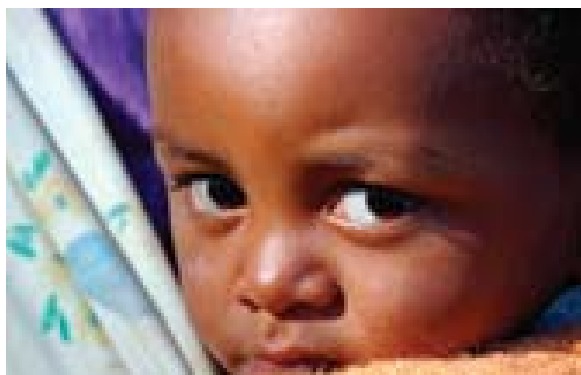
As of 2006, there have been national campaigns for vaccination (vitamin A, measles) and increased treatment of diarrhea and malaria at community level. Still, a high infant mortality ratio of 94:1000 persists.

### Goals

1. We will have reduced by half the infant mortality ratio.
2. There will be an increased demand for Basic Health Centers pregnancy services.
3. Broader community participation in child health will have been achieved.

### Strategies

1. Increase focus on prevention programs in child health.
2. Combine child care package and services that include nutrition and vaccinations.
3. Increase the number of nurses and midwives available at Basic Health Centres.



### PRIORITY PROJECTS AND ACTIVITIES

### PROJECT LEADER

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|--|---------------------------------|
| 1. Provide adequate packages of services (Vitamin A, PEV*+) including epidemiology surveillance in all Basic Health Centers<br>*Broad Program on vaccination | Minister responsible for Health |
| 2. Organize and coordinate community agents and health workers on uniform procedures for dealing with diseases in children under 5                           | Minister responsible for Health |
| 3. Guarantee that all staff in first referral hospitals and health centers have competency in treating children and newborn babies                           | Minister responsible for Health |
| 4. Sensitize families on behaviour change through community programs such as PCIME (Integrated Management of Children Diseases)                              | Minister responsible for Health |

### INDICATORS

### 2005

### 2012

Ratio of infant mortality (out of 1.000)	94	47
Percentage of DTCP coverage	80	100
Percentage of children getting supplementary micronutrient	80	100
Percentage of one-year olds immunized against Tuberculosis	95.2	100
Percentage of one-year olds immunized against Measles	83.8	100

## CHALLENGE 6 > REDUCE MATERNAL AND NEONATAL MORTALITY

### Current Reality

Since 2002, Madagascar has committed to reduce maternal mortality. A national roadmap has been elaborated but still needs to be implemented. There is still a lack of qualified professionals in rural areas and lack of access to obstetrical emergency care. On average, each day, 8 women die of complications related to childbirth.

### Goals

1. Increase the demand for antenatal care and preventative services.
2. Ensure all urban and rural areas have reliable obstetrical emergency services.
3. Promote adequate home-based care for mother and child health.

### Strategies

1. Develop demand for preventive care among pregnant women.
2. Improve management of high risk pregnancies and complicated deliveries.
3. Increase the availability of midwives, especially in rural areas.
4. Education programs aimed at mothers for home-based care.

PRIORITY PROJECTS AND ACTIVITIES	PROJECT LEADER
1. Guarantee that all Basic Health Centers and first referral hospitals have adequate equipment and drugs for pregnancies and deliveries management	Minister responsible for Health
2. Accelerate implementation of the roadmap for maternal mortality reduction through community mobilisation, homebased care, and medical support in Health Centers	Minister responsible for Health

INDICATORS	2005	2012
Ratio of maternal mortality out of 100.000 living births	469	273
Ratio of neonatal mortality out of 1.000 living births	32	17



## CHALLENGE 7 > IMPROVE NUTRITION AND FOOD SECURITY

### Current Reality

Food insecurity (less than 2500 calories required per person per day) is a problem for the majority of Malagasy households and there is a high malnutrition ratio among children under 5 years. The government has established the National Office of Nutrition to focus exclusively on the nutritional needs of the most vulnerable of the population.

### Goals

We will have significantly reduced both the ratio of malnutrition among children under 5 years and ratio of food insecurity among households and vulnerable groups.

### Strategies

1. Focus on malnutrition among children under 5 especially addressing micronutrient deficiencies (vitamin A, iodine and iron).
2. Target food insecurity among vulnerable groups such as the very poor and victims of natural disasters.
3. Coordinate surveillance structures on nutrition at national, regional and local level.
4. New emphasis on prevention of malnutrition and food insecurity through labor intensive activities.
5. Consolidate and extend the national community nutrition program.
6. Address micro-nutrient deficiencies among pregnant and lactating women at community level to reduce low birth weights.

PRIORITY PROJECTS AND ACTIVITIES	PROJECT LEADER
1. Provide adequate food and nutrition for children who have severe or moderate malnutrition	Director of National Office for Nutrition
2. Extend and implement the national community based program on nutrition in the 116 districts	Director of National Office for Nutrition
3. Integrate nutrition into schools program and health promotion activities	Director of National Office for Nutrition
4. Lead appropriate activities for social protection targeting the most vulnerables groups	Ministers responsible for Health and Education

INDICATORS	2005	2012
Percentage of malnutrition among children under 5 years	42	28
Percentage of food insecurity among households	65	48



## CHALLENGE 8 > PROVIDE SAFE WATER AND WIDESPREAD USE OF HYGIENIC PRACTICES

### Current Reality

As of 2006, more than half the children of Madagascar suffer from water-related diseases and it is the second highest cause of infant mortality. While hygienic programs are in place, besides the needless loss of life, water-related diseases such as diarrhea still cost approximately 6 million lost working days and 5.5 million lost days of school per year.



### Goals

1. All children will have to be educated in safe sanitary and hygienic practices.
2. Infant mortality due to water related diseases will be significantly decreased.
3. The number of lost working days and school days will be significantly decreased.

### Strategies

1. Ensure adequate access to safe drinking water for all people.
2. Educate all people, particularly parents and children, in safe sanitary and hygienic practices.
3. Implement the international WASH strategy.

PRIORITY PROJECTS AND ACTIVITIES	PROJECT LEADER
1. Centralize different areas of the Ministry of Health to focus on water related diseases	Minister responsible for Health
2. Strengthen the cooperation between different Ministries to implement the WASH strategy	Minister responsible for Health
3. Promote and widespread educative campaign on WASH strategy	Minister responsible for Health and Minister responsible for Education
4. Integrate safe sanitary and hygienic practices into school programs	Minister responsible for Health and Minister responsible for Education

INDICATORS	2005	2012
Percentage of coverage on safe water supply	31	65
Percentage of coverage by a sanitary infrastructure	52	70
Number of local communes with the WASH program	50	1,500