



Final Technical Report

COVID-19 Strategic Preparedness and Response in Madagascar



Ministry of Health in Madagascar © WHO

BACKGROUND

The COVID-19 pandemic overwhelmed Madagascar's health care system and also had a significant social and economic impact. The disease burden presented a challenge to the health care system, and as elsewhere in the world, critical medicines, personal protective equipment (PPE), and medical equipment were limited and depleting quickly. There were not enough treatment centers available to provide adequate care for the many sick people. Disrupted supply chains further complicated the procurement of additional essential supplies. Frontline health care workers (HCWs) were particularly affected – some of them became ill themselves or even died from the disease or had to witness the death of their colleagues. Due to the shortage of supplies, many of them also had to reuse their PPE equipment.

Initially, the country's communication of COVID-19-related health information was challenged and not driven by the health sector. People did not know how best to protect themselves, and the government relied on the Ministry of Interior and the army through Operational Commanding Centres (OCC) to manage and guide the response. Soldiers were involved in arresting and punishing people who did not follow the guidelines set by the government.

When COVID-19 vaccines became available, they were not immediately approved for use by the Head of State, who instead promoted a traditional herbal remedy called CVO Plus. At the same time, respirators and oxygen were not sufficiently available in country to deal with the initial onslaught of COVID-19. As of April 2020, Madagascar received some additional equipment which was made available through different partners to support the response. The situation began to improve by the time more equipment became available, and more trainings were organized. After vaccinations were eventually accepted, 250 000 doses of Covishield/AstraZeneca arrived in Madagascar through COVAX on 8 May 2021. On 27 July 2021, 302 750 doses of Janssen COVID-19 vaccine were delivered by the US government, also via the COVAX mechanism.

There are currently ongoing efforts between the Ministry of Public Health and partners to find ways to strengthen the vaccination campaign throughout the country. Some health officials have been trained on administering the Pfizer vaccine. In March and April 2022, due to the low vaccination coverage in Madagascar, WHO, in collaboration with partners, developed an intensified immunization campaign in the six regions of the country for six days with intensive interventions in order to accelerate vaccine uptake and increase utilization rates by 1%. 2 846 751 usable doses are still available in the country and continue to be used for immunization acceleration campaigns across the different regions.

As of 1 September 2022, there have been 66 626 confirmed cases of COVID-19 with 1410 deaths. Since June 2022, Madagascar is in the low transmission period, with a positivity rate of 14.1% among tested samples. Concerning the COVID-19 vaccination coverage, 1 268 466 people have been fully vaccinated, i.e., 4.37% of the population. The target population (18 years and older), that is completely vaccinated, is 8.65%. 7% of people living with comorbidities and 6% of the elderly have been fully vaccinated as priority groups. The incidence rate for adverse events following vaccination nationwide is 38/100,000 doses administered.

OVERVIEW OF ACHIEVEMENTS OVER THE LAST SIX MONTHS

From June to December 2021, Madagascar faced another wave of COVID-19 infections. The contribution from the Government of Isle of Man helped strengthen coordination, purchase PPE, provide training in infection prevention and control (IPC), conduct surveillance through investigation and contact tracing, support case management, and contribute to community engagement and risk communication.

Contributions from the Isle of Man were particularly instrumental in strengthening the COVID-19 response in several areas:

- Coordination and surveillance activities by supporting investigations, contact tracing, running the Public Health Emergency Operating Center (PHEOC), and providing supervision for these activities to ensure they are implemented well and effectively. Coordination support provided by WHO helped define strategies and ensure the interventions are in line with WHO and MoH requirements and Standard Operating Procedures (SOPs). WHO continues to organize coordination meetings with partners every two weeks to harmonize contributions and efforts supporting the MoH, and to support the process of updating the response plan as well as strategic positioning between partners to best address the evolving health situation. In addition, due to the complexity of the emergency in country, the health cluster was activated with the support of the humanitarian country team and the leadership of the WHO Representative to support the coordination of partners and ensure effective implementation of the response activities. Following the activation, the health cluster has updated the 4W matrix, organized two meetings per month and produced a bulletin detailing the ongoing activities in country.
- Another priority area is the reinforcement of logistics support for emergency interventions. The MoH is currently developing a strategy for contract tracing and monitoring points of entry, especially at Ivato International Airport (Antananarivo), to track arriving passengers that have been tested and organize screening and case management for patients who are not seriously ill. This intervention required the rental of a vehicle for the surveillance team to cover critical areas.
- WHO provided case management and infection prevention control (IPC) through the procurement of medicines, PPE, and other non-medical supplies. The PPE provided helped to increase the security and safety of HCWs and reduce the number of infections. However, there's no exact data available on the number of infected HCWs, which remains a challenge when providing needs-based support. WHO also put a focus on supporting and training health workers. As the private health sector was not involved in the treatment of COVID-19 patients at the beginning of the pandemic, training for the private health sector was needed to increase understanding and awareness of IPC and case management.
- WHO has worked to strengthen Risk Communication and Community Engagement (RCCE) by conducting a training of trainers and putting regional RCCE committees in place.

RECENT TRAININGS



Technical session with district management teams on DHIS2 data validation



Participants from Soavinandriana during training session

A COVID-19 surveillance training on Integrated Disease Surveillance and Response (IDSR)/DHIS2¹ was held in Arivonimamo, Miarinarivo and Soavinandriana, Itasy region from 21-23 June 2022 for 133 public and private sector HCWs (see photos above). The objective of the training was to strengthen the capacity of public and private health centres in terms of IDSR data reporting using a short message service (SMS) reporting system. WHO's programming team provided support in the development of the system and assisted the surveillance team in developing the training curriculum. The training needs were identified in advance with the MoH.

Participants per category	Health districts ²		
	ARIVONIMAM	SOAVINANDRIAN	MIARINARIV
Regional Management Team	1	1	2
District Management Team	4	4	4
District Referral Hospital Center			1
District Hospital Center	1	1	
Basic Health Center	36	24	30
Private Health Facilities	9	4	11
TOTAL	51	34	48

¹ DHIS2 is a global open-source health information management system.

² This table shows the different categories of personnel participating in the training and the type of health facilities involved. These include regional and district management teams as those responsible for following up and supervising the activity after training; and participants from private and public hospitals and primary health centres as those directly involved in information management and reporting.



Participants in the RCCE training session held in Fianarantsoa

A training of trainers for regional and district management teams was held for communication focal points of various institutions in the regions of Haute Matsiatra, Amoron'i Mania, Vakinankaratra, Atsimo Andrefana, Androy and Anosy. These trainings took place from 23 May-02 June 2022 for Toliara and in Fianarantsoa from 20-24 June 2022.

An additional training session was organized in Nosy Be district for the Malagasy Red Cross team. The risk communication and community engagement (RCCE) training sessions helped increase community engagement at regional and local level. To further strengthen RCCE, an Infodemic Manager was deployed for three months to support the MoH in improving the quality of communication and combating fake news, and to provide skills to local teams.

Clinical management trainings enabled HCWs to develop new skills for dealing with the pandemic in clinical settings. This helped HCWs provide better care for patients and reduced the psychological stress of not knowing how to best act in the new situation.

During regular meetings, objectives and workplans were clearly defined to pursue curative and preventive measures such as COVID-19 vaccinations. Local authorities from different geographic areas publicly stated the importance of public health measures, and provided support to community workers for awareness-raising activities. As part of media relations and mass communication, 1442 spots were broadcast nationwide (TVM, TV PLUS, DREAM'IN, RDJ) and 1800 Covid-19 songs were streamed. In addition, there were 38 radio and 32 television broadcasts; and 48 publications in newspapers (Midi, Express, Ao Raha, Gazetiko).

Points of entry were also strengthened through monitoring in Ivato (Antananarivo), Diego and Nosy Be by organizing simulation exercises to ensure the proper functioning of the passengers' surveillance system.

ACHIEVEMENTS BY OUTPUT TO DATE

2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

WHO has worked with the Government of Madagascar at the central, regional and district levels to address and respond comprehensively to the impact of the COVID-19

pandemic through strategic and operational support. This support focused on adapting the response strategy depending on the dynamics of the pandemic, updating response plans and strengthening partners coordination, and pursuing funding opportunities.

2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings

- 154 HCW trained on clinical management of COVID-19 patients
- 24 coordination meetings conducted jointly between WHO and MoH
- 195 HCW trained on IDSR
- 8 entry points supervised in Nosy Be (airport and port), Diego, Sainte Marie (airport and port), Mahajanga (port) and Antananarivo (Ivato Airport)
- 12 regions with functional Risk Communication and Community Engagement Committees: Diana, Boeny, Menabe, Analamanga, Sava, Atsimo Andrefana, Androy, Anosy, Haute Matsiatra, Amoron'i Mania, Atsinana and Vakinankaratra

These activities contributed to strengthening the implementation of the Strategic Preparedness and Response Planning (SPRP) in Madagascar. The trainings increased and supported the development of essential technical knowledge to enable HCWs to work as safely as possible during the pandemic, with the additional objective of reducing HCWs' mortality and death due to COVID-19 exposure at work.

ENABLING THE PROJECT

Coordination and leadership

The funding contributes to the organization of operational coordination meetings that enable WHO and partners to analyse and adjust COVID-19 related interventions. Operational coordination meetings are held every week, led by the Director-General of Preventive Medicine, focusing on the SPRP response pillars. Due to the dynamics of the pandemic, health cluster meetings are held every two weeks and every two months for general partner coordination under the leadership of the Minister of Health and WHO Representative. The aim of these meetings is to provide an update on the COVID-19 situation and identify areas and strategies in need of support from different stakeholders. These meetings provide an opportunity to discuss challenges and to jointly decide on the way forward. The following partners attend these meetings: WHO, UNICEF, OCHA, UNFPA, ACCESS USAID, IMPACT, ASOS, PIVOT, EPI Direction, Médecins du Monde, Croix Rouge Malagasy, and the Ministry of Health. As a result of these coordination meetings, partners' interventions are harmonized, and partners' contributions are aligned with the MoH. Coordination is essential to most effectively improve the health status of the Malagasy population.

M&E Activities

Monitoring is jointly carried out by WHO and MoH teams through the provision of central and regional support. Prior to conducting field visits, Terms of References are developed with clear objectives, methodology and expected results.

The following example illustrates how such a monitoring visit is conducted: A monitoring visit to Nosy Be international airport was conducted to ensure the necessary measures are in place at the points of entry before reopening the borders. This visit helped identify some gaps in airport facilities, including instalment of a designated isolation room, and provision of more effective

services. Checklists were developed and used to ensure that requirements were met. Based on the findings, key recommendations were made, and the necessary supplies were sent to maintain standards and ensure maximum protection for passengers and HCWs. To improve disease surveillance through IDSR and the use of DHIS2, joint activities were organized to provide skills and competence transfer to district and regional teams to follow-up the electronic reporting system. The monitoring report was shared with the MoH.

OPERATIONAL CHALLENGES

As can be expected during an emergency response, a number of challenges were faced and continue to be faced:

- **Efficient optimization of laboratory capacities:** The limited capacity for screening of COVID-19 in regions required a decentralization of GeneXpert to reinforce screening. Due to the large volume of tests, the risk for running out of stock of the GeneXpert cartridges remains. To try and mitigate this risk, orders are placed in advance. The current problem is that not enough people are trained on how to utilize the GeneXpert machine properly. WHO continues to advocate and push for more lab technicians to be trained, and to accelerate the training process to increase testing capacity across the country.
- **The need for more transparency on the circulating COVID variants:** WHO continues to advocate that country authorities comply with international health regulations (IHR) and share accurate, up-to-date information to enable better decision-making for all actors. This includes state-wide data from the MoH, including the release of results for sequencing activities at country level.
- **There is an ongoing need for IPC training and PPE equipment:** WHO continues to advocate for additional resources to better respond to these needs. Funds that are received focus on essential and critical needs.
- **Maintain effective communication strategies on the permanent adoption of protective barriers and increase population acceptance on vaccination:** WHO has hired consultants to help address these challenges. A STOP team and Infodemic manager were deployed in country to train program recruits and train volunteer international public health professionals to support with national immunization and surveillance programs.

CONCLUSIONS AND WAY FORWARD

We would like to thank the Government of the Isle of Man for their ongoing support and generous contribution, which comes at a time when it is greatly needed and valued.

The training of trainers on risk communication and community engagement (RCCE) conducted in six regions (Atsimo Andrefana, Androy, Anosy, Haute Matsiatra, Amoron'i Mania, Vakinankaratra) helped to ensure that local authorities and leaders were involved in the decision-making process to establish regional RCCE committees, defining the monitoring and evaluation framework through quarterly reviews, as well as an information watch committee, a mass communication sub-committee, and a local communication sub-committee, with representation from all stakeholders from the different institutions and other ministries. This engagement is considered a model that should be duplicated in remaining regions as it allows

to implement interventions in a successful way and makes an important contribution to the acceptance and involvement of local communities.

Local leaders, who previously promoted the traditional improved remedy for COVID-19 treatment (CVO Plus), have significant influence on community members. Involving them in the promotion of vaccines and other preventive actions will help to increase the acceptance of immunization and other important barrier measures among communities. To improve the quality of immunization, the country, with technical support from WHO, continues to work on intensifying vaccination strategies for the different regions, combining fixed and advanced strategies. WHO and partners extended intensification strategies to additional regions and districts according to the targets of the National Vaccine Deployment plan.

Given the mutability of the virus, further strengthening of local response capacities must focus on surveillance by reinforcing laboratories through trainings, provision of material and equipment to improve screening, and decentralisation of testing capacities in regions, as well as case management support and IPC. Providing more medical and non-medical supplies with sufficient logistical support is also critical.

We remain grateful for the ongoing political and financial support from the Government of the Isle of Man to ease suffering and bring an end to the COVID-19 pandemic.