CONGRESSIONAL PROGRAM
aspen institute

U.S.-Africa Relations: Health, Security, and Development

October 3-9, 2026 | Antananarivo and Fort Dauphin, Madagascar



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AGENDA

SATURDAY, OCTOBER 3 (Overnight Travel):

10:55 AM: Participants depart Dulles Airport (IAD) on flight ET 0501

SUNDAY, OCTOBER 4 (Overnight in Antananarivo):

1:45 PM: Participants arrive in Antananarivo, Madagascar on flight ET 0853

1:45 – 3 PM: Participants travel to Hotel

3:00 PM: Participants check into hotel

3:30 – 5 PM: Educational Site Visit:

Royal Hill of Ambohimanga

The Royal Hill of Ambohimanga is a sacred royal location and a UNESCO World Heritage Site located northeast of Madagascar's capital city of Antananarivo. It served as a fortified political and spiritual capital for the Merina kingdom and remains a powerful symbol of Madagascar's national identity.

6:30 – 8:30 PM: Scene Setter and Working Dinner with Madagascar's Office National de Nutrition (ONN)

At dinner, senior leadership of the ONN will join the delegation. The ONN is a government agency attached to the Prime Minister's office. It coordinates multi-sectoral programs to fight malnutrition, implement national nutrition policies, track childhood stunting, and distribute emergency food assistance during crises.

Overnight in Antananarivo

MONDAY, OCTOBER 5 (Overnight in Antananarivo):

8 – 8:45 AM: Working Breakfast Briefing with Population Services International (PSI) Madagascar

8:45 – 9:30 AM: Travel to site visit focused on health

9:30 – 11:30 AM: Educational Site Visit Focused on Health: Integrated Primary Care Services Including TB, HIV, PMTCT, and Syphilis

For more than twenty years, the United States has been a major international force in combating HIV and preventing the transfer of the virus between mother and child during pregnancy (PMTCT). Largely through the President's Emergency Plan for AIDS Relief (PEPFAR) and contributions to the Global Fund to Fight AIDS, TB and Malaria, American assistance has saved over 26 million lives and prevented more than 8 million babies from being born with HIV. Participants will visit an integrated primary health care facility in Antananarivo where a one-stop service model provides antenatal care, early HIV diagnosis and immediate antiretroviral therapy initiation, community referrals and TB/HIV collaborative activities. The delegation will have the opportunity to engage with the health center management, midwives, community health workers and patients to learn about their experience with integrated care.

12 – 1:30 PM: Working Lunch with UNICEF and the World Food Program (WFP)

Participants will hear from UNICEF and WFP leadership about their work in Madagascar. UNICEF focuses on protecting child rights and improving the survival, health, and well-being of children and families. Their work includes treating and preventing acute malnutrition using ready-to-use therapeutic food (RUTF) like Plumpy'Nut, targeting nutritional needs of women and adolescent girls. Complementing that work, the WFP delivers emergency food, treats malnutrition, and builds long-term climate resilience to combat severe hunger caused by recurrent droughts and cyclones in Madagascar.

1:30 – 2 PM: Travel to site visit focused on nutrition

2 – 3:30 PM: Educational Site Visit Focused on Nutrition:

Tanjaka Food Production Facility

According to UNICEF, nearly one-third of all children under the age of five in sub-Saharan Africa suffer from chronic malnutrition and where half of all preventable deaths across the continent are linked to undernourishment. In Madagascar, the number is even higher where nearly 40 percent of children under five are malnourished. The family-owned Madagascar company, Tanjaka Food, established in 2009, produces ready-to-use therapeutic and preventative nutritional foods (RUTF), such as Plumpy Nut, to combat child malnutrition. Their goal is to make nutritional solutions accessible to NGOs which serve the most disadvantaged households in Madagascar and neighboring countries. Participants will tour the production facility and learn about the impact of RUTF, a nutrient-dense, high-calorie peanut paste, for treating children suffering from severe malnutrition.

6:30 – 8:30 PM: Working Dinner with Development Implementing Organizations

During dinner, participants will have the opportunity for one-on-one conversations with representatives of several development and health NGOs, including FHI 360, Population Services International, PATH, Catholic Relief Services, Global and Helen Keller International. Delegation members will learn about the work of these organizations in Madagascar, the impact their programs have achieved and challenges they face going forward.

Overnight in Antananarivo

TUESDAY, OCTOBER 6 (Overnight in Fort Dauphin):

6:20 – 6:45 AM: Breakfast

7:15 – 10 AM: Flights to Fort Dauphin, Madagascar

10 – 11:30 AM: Travel to Amboasary Sud

11:30 – 11:50 AM: Courtesy Meeting with District Health Authorities

11:50 AM – 1 PM: Lunch while driving to Ifotaka

1 – 2 PM: Educational Site Visit Focused on Last Mile Health and Nutritional Supply Chain for Children:

Severe Acute Malnutrition (SAM)

Severe Acute Malnutrition (SAM) clinics are specialized outpatient and inpatient treatment facilities dedicated to managing Severe Acute Malnutrition. These services operate within local basic health centers, mobile clinics, and intensive nutritional recovery centers to treat life-threatening child malnourishment driven by drought and food insecurity. Participants will visit the Ifotaka Level II Basic Health Center where they will learn about the severity of malnutrition in the southern region of Madagascar, the services provided for acute malnutrition and engage with mothers and their children who are receiving treatment at this "last mile" UNICEF-supported facility.

2 – 2:45 PM: Educational Site Visit Focused on Moderate Acute Malnutrition (MAM):

World Food Program MAM Supplementation Program with Locally Produced Foods

The delegation will visit a WFP-supported site providing care for children suffering from Moderate Acute Malnutrition. Participants will also see a local food processing and preservation unit as part of the support for malnutrition prevention activities.

2:45 – 5:15 PM: Travel to Fort Dauphin

6:30 – 8 PM: Working Dinner with World Wildlife Fund and Missouri Botanical Garden:

The Importance of Conservation in Madagascar

Madagascar holds roughly 5% of the world's total biodiversity on just 0.4% of its landmass, with over 90% of its plant and animal species found nowhere else on Earth. Environmental degradation directly threatens local farming and coastal fisheries, which many Malagasy people rely on for basic survival. Effective conservation groups partner with local villages to provide clean water, alternative job sources, and sustainable farming so communities do not have to rely on destroying local forests to live. The delegation will be joined at dinner by representatives from the World Wildlife Fund (WWF) and the Missouri Botanical Garden (MBG). WWF focuses its work in Madagascar on protecting the island's unique biodiversity, improving local community well-being, and managing natural capital sustainability. MBG, based in St. Louis, has been operating for over 50 years with its largest international research and conservation program located in Madagascar to protect the island's unique plant life.

Overnight in Fort Dauphin

WEDNESDAY, OCTOBER 7 (Overnight in Fort Dauphin):

6:30 – 7 AM: Breakfast

7 – 9 AM: Travel to Ambovombe

9 – 9:20 AM: Courtesy Visit with Local Officials in the Androy Region

9:35 – 10:40 AM: Site Visit Focused on Education and Food Security: Ambovombe Primary School

The delegation will visit an urban school in Ambovombe town with a student population of more than 2,000. For the past five years, Global Communities, in partnership with Catholic Relief Services and FHI 360, have managed a U.S. Department of Agriculture McGovern-Dole program in 162 schools with nearly 57,000 students throughout the southern region of Madagascar. The program aims to improve food security, reduce impacts on malnutrition, and improve literacy and primary education, thereby contributing to more self-reliant, productive societies. Since funding began five years ago, this Food for Education model has helped double student and teacher attendance at supported schools. Since beginning as a pilot activity in 2000, the McGovern-Dole program has operated in 25 African countries, reaching more than 20 million beneficiaries.

Participants will observe classroom activities and school feeding operations, meet with

administrators and teachers to learn what McGovern-Dole has meant for educational achievements at the school and talk with parents and students to hear how the program has impacted families in the community.

10:50 AM – 12:45 PM: Travel to Ranopiso county

12:45 – 1:15 PM: Visit to the Health Facility in Ranopiso to observe antenatal care and intermittent preventive treatment services for malaria prevention for pregnant women

1:15 – 1:25 PM: Travel to the Village of Mahabo

1:25 – 2:10 PM: Educational Site Visit Focused on Health: Treating and Preventing Malaria at the Rural Community Level

The delegation will travel to a site managed by the American-based health non-profit, PATH, and learn about the REACH Malaria program. Over the past quarter of a century, the world has made tremendous progress in controlling malaria. The most significant gains have been in Africa where 142 million cases of malaria and nearly 1 million deaths have been averted since 2000. But malaria remains a major health challenge on the continent where it's estimated that one person dies from the disease every minute. Participants will learn about various interventions used in the REACH Malaria program and engage community members who benefit from these services and hear how it impacts their livelihoods.

2:15 – 3 PM: Travel to Fort Dauphin

3 – 3:20 PM: Courtesy Visit at the Chef de Region

4 – 6 PM: Educational Site Visit Focused on Conservation: Nahampoana Reserve

Madagascar has one of the highest concentrations of unique biodiversity on earth, with roughly 90% of its wildlife and plants existing nowhere else. Ecosystems safeguard rare species like lemurs, stabilize local human livelihoods dependent on natural resources, and fight global climate change. Losing these habitats means permanent extinction for thousands of endemic species. Over 70% of Madagascar's population lives in poverty and relies directly on farming, fishing, and forest yields for daily survival. Healthy ecosystems protect food and water security. The island's remaining tropical forests and coastal mangroves hold large amounts of carbon and buffer communities against extreme weather events like cyclones and severe droughts.

Participants will visit Nahampoana Reserve, located just outside of Fort Dauphin where conservationist guides will discuss the importance of protecting ecosystems and challenges the country faces in its conservation efforts.

7:30 – 9 PM: Closing Reflections Working Dinner

Overnight in Fort Dauphin

THURSDAY, OCTOBER 8 (Overnight Travel):

7 – 8 AM: Breakfast

8:45 – 11:30 AM: Flights to Antananarivo

2:50 PM: Delegation departs Antananarivo airport on flight ET 0852

FRIDAY, OCTOBER 9:

8:55 AM: Participants arrive at Dulles Airport (IAD) on flight ET 0500

CONFERENCE PARTICIPANTS

SENIOR CONGRESSIONAL STAFF:

Matt Alvero	*Legislative Director, Rep. Mark Alford*
Elizabeth Boyle	*Legislative Correspondent, Sen. Chris Coons*
Troy Dougall	*National Security Advisor, Sen. John Curtis*
Brandon Gindt	*National Security Advisor, Sen. Ted Cruz*
James Gomez	*Senior Legislative Assistant, Rep. Jonathan Jackson*
Alex Harvey	*Legislative Aide, Sen. James Lankford*
Clare Plassche	*Deputy Chief of Staff, Rep. Jared Moskowitz*
Pragneya Sharma	*Senior Legislative Assistant, Rep. Ami Bera*

FOUNDATION REPRESENTATIVES:

Margaret Andersen	*Senior Program Associate, Global Aid Policy, Coefficient Giving*
Maggie (Dougherty) Herman	*Vice President for North American Advocacy, Eleanor Crook Foundation*

ASPEN INSTITUTE CONGRESSIONAL PROGRAM:

Tyler Denton	*Deputy Director*
Jessie Frank	*Senior Conference Manager*
Jennifer Harthan	*Associate Director of Congressional Engagement*
Larry Nowels	*Co-Chair, Modernizing Foreign Assistance Network*

RAPPORTEURS' SUMMARY

Larry Nowels
Rapporteur and Counselor to the Aspen Institute Congressional Program; Steering Committee Member, Modernizing Foreign Assistance Network

The Aspen Congressional Program hosted senior congressional staff along with development and health experts, humanitarian providers, the private sector and conservationists to discuss various aspects of U.S.-Africa relations at a time of significant transitions. Madagascar served as a backdrop for considering a number of issues that apply broadly across the African continent with a specific focus on health, nutrition and natural resource management.

As the setting for this learning tour, Madagascar is the world's fifth-largest island, located in the Indian Ocean off the coast of Southern Africa. With a population of about 32 million, the country faces persistently high levels of poverty. Approximately 80% of its people live below the international poverty line. Annual economic growth has stagnated to around 3%, a rate insufficient to generate jobs for a rapidly growing population. Agricultural output has been severely damaged by recent cyclones, forcing a steep rise in expensive imports. Public health and humanitarian conditions have also deteriorated. According to some international organizations, over 500,000 children under the age of five are suffering from acute malnutrition, with tens of thousands facing its most severe, life-threatening form. A prolonged drought exacerbated by El Niño has devastated subsistence farming in the southern part of the country where nearly 3.7 million people face severe hunger. Madagascar's fragile health infrastructure contributes to the country's multi-dimensional health crisis.

Politically, Madagascar is in a prolonged political crisis following a military coup in 2025 that overthrew President Andry Rajoelina. The decentralized youth-led "Gen Z" activist groups, who initially supported the military transitional authority under Colonel Michael Randrianirina and had spearheaded protests over public service failures, say they are dissatisfied with the military's unilateral governance and slow pace of reform. While the junta had promised democratic elections within two years, political stability remains fragile.

Madagascar's foreign policy under its interim leadership appears to be one of a pragmatic balancing act aimed at diversifying its international partnerships. Traditional diplomatic channels with Western nations continue, including with the United States and its colonial power, France. Nevertheless, Madagascar maintains long-standing economic ties with China, especially for major infrastructure

development and trade. Following the 2025 coup, Madagascar has also deepened its strategic and military alignment with Russia through defense training and arms supplies. Meanwhile, the
United States has reduced bilateral foreign assistance to Madagascar in recent years to $79 million in 2025 obligations as compared with $231 million for the prior year.

Malnutrition Crisis in Madagascar: The Government's Response

At an introductory dinner, the delegation heard from Fanja Rakotondrainibe, the National Coordinator for the Office Nationale de Nutrition (ONN) and two colleagues. The ONN is associated with the Prime Minister's office. It coordinates multi-sectoral programs managed by all stakeholders – government, non-governmental organizations (NGOs), and international donors – to fight malnutrition, implement national nutrition policies, track childhood stunting, and distribute emergency food assistance during crises. With 37% of the Malagasy people malnourished, Mrs. Rakotondrainibe underscored the severely low level of domestic resources available to address malnutrition. About 90% of funding comes from international donors. She identified coordination with donors as the most difficult challenge for her office as each donor maintained its own objectives and priorities. The ONN has had no engagement with China on nutrition, nor has it partnered with the American Embassy since the US Agency for International Development closed in 2025. She further noted that the US-Madagascar Health Memorandum of Understanding (MOU) that will guide American support for health over the next five years contains nothing specific regarding nutrition.

Integrated Primary Health Care Services: A Briefing and Visit to a Clinic in Antananarivo

The delegation heard from Daniel Crapper, country representative for the NGO, Population Services International (PSI). For more than twenty years, the United States has been a major international force in combating HIV and preventing the transfer of the virus between mother and child during pregnancy (PMTCT). Largely through the President's Emergency Plan for AIDS Relief (PEPFAR) and contributions to the Global Fund to Fight AIDS, TB and Malaria, American assistance has saved over 26 million lives and prevented more than 8 million babies from being born with HIV. In Madagascar, the delegation learned that 20,000 die from malaria annually, with another 10,000 from TB and about 4,000 from AIDS. About 90% of resources to fight HIV and TB come from the Global Fund. Mr. Crapper noted that previous Malagasy governments had failed to meet co-financing requirements with the Global Fund and that he was concerned how this might impact the new US-Madagascar Health MOU if the government did not satisfy the agreement's co-financing provision.

At the government health clinic in Antananarivo, the delegation toured an integrated primary health care facility where a one-stop service model provides antenatal care, early HIV diagnosis and immediate antiretroviral therapy initiation. Participants

spoke
with volunteer community health workers and heard stories from patients who received their health services from the clinic.

Health and Humanitarian Support from U.N. Organizations in Madagascar

Over lunch, the delegation heard from Giles Chevalier, the UNICEF Deputy Representative in Charge of Programs, Mathieu Joyeux, Chief of Nutrition for UNICEF Madagascar and Sara McHattie, World Food Programme (WFP) Deputy Representative. In Madagascar and around the world, UNICEF focuses on protecting child rights and improving the survival, health, and well-being of children and families. Their work includes treating and preventing acute malnutrition using ready-to-use therapeutic food (RUTF) like Plumpy'Nut, targeting nutritional needs of women and adolescent girls. Complementing that work, the WFP delivers emergency food, treats malnutrition, and builds long-term climate resilience to combat severe hunger caused by recurrent droughts and cyclones in Madagascar. Speakers addressed various aspects of their work in the country and previewed what the delegation would see at UNICEF and WFP sites in the south later in the week.

Local Production of Vital Nutritional Goods to Treat Severe Acute Malnutrition: Tanjaka Food

The delegation was hosted by Randianina Rasoamiaramanana, Managing Director of Tanjaka Food, and Karim Barday, President of the Basan Group, the parent company of Tanjaka, for a briefing and tour of the production facility. The Basan Group is a family-owned, Madagascar company founded in 1947. It has produced a number of agricultural and manufactured goods including vegetables, dairy products, biscuits and leather footwear. In 2009, Basan opened Tanjaka Food with the sole purpose of helping Madagascar and other regional countries address malnutrition. It produces ready-to-use therapeutic and preventative nutritional foods (RUTF), including Plumpy Nut, Plumpy Sup, Plumpy Doz and Kalina Zaza, that are manufactured to address children suffering at various levels of malnutrition. Thus far, Tanjaka Food has reached 1.5 million kids, working closely with UNICEF and the World Food Programme. Our hosts were particularly concerned about the impact of the predicted El Nino during which they believe 500,000 children will suffer from stunting.

Managing U.S. Government-funded Programs in Madagascar: American NGOs Discuss Their Work During a Time of Uncertainty and Transition

Over an informal dinner, the delegation heard from representatives of several U.S. implementing organizations about their work in Madagascar and the challenges they face. For some NGOs, 2025 and 2026 have been turbulent times with funding from the

U.S. government, in some cases, frozen, restored and in one instance, unexpectedly not renewed. The conversation was also useful to prepare the delegation for what they would see over the next two days as they traveled to the south to see operational programs firsthand.

Health and Nutrition Supply Chain for Children and Pregnant Women: From the "Last Mile" Clinics to an Inpatient Hospital

The delegation traveled over 600 miles by air to the southern region of Madagascar, an area regarded as the country's "hot spot" for severe malnutrition and food insecurity. In the city of Amboasary Atsimo, the group visited the inpatient therapeutic feeding center at the District Referral Hospital. There, participants learned about a network of primary care facilities located more than an hour away from the hospital where children would be evaluated for signs of malnutrition and stunting. In the most severe cases, they would be transported to the hospital for inpatient treatment at the Severe Acute Malnutrition (SAM) clinic.

SAM clinics are specialized outpatient and inpatient treatment facilities dedicated to managing Severe Acute Malnutrition. These services operate within local basic health centers, mobile clinics, and intensive nutritional recovery centers to treat life-threatening child malnourishment driven by drought and food insecurity. At the SAM clinic, a government health center supported by UNICEF, the delegation observed treatment protocols for severely malnourished children that also included testing for HIV of both children and mothers and supplying pregnant mothers with prenatal vitamins/multiple micronutrient supplements (MMS) that help improve birth outcomes and child survival. Hospital administrators and health care workers expressed their strong appreciation of the support provided by UNICEF and urged the United States to continue providing resources to UNICEF and the World Food Program.

Pre-positioning Food Commodities in Drought Prone Areas of Madagascar

As in many countries across Africa, the World Food Programme (WFP) provides food and cash-based assistance during sudden shocks like cyclones, floods and severe droughts that are common in the southern part of Madagascar. To reach isolated areas, WFP manages eight logistic hubs in the south out of which food and nutritional supplies are delivered using vehicle transporters, air services and aerial drones.

The delegation visited one of these logistics hubs in the city of Fort Dauphin which serves as a gateway for the Anosy region in the south where about one million people live. Located near the Fort Dauphin port, the hub receives incoming shipments of international food aid, maintains an inventory in its warehouses, and dispatches life-saving nutrition supplements and food rations to drought-impacted communities and displaced populations in the deep south. During a tour of the

warehouses, the delegation learned that the United States had previously been the leading provider of commodities, accounting for over 50 percent of all donations. Today, the European
Union, Norway, Germany and France are the largest donors. Participants also observed an inventory of plumpy nut purchased by UNICEF from Tanjaka Food.

Advancing Primary Education Through School Feeding: The McGovern-Dole Program in Madagascar

Since 2021, the U.S. Department of Agriculture (USDA) has supported a McGovern-Dole school feeding program that assists 162 schools in the deep south of Madagascar, reaching 70,000 direct beneficiaries and 380,000 indirectly. The program aims to improve food security, reduce malnutrition, and improve literacy and primary education, thereby contributing to more self-reliant, productive societies. Since funding began five years ago, this Food for Education model has helped double student and teacher attendance at supported schools. Beginning as a pilot activity in 2000, the McGovern-Dole program has operated in 25 African countries, reaching more than 20 million beneficiaries.

The delegation visited a primary school in Ambovombe where 2,200 students attended. The tour included stops at the food storage facility, the kitchen where meals are prepared, the “lunch room”, a library and classrooms where participants were able to engage with children and teachers. About two-thirds of the food served comes from U.S. grown commodities while the rest, mostly rice, is purchased locally by WFP. The program includes strong support from parents who volunteer to cook and serve lunches and staff the parent-built library. Students are also required to come to school with water and wood each day in support of the feeding activities. Besides the nutritional value of the McGovern-Dole program, it also contributes to improving early grade literacy by strengthening the quality of instruction, materials, and curriculum support for teachers and school leaders. During the visit, the delegation learned that USDA had decided not to renew the program for another five years and that operations would terminate at the end of 2026. Throughout the tour, school administrators, teachers and parents expressed deep concern about the end of the McGovern-Dole program and their limited options for continuing school feeding operations.

Malaria Prevention and Treatment in Africa: Significant Progress but Challenges Remain

Over the past quarter of a century, the world has made tremendous progress in controlling malaria. The most significant gains have been in Africa where 142 million cases of malaria and nearly 1 million deaths have been averted since 2000. But malaria

remains a major health challenge on the continent where it is estimated that one person dies from the disease every minute. The REACH Malaria program (Reaching Every At-Risk Community and Household with Malaria Services) is a 5-year, $188 million
global flagship service delivery initiative funded by the U.S. President's Malaria Initiative (PMI), running from September 2023 to September 2028. PATH, an international NGO headquartered in Seattle, Washington, is the prime implementer of REACH Malaria.

A visit to a REACH Malaria-supported clinic and rural village in the Anosy Region in southern Madagascar offered the delegation insights into various malaria-related services, testing and treatment provided under the program. At the health facility in Ranopiso, medical workers briefed the group on antenatal care, and intermittent preventive treatment in pregnancy services which form a key public health strategy to protect pregnant women and their babies from the risks of malaria. After traveling to the small village of Mahabo, the delegation observed how community health workers performed case management and growth monitoring services. Small groups visited village households where they engaged with pregnant women and spoke about the value of REACH Malaria support for their own health as well as for their entire family.

Madagascar's Unique Importance in Global Conservation

Madagascar holds roughly 5% of the world's total biodiversity on just 0.4% of its landmass, with over 90% of its plant and animal species found nowhere else on Earth. Ecosystems safeguard rare species like lemurs, stabilize local human livelihoods dependent on natural resources, and fight global climate change. Losing these habitats means permanent extinction for thousands of endemic species. Environmental degradation directly threatens local farming and coastal fisheries which many Malagasy people rely on for basic survival. Conservation groups partner with local villages to provide clean water, alternative job sources, and sustainable farming so communities do not have to rely on destroying local forests to live.

Over dinner, the delegation heard from Dresy Lovasoa, World Wildlife Fund's (WWF) Deputy Director in Madagascar, and Jeannie Raharimampiona with the Missouri Botanical Garden (MBG). WWF programs in Madagascar help protect the island's unique biodiversity, improve local community well-being, and manage natural capital sustainability. MBG, based in St. Louis, has been operating for over 50 years with its largest international research and conservation program located in Madagascar to protect the island's unique plant life. Both speakers emphasized how close poverty and conservation were linked. They also expressed growing concern about the approaching El Nino and the impact it might have on people, animals and plant life. They further noted how Chinese fishing vessels encroached on Madagascar's fishery waters yet the government had no maritime enforcement capacity.

RECOMMENDED READINGS

Global Nutrition Report	*The Global Burden of Malnutrition at a Glance*
Global Nutrition Report	*Country Nutrition Profiles: Madagascar*
Rare Earth Exchanges	*U.S. DFC Backs Harena Rare Earths as $62.8 Million Push Targets Africa's Magnet Metals*
The Borgen Project	*Being Poor in Madagascar: The Poverty Paradox of a Nation*
The Standard	*A Year After Military Power Grab, Madagascar Awaits Change*
The Global Fund	*The Global Fund's Lifesaving Support for Madagascar*
Peter Sands	*Progress Against The World's Deadliest Infectious Diseases Is On A Knife-Edge*
World Wildlife Fund	*Madagascar*

The Global Burden of Malnutrition at a Glance[1]

Global Nutrition Report

The world has made some progress towards achieving global nutrition targets. However, this progress is far too slow and malnutrition persists at high levels.

Few countries are on course to meet any of the targets for maternal, infant and young child nutrition (MIYCN). The latest available data shows that only one country is on course to reduce the prevalence of anaemia among women of reproductive age, with one in three (29.9%) women aged 15 to 49 years affected, particularly those who are pregnant. Globally, it is estimated that 14.6% of infants have a low weight at birth, with only 15 countries on course to meet the low birthweight target. Some progress has been made towards achieving the exclusive breastfeeding target, with 35 countries on course and 44.0% of infants aged 0 to 5 months worldwide exclusively breastfed. 53 countries are on course to meet the stunting target and 57 countries are on course to meet the wasting target, yet 22% of children under 5 years of age are still affected by stunting and 6.7% by wasting. Worldwide, 105 countries are on course to prevent an increase in the prevalence of overweight among children under 5 years of age, which currently affects 5.7% of children.

Very few countries around the world are on course to meet the targets for diet-related non-communicable diseases (NCDs). No country is on course to halt the rise of obesity, with 16.2% of adult (aged 18 years or over) women and 12.3% of adult men estimated to be living with obesity globally. At the same time, diabetes is estimated to affect 8.9% of adult women and 10.5% of adult men, with very few countries on course to prevent these numbers from increasing.

[1] This article was originally published by Global Nutrition Report in 2020: https://globalnutritionreport.org/resources/nutrition-profiles/

Country Nutrition Profiles: Madagascar[2]

Global Nutrition Report

Madagascar is 'on course' to meet one of the global nutrition targets for which there was sufficient data to assess progress.

Madagascar is 'on course' to meet one target for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 37.8% of women aged 15 to 49 years now affected. Meanwhile, there has also been some progress towards achieving the low birth weight target with 17.1% of infants having a low weight at birth. No progress has been made towards achieving the exclusive breastfeeding target, with 50.6% of infants aged 0 to 5 months exclusively breastfed. Madagascar has made some progress towards achieving the target for stunting, but 39.8% of children under 5 years of age are still affected, which is higher than the average for the Africa region (30.7%) and among the highest in the world. Madagascar has also made some progress towards achieving the target for wasting but 7.7% of children under 5 years of age are still affected, which is higher than the average for the Africa region (6.0%). The prevalence of overweight children under 5 years of age is 1.8% and Madagascar is 'on course' to prevent the figure from increasing.

Madagascar has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets. 9.2% of adult (aged 18 years and over) women and 3.8% of adult men are living with obesity. Madagascar's obesity prevalence is lower than the regional average of 20.8% for women and 9.2% for men. At the same time, diabetes is estimated to affect 5.4% of adult women and 7.4% of adult men.

[2] This article was originally published by Global Nutrition Report in 2020: https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/madagascar/

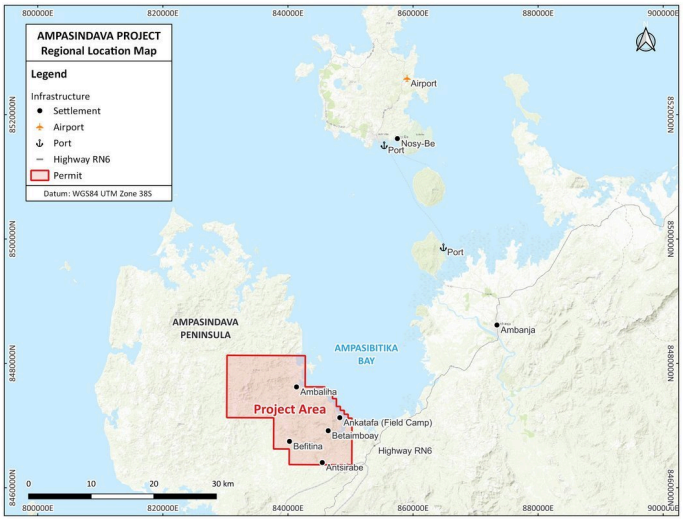
U.S. DFC Backs Harena Rare Earths as $62.8 Million Push Targets Africa's Magnet Metals[3]

Rare Earth Exchanges

Highlights

- U.S. DFC has committed at least $62.8 million to rare earth projects in Madagascar, Malawi, Angola, and South Africa.
- Harena's Ampasindava project holds a 699-million-tonne resource and targets 4,000 tonnes of TREO annually, including ~1,700 tonnes of NdPr and DyTb oxides.
- DFC's $4.8 million supports project development toward feasibility, not construction or production.
- Harena plans to export mixed rare earth carbonate for processing outside China, raising questions about African value capture.
- China's integrated mine-to-magnet ecosystem remains the benchmark the U.S. and Europe are racing to replicate.

Washington is putting money behind Africa's rare earth potential—but China still owns the commanding heights. The U.S. International Development Finance Corporation (DFC) has committed at least $62.8 million to rare earth projects in Madagascar, Malawi, Angola, and South Africa, including $4.8 million in project-development support for Harena Rare Earths' Ampasindava ionic-clay project in Madagascar. None



[3] This article was originally published by Rare Earth Exchanges on September 1, 2026:https://rareearthexchanges.com/news/dfc-harena-rare-earths-madagascar/

of the four projects is produced yet. For investors, that distinction separates strategic ambition from actual supply.

REEx Insight: Great Powers Era 2.0 Reaches Africa

Africa is becoming a chessboard in Great Powers Era 2.0™, but China began playing several moves earlier. America and Europe need African partnerships not simply to secure mines, but to construct mine-to-separation-to-metal-to-magnet supply chains outside China.

Ampasindava illustrates both the opportunity and the challenge. Harena reports a 699-million-tonne resource grading 868 ppm TREO and containing 606,000 tonnes TREO. Its PFS models 4,000 tonnes of TREO production annually, including approximately 1,700 tonnes of NdPr + DyTb oxides, against an estimated pre-production capital of $142 million.

DFC's $4.8 million gets Ampasindava toward feasibility—not construction. Harena initially plans to produce mixed rare earth carbonate (MREC) for further processing outside China. That diversifies supply, but it does not yet create an integrated African magnet industry.



Expect African governments increasingly to challenge that model. Why export intermediate products while other countries capture the margins from separation, metals, alloys, and magnets? In Great Powers Era 2.0, resource nationalism may increasingly become value-add nationalism.

The Race Has Started—China Has the Lead

DFC capital can de-risk projects private investors hesitate to finance. It cannot by itself recreate China's integrated ecosystem. The strategic question is increasingly not simply who mines Africa's minerals—but who processes them.

Player	Strategic Role
U.S. DFC	U.S. development financier and project de-risker
Harena Rare Earths	Developer of Madagascar's Ampasindava project
SGS	Technical contributor to Ampasindava PFS
TechMet	Investor backing South Africa's Phalaborwa project
Mkango Resources	Developer advancing Malawi's Songwe Hill project

Being Poor in Madagascar: The Poverty Paradox of a Nation[4]

The Borgen Project

Government Instability and Infrastructure

Since gaining independence in 1960, Madagascar has remained an impoverished nation despite a wealth of natural resources. A consistently fragile governmental system has resulted in little investment in developing the nation's infrastructure. Accusations of corruption have been a constant issue surrounding the country's governance, with Madagascar ranking 148th out of 180 countries on the Corruption Perceptions Index in 2025.

Frustration over failures to provide basic amenities like water led to nationwide protests in 2025, when the youth movement Gen Z Madagascar demanded the removal of President Andry Rajoelina. Rajoelina fled the country and was impeached, and the military then seized power. Despite this, Madagascar remains one of the poorest countries in the world. With a gross domestic product (GDP) per capita of about $550 and inflation rates of more than 8%, the sluggish economy is reflected in the nation's underdeveloped infrastructure.

Madagascar's poor quality of road networks is an area where this underdevelopment is stark. Both national and local roads are mainly dirt tracks, with more than 17 million rural residents not living within two kilometers of an all-season road. This creates issues for those in rural communities accessing essentials such as water, as well as reducing Madagascar's agricultural productivity. National electrification also remains low, with only 36% of the population connected to electricity, and those connected facing consistent issues. The consequences of this electrical instability have seen production costs rise, as well as businesses unable to expand.

Food Insecurity

In Madagascar, about three-quarters of households rely on agriculture to survive. However, recurrent climate shocks have drastically reduced agricultural production, with rural communities in the southern region experiencing the worst effects. Scarred landscapes have been further damaged by drought, destroying rain-dependent crops.

Frequent cyclones and flooding in the southeastern regions have had similarly devastating consequences. Frezina Iarina, a 30-year-old mother from a remote village in

[4] This article was originally published by The Borgen Project on August 30, 2026:https://borgenproject.org/being-poor-in-madagascar/

Madagascar, has felt these consequences firsthand, as the European Commission documented her struggles in 2024. Iarina had to work 10 hours a day as a laborer, being paid four cups of rice, after losing her small plot of land to Cyclone Freddy in 2023. She told of how a diet of only rice and cassava had led to three of her youngest children showing signs of malnutrition. This resulted in them having to be fed fortified peanut paste by members of Action Contre la Faim, one of the European Union's humanitarian partners.

These events, combined with limited market access, mean that roughly 1.7 million people in Madagascar are facing high levels of food insecurity. With nearly 40% of children under five affected by malnutrition, many of them are also being denied an education, as they are required to work in fields alongside their parents.

Aid and Being Poor in Madagascar

A handful of organizations are providing humanitarian assistance to try to relieve some of the suffering that being poor in Madagascar creates.

- The World Food Programme's (WFP) Mission – WFP is adopting an integrated approach, identifying women and children as two vulnerable groups it feels are in critical need of nutritional support.
- Feedback Madagascar Meets Mary's Meals – After working with more than 500,000 people in the region for more than 30 years, Feedback Madagascar has identified the need for holistic support. By collaborating with Mary's Meals, a school feeding program, the schoolchildren of Madagascar are able to receive one nutritious meal a day.
- Female Focused Farming – Women-led solidarity networks are empowering women by giving them access to land and teaching them sustainable farming techniques. One of these is agro-ecology, a technique that aims to reduce dependence on chemical fertilizer and costly foreign seeds. These programs have helped to create a more climate-proof agricultural environment and enabled more than 37,000 families to grow their own food locally.

Future Outlook

Despite the current situation in Madagascar remaining bleak, with nearly 1.9 million people assisted by WFP in 2025, there is hope that the future does not have to be. Rural development, through improving both the country's road systems and farming methods, can ease the pressure on urban labor markets. However, both internal systemic change and help from outside governments and organizations are needed.

There is evidence that these changes are already taking place, with the government promoting agro-ecology through drought-resistant seeds. Continuation of these practices can help to finally reduce poverty and potentially free Madagascar from this decades-long paradox.

A Year After Military Power Grab, Madagascar Awaits Change[5]

The Standard

Graffiti along Antananarivo's traffic-choked roads reading "Thank you, Capsat" is a reminder of the decisive role the army unit played in protests that toppled Madagascar's government a year ago.

The defection of Capsat soldiers to side with weeks-long Gen Z-led demonstrations that began on September 25 delivered the final blow to then-president Andry Rajoelina, who fled the following day aboard a French military plane.

The United Nations said at least 22 people were killed in the first days of the protests, some by security forces and others in violence sparked by criminal gangs and looters.

With Rajoelina gone, the military installed Capsat commander Colonel Michael Randrianirina as "President of the Refoundation of the Republic of Madagascar" with the promise of elections within two years.

One year on, young activists who spearheaded the demonstrations initially focused on chronic water and electricity cuts say there is little evidence of any "Refoundation" in the impoverished Indian Ocean island.

"The basic demands still haven't been met," said Mihary Rakotondravelo, a prominent Gen Z figure.

"Before coming here, I had a power cut," he told AFP in an interview. "And water -- even though I live right in the city centre... you have to stay up quite late to get any."

Rakotondravelo's group is represented on national consultation committees involved in the bogged-down process of drafting a new Constitution, which the military government has committed to having in place ahead of presidential elections pledged for late 2027.

The proposals are to be presented in May before being put to a referendum, according to a timeline announced after the 16-nation regional group SADC called in August for a "return to constitutional normalcy".

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[5] This article was originally published by The Standard on October 22, 2026: https://www.standardmedia.co.ke/health/amp/africa/article/2001558338/a-year-after-military-power-grab-madagascar-awaits-change

Having stripped Rajoelina of his Malagasy nationality, the new leadership has also started legal proceedings against his inner circle.

The trial is due to start on Tuesday of a key ally, wealthy businessman Mamy Ravatomanga, over the 2025 transfer of Boeing aircraft to Iran in violation of US sanctions.

On September 1, a court sentenced a former top security official, general Richard Ravalomanana, to 10 years' hard labour for his role in last year's bloody crackdown.

The sentencing was welcomed by the Gen Z movement, which had been increasingly wary of the government after the arrests in April of several people involved in scattered protests over the slow pace of reforms.

The arrests were on charges of "endangering state security" that allow for 15 days in detention, a measure used by the previous government.

"It's very easy to pull that trigger... to crack down," said Transparency International vice-chair Ketakandriana Rafitoson. "It's a kind of mental terrorism."

"It's a military regime; they have the advantage of repressive forces and weapons," she told AFP.

While maintaining ties with the former colonial ruler France, the new government has also forged relations with Russia, receiving several arms deliveries from Moscow in a highly publicised military partnership that includes training by Africa Corps, which succeeded the Wagner mercenary group.

"They use the Russians right now as a kind of mercenary to protect them," said researcher and author Adrien Ratsimbaharison.

"But to completely cut off relations with the West is financially impossible for Madagascar at this time."

The ruling colonel has meanwhile asked France to persuade the International Monetary Fund to release 180 million dollars in blocked funds, according to the French National Assembly foreign affairs committee chairman, Bruno Fuchs.

The funds were apparently frozen after the government used subsidies to shield consumers from fuel price increases that would have been devastating in a country where around 80 percent of the population lives on less than $2.15 a day, according to World Bank data.

"He came to power on the back of a social movement, so he cannot afford to let fuel prices rise," Fuchs told AFP.

The Volobe hydroelectric dam project that involves French electricity giant EDF must also be approved after months of deadlock.

Expected to supply power to two million people, it will address a key demand of the Gen Z movement and will likely feature in campaigning for the looming elections in which the colonel and 2002-2009 president, Marc Ravalomanana, are among those expected to stand.

The Global Fund's Lifesaving Support for Madagascar

The Global Fund

The enduring U.S.-Global Fund partnership: As the world's largest multilateral provider of grants for health systems, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) provides about 30% of all international financing for HIV programs, 60% for malaria, and 80% for tuberculosis (TB). The Global Fund serves as a vital force multiplier and strategic partner for the United States. The Global Fund's approach to supporting countries aligns closely with U.S. foreign policy and health security interests.

As the U.S. Government implements the America First Global Health Strategy (AFGHS), with its focus on country ownership, burden-sharing, and health security, the Global Fund remains a critical partner on the ground. As a sign of the essential role of the Global Fund in supporting the AFGHS, the Trump Administration committed $4.6 billion to the Global Fund for its 2027-2029 grant cycle. The Global Fund finances in-country Principal Recipients, and their work is governed by a Country Coordinating Mechanism, a committee with representatives from the government, civil society, faith-based organizations, and donors (including the United States). With robust financing from the United States and others, the Global Fund partnership has saved 72 million lives since 2002.

Dire state of development in Madagascar: Madagascar faces profound and interrelated economic, social, and health challenges. The grim development situation is exacerbated by frequent extreme weather events, including cyclones, floods, and droughts. Rural poverty remains a serious challenge, and urban areas have experienced a significant deterioration in living standards over the past decade. Economic growth has averaged about 3% annually since the 2010s, which is insufficient to generate an adequate number of jobs or significantly reduce poverty given the rapid population growth of 2.4% annually. Madagascar's World Bank Human Capital Index score, which takes into account levels of health, education, and employment, is among the lowest in the world.

Global Fund investments in Madagascar: The Global Fund has been one of the few, consistent donors supporting Madagascar to strengthen its capacity to deliver health services over the past 20 years. The Global Fund has invested more than $665 million in Madagascar to expand access to lifesaving prevention, diagnosis, and treatment services while strengthening the health system. The Global Fund supports Madagascar's efforts

to reduce the burden of HIV, TB, and malaria, working closely with the Ministry of Public Health, NGOs, community organizations, and the U.S. Government.

The Ministry of Public Health and Population Services International serve as the Principal Recipients of Global Fund grants in Madagascar. The Global Fund finances the payment and training of community health workers, improvements in health information systems and data quality, and investments in critical infrastructure like oxygen plants, lab equipment, and regional warehouses for pharmaceuticals and health products. Global Fund grants also strengthen disease surveillance capabilities, medical supply tracking, and digital health records.

During the current 2024-2026 grant cycle, the Global Fund has invested $105 million in Madagascar. These investments support HIV, TB, and malaria programs as well as funding for health workers, laboratories, supply chains, and disease surveillance. The Global Fund has allocated $120 million to Madagascar for the upcoming 2027-2029 grant cycle.

HIV: Unfortunately, Madagascar has one of the fastest growing HIV epidemics globally. The number of people living with HIV rose from 35,000 in 2012 to 90,000 in 2024. The country is experiencing a concerning transition from a concentrated epidemic (driven by new infections in key populations) to a more generalized epidemic with HIV increasingly spreading among the general population. Madagascar has long had very low antiretroviral treatment (ART) coverage. In 2024, estimated ART coverage was the second lowest in Africa at 29%, and the mother-to-child HIV transmission rate was an extraordinarily high 44%. The Global Fund is currently the only external donor supporting Madagascar's HIV response. It supports testing and treatment services nationwide and finances all HIV commodities, including ARTs, tests, treatment of opportunistic infections, viral load testing, and early infant diagnosis. The Global Fund's 2027-2029 grant funding will aim to incentivize better prioritization of HIV investments.

TB: Madagascar has a high burden of TB. The percentage of people who fall ill with active TB but are not identified by official health surveillance ("missing cases") is about 30% for drug-sensitive TB and 70% for drug-resistant TB. The Global Fund supports the scaling of early case detection, improved diagnostic services, and treatment programs. The Global Fund also invests in molecular diagnostics and near point-of-care (NPOC) diagnostics in health facilities across the country.

Malaria: There has been a sharp increase in malaria cases and deaths since 2002, when Madagascar was close to malaria elimination. In 2024, the number of reported malaria cases was approximately 8.2 million (up a drastic 28% from 2023). This represents one

of the most rapidly worsening malaria epidemics in the world. The stark rise in malaria incidence and mortality is partly driven by the growing frequency of extreme weather events and challenges people face accessing services, particularly during the rainy season when many roads become impassable. The Global Fund supports nationwide malaria prevention efforts, including the distribution of insecticide-treated mosquito nets. It also supports vector control, early diagnosis and treatment, community case management, and protection interventions for especially vulnerable groups like pregnant women.

Progress Against The World's Deadliest Infectious Diseases Is On A Knife-Edge[6]

By Peter Sands

In 2025, international funding for global health was cut at unprecedented scale and speed, disrupting programs to combat the world's deadliest infectious diseases. HIV, tuberculosis (TB) and malaria still kill millions of people every year, and those of us engaged in the fight against them feared dramatic reversals of hard-won gains.

While the full impact is still to be determined, the picture is less alarming than we anticipated. In many countries, essential lifesaving services have proved remarkably resilient, a testimony to the determination of countries, communities and their partners to continue the fight.

But the cuts caused real damage to both service coverage and health outcomes. A new report covering more than 100 countries where the Global Fund invests shows that the number of people receiving pre-exposure prophylaxis, or PrEP, to prevent HIV fell from 1.4 million in 2024 to 1.1 million in 2025. More than 2 million adolescent girls and young women also lost access to essential health services, leaving a population already at heightened risk of HIV even more exposed.

Likewise, TB programs reported reductions or interruptions to community activities, contact investigation and active case finding – all of which are essential to finding TB early, starting treatment and preventing its spread. In malaria programs, some countries reported stock-outs of essential medicines, setbacks in efforts to monitor and respond to drug and insecticide resistance, and, in some instances, delays to prevention campaigns.

These are not marginal setbacks. Each one represents a missed opportunity to prevent an infection, find a disease early or connect someone to lifesaving care.

Yet it could have been much worse. Across the world, HIV, TB and malaria programs have adapted remarkably well under extraordinary pressure. Governments stepped up. Health workers stretched scarce resources. Programs found efficiencies. In many places, essential medicines and services continued to reach the people who need them most.

Prevention services fared worse than treatment. As international funding declined, countries focused limited resources on maintaining lifesaving treatment, while

[6] This article was originally published by Forbes on September 16, 2026: https://www.forbes.com/sites/petersands/2026/09/16/progress-against-the-worlds-deadliest-infectious-diseases-is-on-a-knife-edge/

longer-term capacity strengthening, such as health worker training and investments in other health systems were deprioritized. These adjustments mitigated the immediate impact of the cuts, but partly at the expense of longer-term momentum.

One positive consequence was a sharper focus on efficiency and innovation. Countries are finding ways to sustain quality services at lower costs, while advances in prevention, diagnostics, treatment and service delivery are making every dollar go further.

For example, the HIV community is using the deployment of lenacapavir, a twice-yearly injectable PrEP, to re-energize HIV prevention. Almost 100% effective at preventing HIV, lenacapavir is a game-changer. With the first deliveries to Eswatini and Zambia in November 2025, and subsequent launches in a further eight African countries, partners are supporting the deployment of lenacapavir in high HIV-burden countries in Africa as swiftly as it is being deployed in high-income economies. Together with other prevention tools in the pipeline, such as alimatravir, a monthly oral PrEP, lenacapavir could enable us to dramatically reduce new HIV infections, and bring the goal of ending AIDS within reach.

For TB, innovation in screening and diagnostic tools is delivering a significant reduction in the cost of finding people with the disease. The global health community has already rolled out artificial intelligence-powered digital X-ray screening in over 20 countries, enabling low-cost, highly accurate identification of presumptive TB cases. New near-point-of-care molecular diagnostic devices – so far being deployed to 13 countries – can test for TB at a fraction of the previous cost. Together, these tools support countries to expand their efforts to find people with TB despite reduced resources.

For malaria, dual active ingredient insecticide-treated mosquito nets have the potential to reduce malaria cases by up to 45% in areas of insecticide resistance compared to standard nets, for less than a dollar more. So most countries have switched to this new type of net, which now accounts for 78% of new orders through the Global Fund's procurement platform.

The cuts in external funding have also galvanized efforts to increase domestic health spending. Countries are determined to become more self-reliant, accelerating the transition to nationally financed health systems that are less dependent on external resources. But this is not a quick fix. Many of the countries most affected by HIV, TB and malaria have limited fiscal capacity and crippling debt burdens. They simply do not have sufficient financial resources to achieve self-reliance quickly. Further cuts in external funding would make transition harder by undermining progress against the

diseases themselves. Transitioning the financing responsibility for diseases that are already well contained and on a downward trajectory of infections and deaths is far more feasible than trying to do the same for diseases that are growing threats.

The global health community proved more resilient and adaptable in 2025 than many anticipated. But we cannot be complacent. The model of global health financing that has delivered transformational progress over the last two decades is no longer sustainable. Donors are facing acute fiscal and political constraints. Countries are struggling with fiscal and debt challenges. Conflicts and insecurity are disrupting health services and increasing costs. Disease outbreaks and extreme weather events are diverting already scarce resources. Drug resistance is threatening hard-won progress. Human rights and access to essential services are facing pressures in many places.

To adapt to these new realities, we must reimagine the global health ecosystem and the way it is financed and delivered. That means tackling inefficiencies and accountability gaps, directing resources towards people facing the greatest risks, accelerating innovation, strengthening domestic financing and country leadership, and supporting a responsible transition from donor financing without abandoning countries before they are ready. We must keep the people and communities most affected by HIV, TB and malaria at the center of decision-making. Above all, we must remember what's at stake – millions of lives, and the health and well-being of the poorest and most marginalized communities in the world.

Madagascar[7]

World Wildlife Fund

The island nation of Madagascar has developed distinct ecosystems and extraordinary wildlife since it split from the African continent an estimated 160 million years ago. Approximately 95 percent of Madagascar's reptiles, 89 percent of its plant life, and 92 percent of its mammals exist nowhere else on Earth.

Located off the east coast of Africa in the Southwest Indian Ocean, Madagascar is the world's fourth largest island; at 146 million acres, it's almost the size of Texas. Madagascar's climate is tropical along the coast, temperate inland, and arid in the south. The island harbors lush rain forests, tropical dry forests, plateaus, and deserts. Its more than 3,000 miles of coastline and over 250 islands are home to some of the world's largest coral reef systems, tidal marshes, seagrass beds, and most extensive mangrove areas in the Western Indian Ocean.

Wildlife of Madagascar

More than 11,000 endemic plant species, including seven species of baobab tree and all lemur species, share Madagascar with a vast variety of mammals, reptiles, fish, amphibians, and birds. Along the Northern Mozambique Channel, in the northwest, is Nosy Hara National Park, a world hotspot of marine diversity where an incredible 265 species of corals can be found. The country's interior has several critically threatened species including the smallest chameleon in the world, Brookesia micra, and Verreaux's sifaka, a lemur found in the southwest forests.

People and communities of Madagascar

Madagascar has a population of more than 21 million people with a wide array of faiths and customs, more than 20 ethnic groups coexist on the island. A majority of the population—70 percent of which is estimated to live below the international poverty line—depends completely on natural resources via subsistence farming and fishing. The ocean surrounding Madagascar has long been an important resource for coastal populations. 1.5 million people depend on fishing for their livelihoods and marine ecotourism is a growing sector of the national economy. Well over half of fishers are women and women are the primary cleaners, processors, and sellers of marine products.

[7] This article was originally published by The World Wildlife Fund:https://www.worldwildlife.org/places/madagascar/

Madagascar under threat

Madagascar's stunning species and unique habitats are threatened by demands from today's global markets and from the growing needs of the local population.

Climate change

Climate change is causing increased and more severe drought in the south and more intense cyclones and flooding in the middle and north regions of Madagascar. This extreme weather forces millions of people to migrate across the country and puts added pressure on resources, including forests and fisheries. Warming oceans due to climate change is also leading to mass mortality in coral reefs.

Deforestation

The small-scale but widespread clearance of inland forest and coastal mangroves, primarily for firewood and charcoal production, is jeopardizing the island's habitats and species such as lemurs and chameleons. Deforestation increases sediment flow out to the ocean and can smother coral reefs and reduce the productivity of fisheries.

Climate change has also increased the severity of droughts. Droughts are causing a surge in migration towards the country's coastal areas and people are transitioning from agriculture to fishing, putting additional pressure on coastal environments and increasing demand for mangrove charcoal and timber. Over 12,000 acres of mangroves have been lost since 1996.

Governance and security

Only 3.1% of marine areas are formally protected in Madagascar and limited staff capacity and resources to manage and create marine protected areas hinder effective legislation. Management issues can impact distribution of industrial fisheries licenses and fish trader permits while inadequate monitoring, control, surveillance, and enforcement can exacerbate overfishing and illegal fishing.

The complicated history of Madagascar and its legal system contributes to significant policy variations across the country, complicating integration across economic sectors and with the broader Southwest Africa region to address cross-cutting policy and governance issues.

Unsustainable Fishing

It is estimated that some 130,000 tons of fish are illegally fished from Madagascar's marine territories every year, amounting to a loss of $142.8 million in potential income. Bottom trawling and seine netting degrade and damage coral reefs, threatening the long-term resource availability and food security for coastal communities. As reefs

degrade, fishers are forced to find different, less exploited reefs and may repeat the same damaging practices. Under weak governance and rising insecurity, unsustainable fishing practices thrive and threaten coastal livelihoods and food security. Illegal, unreported, and unregulated fishing is a pervasive problem and contributes to overfishing.