



AFRICA HEALTH
ORGANISATION

Madagascar TB Incidence

Policy Brief



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Title: Tuberculosis Incidence in Madagascar

From: Joanna Filopoulos, University of East Anglia

To: Graciano Masauso, Founder/President/Director/CEO

Introduction:

Tuberculosis is an ancient disease; it has been around since the 18th century. It is an easily treatable and preventable disease, although it is still a major cause of death in developing nations. Compared with other disease caused by an infectious agent, TB is the second leading cause of death worldwideⁱ.

Context of the problem:

In Madagascar, malnutrition is a leading contributor to the disease. Malnutrition weakens the immune system making it more susceptible to disease while TB lowers appetite and reduces the absorption of nutrients by the bodyⁱⁱ. The current TB incidence rate is very high with approximately 233 cases per 100,000 peopleⁱⁱⁱ. Madagascar is one of the poorest countries in the world, 80% of the population lives in extreme poverty and about half of all children under 5 years old are suffering from chronic malnutrition. The cost of tuberculosis treatment is too high for many families to afford, and the high proportion of the population living in rural areas makes accessibility difficult. The country's entire budget to fight TB from 2014-2017 has come from the Global Fund. The reliance on donor funding is problematic for sustainable control of disease. In 2009, aid for food assistance dwindled after there was a coup in the country. This caused an increase in new cases of tuberculosisⁱⁱ. Corruption of aid money is also a factor in allocation for healthcare workers and facilities, the lack of funding, access, and health infrastructure has resulted in the emergence of MDR-TB multi-drug resistant TB.

Policy Alternatives:

Currently the government accepts foreign aid for its entire control of TB. The stipulations required by the aid organizations limit the use of the money. As an alternative, the government should scale up its own public health funding to include infrastructure improvements- the building of clinics in rural areas, staffing, training, and medicines for these clinics in order to combat the problem sustainably. If improvements are made in the system itself, the incidence of disease would decrease and the need for aid would lessen.

Risk Factors contributing to the problem:

- 1) Malnutrition:** Addressing malnutrition is a key action to be taken to help reduce the incidence of tuberculosis. Madagascar ranks 5th highest out of 136 countries in global stunting prevalence, 53% of children under age 5 are stunted, 42% are underweight, and 13% are wasted. 15% of infants are born with low birth weight, contributing to the 72 per 1,000 under 5 mortality rate^{iv}. Child malnutrition is indicative of the problem. The population rates of undernourishment are high, 80% of the population lives in extreme poverty on less than \$2 a day.
- 2) Healthcare infrastructure:** Scaling up the number of clinics and trained healthcare staff in rural areas is a priority. 80% of the population lives in rural areas and does not have easy access to

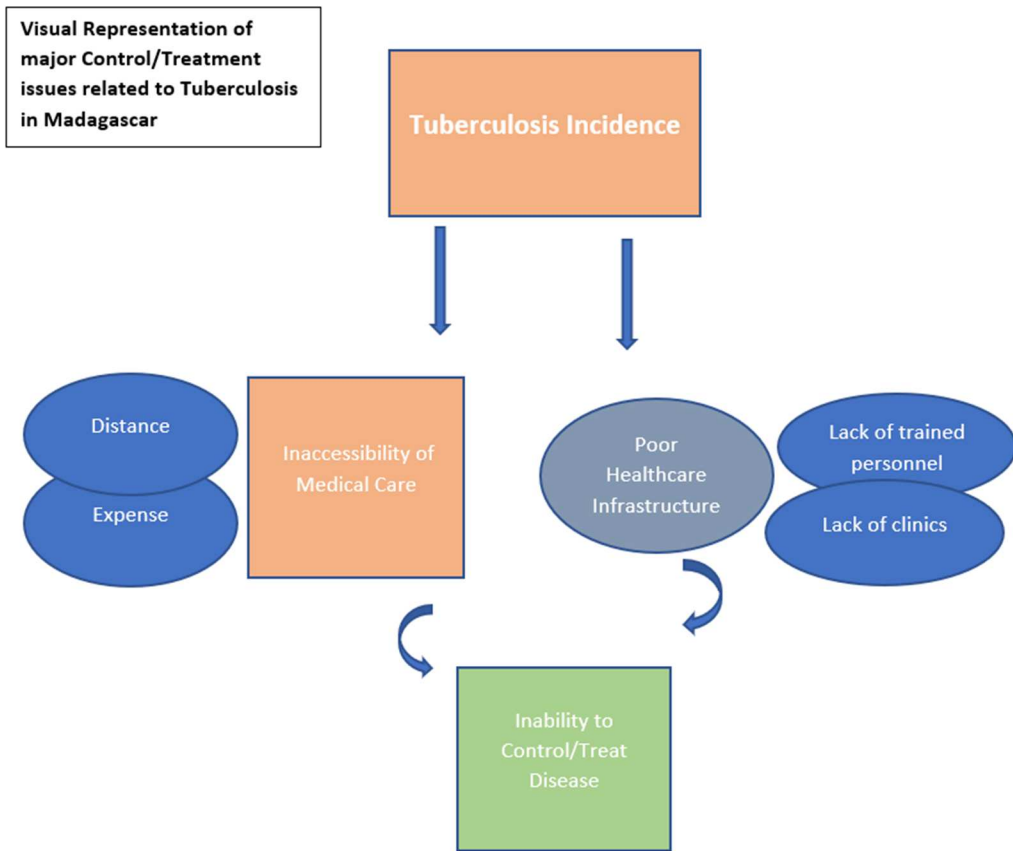
healthcare facilities. Increasing access would improve health for this sector of the population. Poor access to healthcare is one of the issues related to poor adherence to TB treatment and identification of cases. Local clinics should be staffed properly with tools to test for TB and proper medication for those affected. Health education is an important component of managing disease. Patients should be told how to prevent infection and manage their disease to prevent MDR-TB. Clinics are also important for general well-being checks. Patients should be able to visit a clinic regularly when needed to maintain their health. Clinics are useful for women during pregnancy, providing health education and proper nutritional instruction in order to birth a healthy child.

3) **Outside AID:** Madagascar relies heavily on outside aid funding for its TB problem. However, this is not enough to fully combat the problem. Funding the fight against TB in Madagascar is a significant problem. The country's entire budget for combating TB (\$10m for the years 2014-2017 for a population of 23 million people) is provided by the Global Fund, to combat aids and malaria, as well as TB. The TB funding is entirely reliant on insecure donor funding. This year, there was just \$7m to fight TB in the whole country^v. The money may or may not be renewed. Relying entirely on aid is not a sustainable way to fight the problem.

4) **Rural population:** Eighty percent of the population is rural, and 65 percent live 10km or more from a health center^{vi}. This makes it difficult to reach those who need treatment and vice versa. This segment of the population is most important to reach in order to make a significant impact on disease incidence. This majority of the population tend to have the poorest health and less access to resources.

Policy Recommendations:

- Increase infrastructure spending in rural areas to increase number of clinics and healthcare staff, medicines
- Conduct educational campaign to increase usage of clinics
- Train health workers on common illnesses and TB detection/control
- Provide healthcare at a subsidized price or free
- Increase nutrition capacity within the Ministries of Health and Agriculture
- Improve infant and young child feeding through education and mother counseling
- Improve usage of vitamin supplementation for malnutrition



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