



**Madagascar**



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## Madagascar Country Report

The Republic of Madagascar is the fourth largest island located off of the east coast of Africa in the Indian Ocean. Madagascar is surrounded by the smaller islands of Mauritius, La Reunion and the Comoros and lies closest to Mozambique of the African continent. The majority of the 20,653,556 people live in rural areas (71%) with 1,403,000 living in Antananarivo, the capital of Madagascar. Official

languages are Malagasy, French and English (declared official in 2007), with multiple dialects of Malagasy spoken in different regions of the country. With a 3% growth rate, Madagascar is the 13<sup>th</sup> fastest growing nation in the world. Madagascar is known for its variety of animal and plant life, including 66 indigenous land mammals.

### General Facts

Capital: Antananarivo

Total Population: 20,653,556

Total Area: 587,041 square kilometers (226,657 sq mi)

Gross national income per capita: 468 USD

Life expectancy at birth; Male: 61 years, Female: 65 years

Infant Mortality Rate: 54.2 deaths/1,000 live births

Total annual expenditure on health per capita: \$21

### History of Madagascar:

The island of Madagascar formed as the land mass broke away from India around 80 million years ago, though it is thought that Madagascar did not become populated until around 200-500 A.D. As far back as the 9<sup>th</sup> century, travelers from the Middle East, Asia and Africa



visited Madagascar, but French settlements did not appear until 1643 (Metz, 1994). Madagascar was ruled by multiple monarchies until 1806, when King Andrianampoinimerina conquered the remaining three kingdoms and fortified Antananarivo as the capital city. Between 1894 and 1960, Madagascar was ruled under the French government. Madagascar went from being a protectorate to being declared a territoire d'outre-mer (overseas territory) within the French Union, meaning Malagasy would have the same rights as French citizens. Political unrest developed despite these changes. The Malagasy Uprising in 1947 resulted in an estimated 11,000 casualties and eventually led to Madagascar's independence in 1960.

The independent state of Madagascar was ruled by the Tsiranana party, which had played a major role in the Malagasy Uprising of 1947. Political uprisings and student protests began in the early 1970s and continued until 1975, when the National Military declared Didier Ratsiraka the new president. He initially attempted to implement a new society based on socialist principles. Not long after Ratsiraka took power, more protests began. The single-party rule of the Tsiranana ended in 1992 when the free presidential election and National Assembly were established, although Didier Ratsiraka was re-elected president in 1997.

The 2001 election of Marc Ravalomanana as president was contested by supporters of Didier Ratsiraka, nearly resulting in secession of half of the country. The High Constitutional Court named Marc Ravalomanana president. Ravalomanana was a businessman and was credited with much of the improvement in Madagascar's infrastructure, specifically in areas such as public roads, health and education. While Ravalomanana did face criticism for failure to reduce poverty rates, he was elected for a second term in 2006 (IRIN, 2006).

In 2009, the mayor of Antananarivo, Andry Rajoelina, accused Ravalomanana of being a dictator and demanded that he step down as president. An opposition group attempted to enter Ravalomanana's palace on February 7, 2009, and the presidential guards opened fire, leaving 30 protesters dead. Rajoelina had the support of the military, however, and on March 16<sup>th</sup>, 2009, the army entered the presidential palace. Rajoelina declared himself the new leader, vowing to amend the constitution and hold an election in two years (BBC, 2009). Rajoelina's presidency has been condemned by the African Union, the European Union and the United States. The



Southern African Development Community has refused to recognize his rule. In August 2009, a power sharing agreement with a 15-month transitional period was established, but this has yet to be implemented (CIA, 2010). Most recently, Mr. Rajoelina announced his intention to abandon this agreement and hold a parliamentary election on March 20, 2010.

### **Economy:**

Though Madagascar's government has continually attempted to modernize the economy, the majority of Malagasy continue to earn their livelihoods through fishing, farming and herding zebu cattle. Approximately 60% of the world's vanilla comes from Madagascar. The 1980s saw a trend away from socialism and toward increasing privatization of banks, foreign investments and primary product exports (Metz, 1994).

Madagascar currently follows a World Bank and IMF-led privatization and liberalization policy. With the creation of duty-free access to the United States, exports of apparel have been a growing industry in Madagascar recently, though France remains their largest export partner. Duty-free access to the U.S. was terminated in 2010 due to Madagascar's failure to comply with the requirements of the African Growth and Opportunity Act. Under Ravalomanana, Madagascar's GDP increased, although it had been negatively impacted by the political turmoil associated with his election. The GDP took another dip after Rajoelina assumed the presidency. Tourism dropped by 50% in 2009. The GDP growth rate declined from 7% in 2008 to 0.4% in 2009. In addition, deforestation and erosion pose serious threats to Madagascar's agriculture and source of fuel. Madagascar is ranked 211<sup>th</sup> out of 228 countries for GDP per capita (\$1,000), and 50% are thought to be living below the poverty line.

### **The National Healthcare Profile:**

The government expenditure on health per capita is \$21 or 9.2% of total government expenditure. The mortality rate below the age of five is 115 out of every 1,000 live births; between the ages of 15 and 60, it is 303/1,000 for males and 232/1,000 for females (WHO, 2010). Madagascar has an average life expectancy of 62 years. The most common cause of



death is lower respiratory infection, followed by malaria, diarrheal disease, perinatal conditions, measles, cerebrovascular disease, ischemic heart disease, tuberculosis, HIV/AIDS and traffic accidents (WHO, 2010). Although malaria has largely been eradicated in the highlands, it continues to plague the coastal regions and remains the country's #1 cause of child mortality. There are 49,000 new cases of tuberculosis in Madagascar each year (251 new cases per 100,000 population), and approximately 9,400 Malagasies succumb to the illness annually (WHO, 2010). In 2005, the HIV prevalence among adults older than 15 years was 451 per 100,000 population. This has increased nearly fivefold over the past 10 years.

### **The National Healthcare Infrastructure:**

The government has long committed itself to the principle that good health is a Malagasy right and has attempted to make strides towards free access for all to high quality health care. A number of hospitals were built in the 1970s and 1980s, but 75% of people still live greater than 5 kilometers from a medical center (Metz, 1994).

The type of medical care chosen by Malagasies largely depends availability, economic constraints and personal beliefs. In rural areas, tromba mediums practice traditional medicine. Most county seats have a hospital, though not all have operating rooms. Nurses, medical students and health aides comprise the only staff available at some of these hospitals. Rural towns may also have private practices staffed once a week by physicians. Though medical care at medical centers is free, patients must bring their own food, pay for their own prescriptions and even buy notebooks that will become their medical records. Doctor's rarely set bones in some rural areas due to the experience and trust given to the traditional healers. Some choose traditional healers because they are believed to treat beyond physical realm and address threats such as evils spirits. Most pharmacies are private, and although prices are kept low, it is still impossible for some to pay. The supply of prescribed medications is also quite limited. The nurses and remaining health aides in remote villages are generally accepted, although conflicts arise when modern practices – particularly in the areas of pre- and postnatal care – are perceived as counter to traditional customs (WHO, 2008).



In 1980, 1500 young health aides were dispatched to rural Madagascar villages. This project was the centerpiece of the Alma-Ata Declaration made in 1978, the goal of which was health care for all by the year 2000. Dieudonné Randrianarimanana, the director of the Madagascar Ministry of Health, Family Planning and Social Protection, says they have failed to achieve this goal and estimates that still only 60–70% of Madagascar's population has access to primary health care (WHO, 2008). This is partly attributed to the lack of adequate roads, forcing the average person to walk more than 10 kilometers to the nearest health care center. Mobile health centers have been recently established in rural areas in an attempt to address this problem.

In the mid-1990s, all 1500 original primary health care centers, in addition to others that had come into operation, were reclassified as Basic Health Centers or Centres Santé de Bases (CSBs). In 2004, almost 3000 CSBs were in operation (WHO, 2008).

### **Availability of Radiology Resources:**

Computed Tomography (CT): There are three CT scanners in Madagascar, all of which are in Antananarivo. Two are in the public military hospital called the Hospital Complex of Soavinandriana, and the other is in the Polyclinique d'Ilafy, a private hospital serving those who can afford insurance. As explained by Dr. Ifanomezana Rasolondraibe, a gastroenterologist in Antananarivo, "These three machines are deficient for the whole country and the exams are too expensive for the majority of the people because they do not have health insurance." One of the scanners installed in the Hospital Complex of Soavinandriana is shared with the Centre de Diagnostic et de Traitement (CDT), which is also a private diagnostic center.

Ultrasonography: Dr. Rasolondraibe says there are numerous ultrasound machines in Antananarivo, in both public and private hospitals. Portable ultrasound machines are available in all major cities and county seats. Most of the smaller basic health centers in remote locations lack access to ultrasound technology.

Radiography: Every hospital in Antananarivo is equipped with standard X-ray technology. In fact, standard radiography is available in all public hospitals in each of Madagascar's 22 regions.



Radiologists are not formally trained in Madagascar. Most of the current radiologists have trained through international programs, most commonly in France. Echographistes, or sonographers, can get two years of training in Madagascar.

### **International Aid:**

Since Rajoelina assumed power, sanctions and suspensions of aid have continued to be implemented against Madagascar. On March 31, 2010, President Obama removed Madagascar from the African Growth and Opportunity Act. This act had created tens of thousands of jobs for middle class Malagasy families, particularly in apparel and manufacturing factories. Other sanctions affected a variety of other international aid programs.

Madagascar has received aid from the United States since 1960. Since 1988, USAID has been implementing programs that target health and economic development. Some of the partners collaborating to provide aid to Madagascar include:

#### Contractors:

Chemonics International  
Development Alternatives Incorporated  
International Resources Group

#### Grantees:

Catholic Relief Services (CRS)  
Adventist Development Relief Agency (ADRA)  
CARE  
Private Agencies Collaborating Together (PACT)  
Transparency International (TI)  
Population Services International (PSI)  
University of North Carolina  
Family Health International (FHI)  
Academy for Educational Development (AED)/LINKAGES  
Medical Care Development International (MCDI)  
Conservation International (CI)  
World Wildlife Fund (WWF)  
World Conservation Society (WCS)



U.S. Government Partners:

U.S. Forestry Service (USFS)

U.S. Geological Survey (USGS)

Peace Corps

International Agencies:

United Nations

World Bank

International Monetary Fund (IMF)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

World Health Organization (WHO)

United Nations World Food Programme (WFP)

Centers for Disease Control and Prevention (CDC)

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