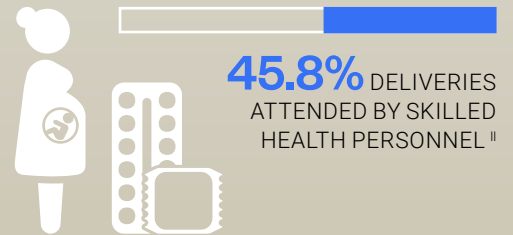
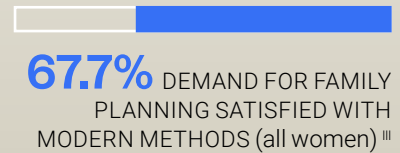
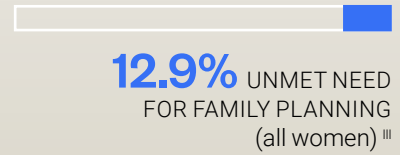
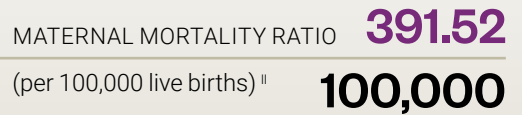


At the Nairobi Summit, the Republic of Madagascar committed to guaranteeing access to an efficient health system for all in order to achieve the goal of zero preventable maternal deaths. The country committed to building the capacity of service providers, strengthening health facilities' technical skills in reproductive health and family planning, **increasing the availability of contraceptive products, raising awareness of and enforcing the law on reproductive health and family planning at all levels, and setting up mobile clinics.**



THE REPUBLIC OF
MADAGASCAR

TOTAL POPULATION^I

30,688,120

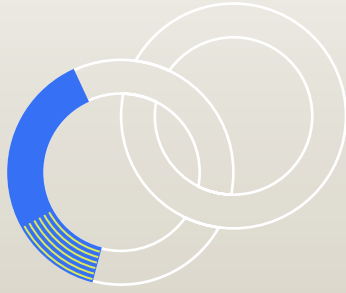
WOMEN (20-24 years) WHO WERE
FIRST MARRIED OR IN UNION^{II}

BEFORE
AGE 18

38.8%

BEFORE
AGE 15

12.6%



64.1

LIFE EXPECTANCY AT BIRTH^I

75

LIFE EXPECTANCY AT BIRTH^I

68.8

7,650,610

WOMEN OF REPRODUCTIVE AGE
(15-49 years)^I

6,182,790

POPULATION 15-24 YEARS
(male + female)^I

POPULATION 24 YEARS OR YOUNGER^I **58.7%**

50

25

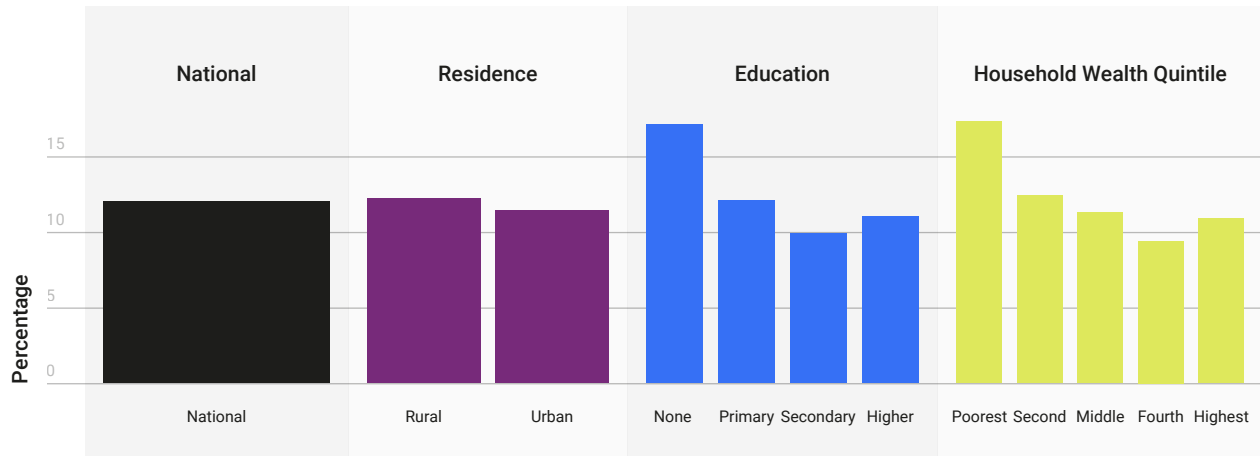
AGE

400,000 200,000 0 200,000 400,000

MALE < POPULATION > FEMALE

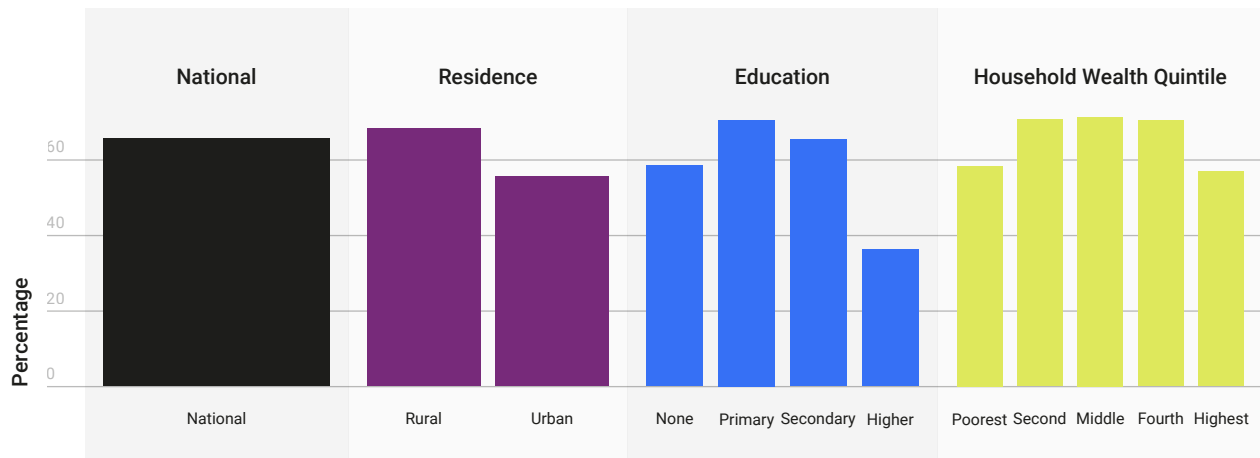
In Madagascar, unmet need for family planning is higher in rural areas than in urban areas, and highest among women with no education and women living in the poorest households. Demand for family planning satisfied by modern methods is higher among women living in rural areas, and among women with primary and secondary education, as well as those in the middle household wealth quintiles.

Unmet Need for Family Planning, All Women



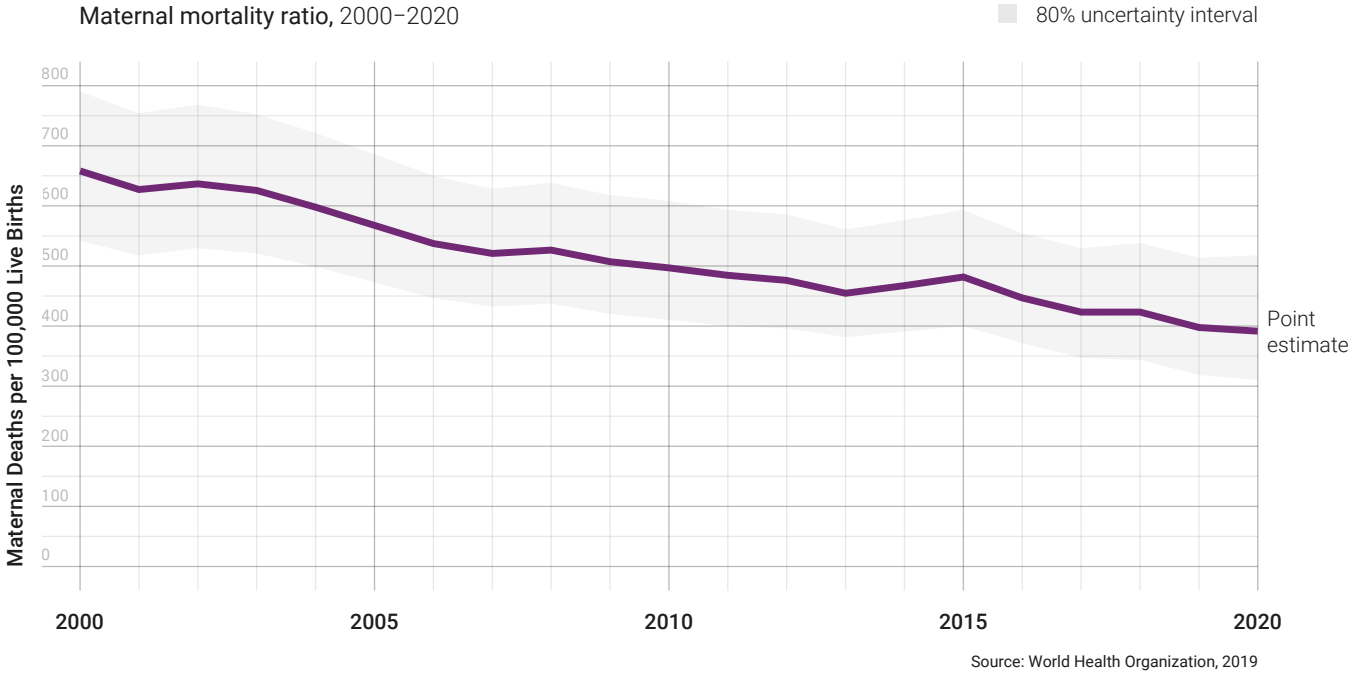
Source: Demographic and Health Survey, 2021

Demand for Family Planning Satisfied with Modern Methods, All Women



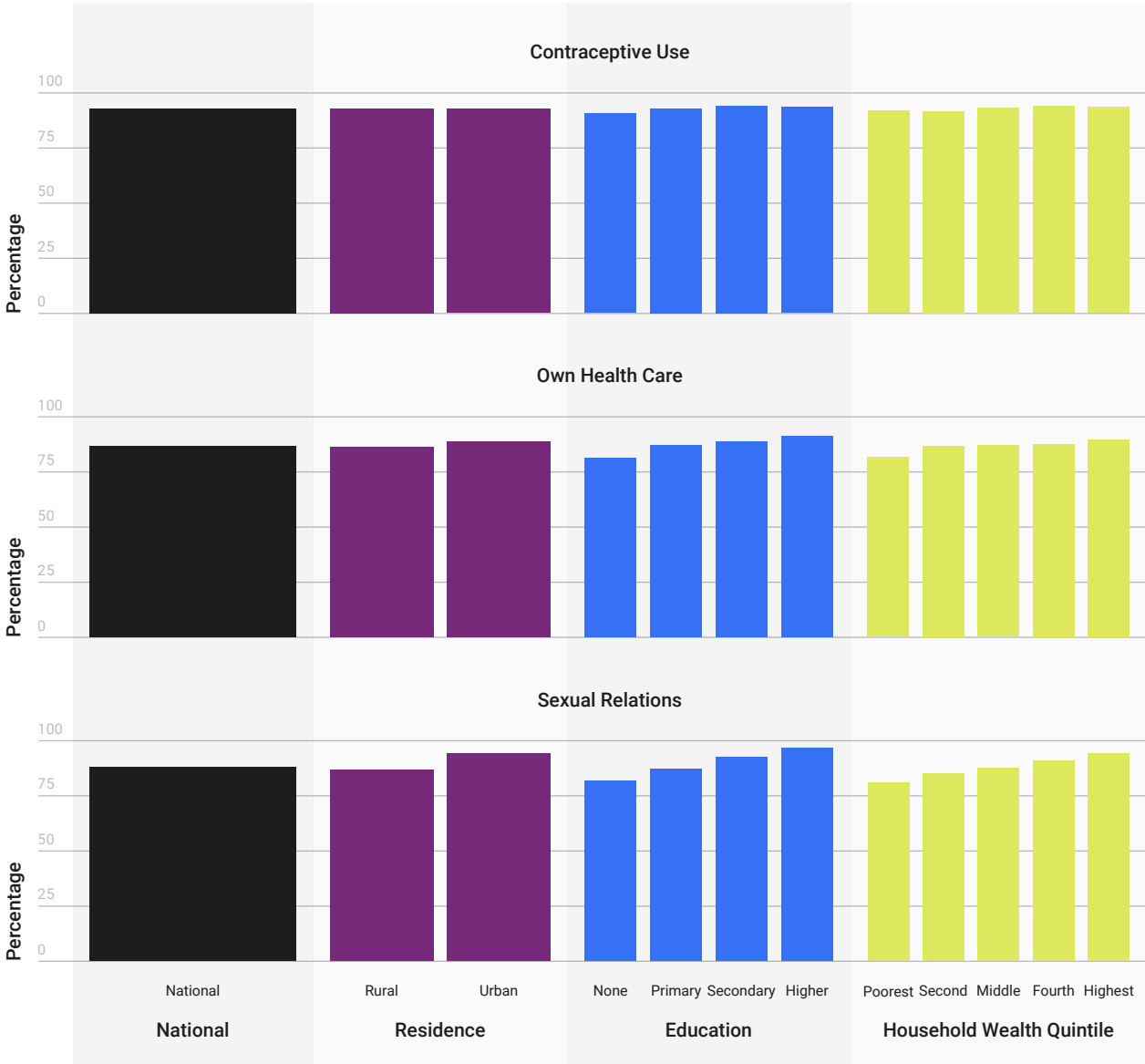
Source: Demographic and Health Survey, 2021

Madagascar’s maternal mortality ratio has been declining from 2000 to 2020, the most recent year for which data is available when it was estimated to be 391 deaths per 100,000 live births. The maternal mortality ratio is 5.5 times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights”. Abortion is illegal in Madagascar.



Overall, 74% of married or in-union women aged 15-49 years in Madagascar make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding contraceptive use is relatively the same by residence, by level of education and household wealth. The percentage of women making their own decisions regarding their own health care and sexual relations is higher in urban areas and increases with higher levels of education and household wealth.

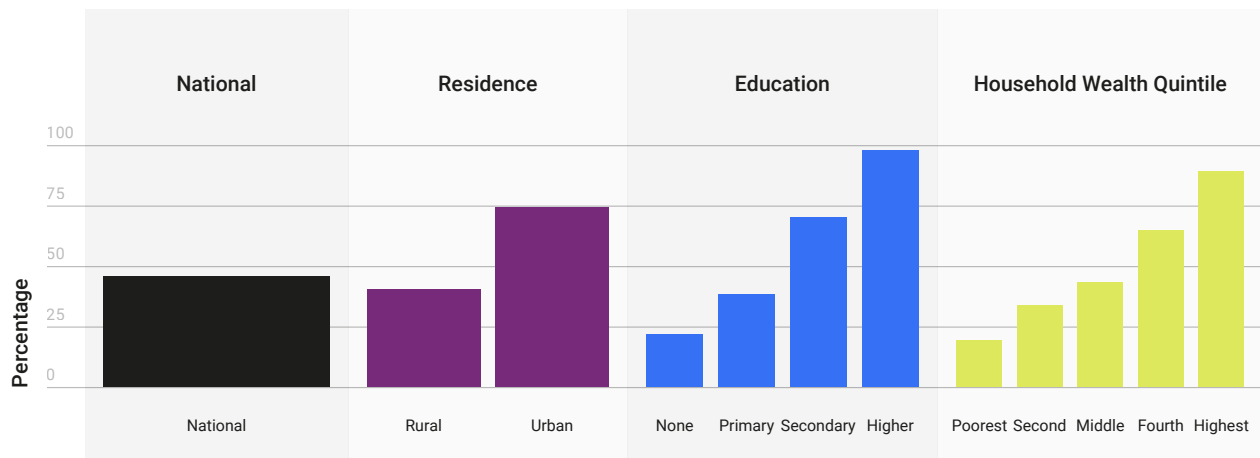
Proportion of married women who make their own informed decisions regarding reproductive health care and contraceptive use



Source: Demographic and Health Survey, 2021

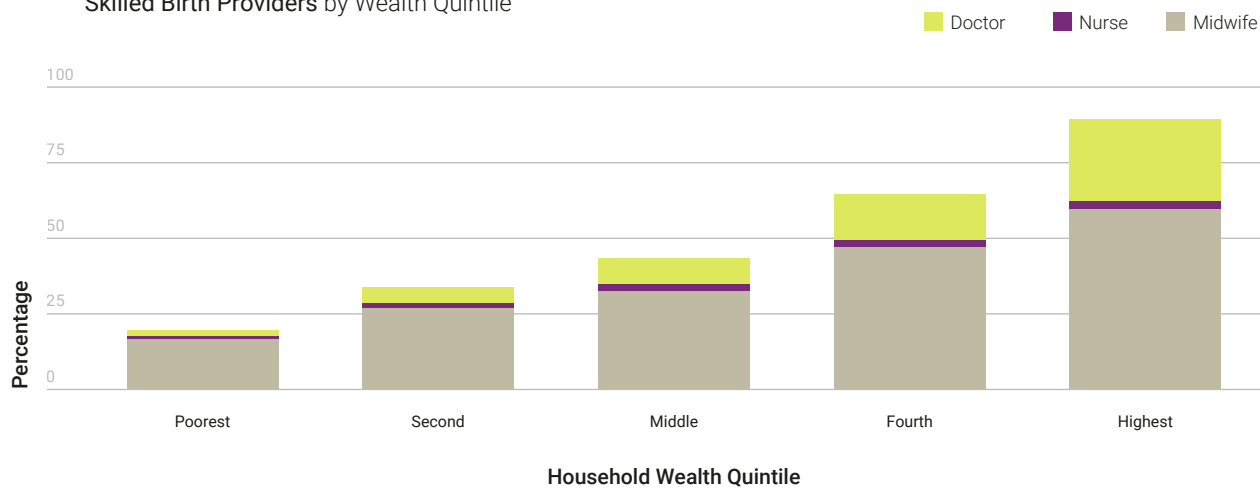
Among married women 15-49 years who had a live birth in the last two years, approximately 46% of deliveries are assisted by a skilled attendant. The proportion of births attended by a skilled attendant is higher in urban areas and increases considerably with higher levels of education and household wealth. Among women living in the poorest households where 19.4% births are attended by skilled providers, approximately 85% of these births are attended by a midwife. As education and household wealth increases, the proportion of births added by doctors increases; among women living in the richest households, 89.4% of deliveries were assisted by a skilled attendant (64% by midwives and 30% by doctors).

Births with Skilled Attendant



Source: Demographic and Health Survey, 2021

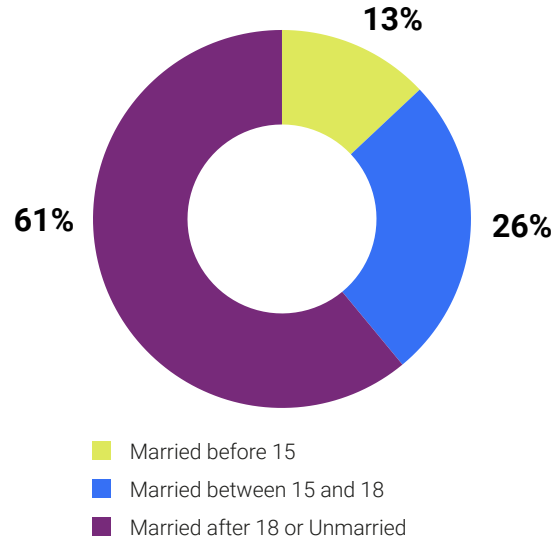
Skilled Birth Providers by Wealth Quintile



Source: Demographic and Health Survey, 2021

Madagascar has committed to harnessing the demographic dividend by investing in young people, ensuring their involvement in the decisions that affect them, making information and services adapted to their needs, and accelerating job creation.

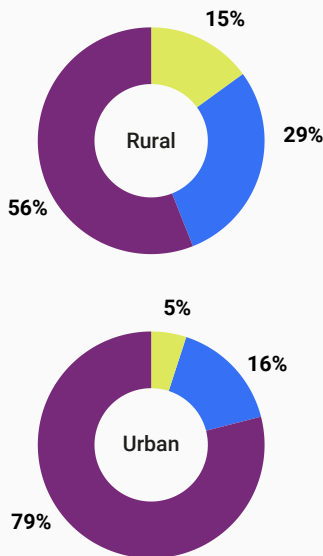
Age of Marriage Distribution, Women 20–24



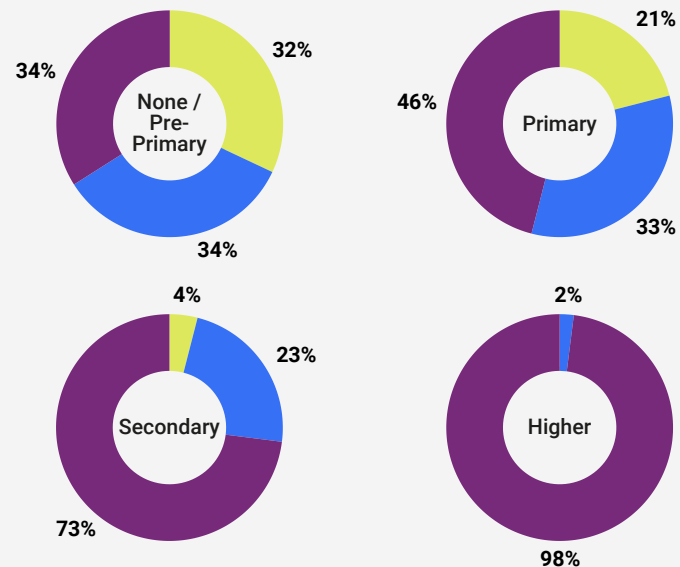
In Madagascar, 39% of women aged 20-24 years were married before age 18, with 13% married before age 15. Marriage before age 18 is higher in rural areas than urban areas (44% versus 21% respectively), and it decreases with higher levels of education and household wealth.

Source: Demographic and Health Survey, 2021

Age of Marriage Distribution by Residence, Women 20–24



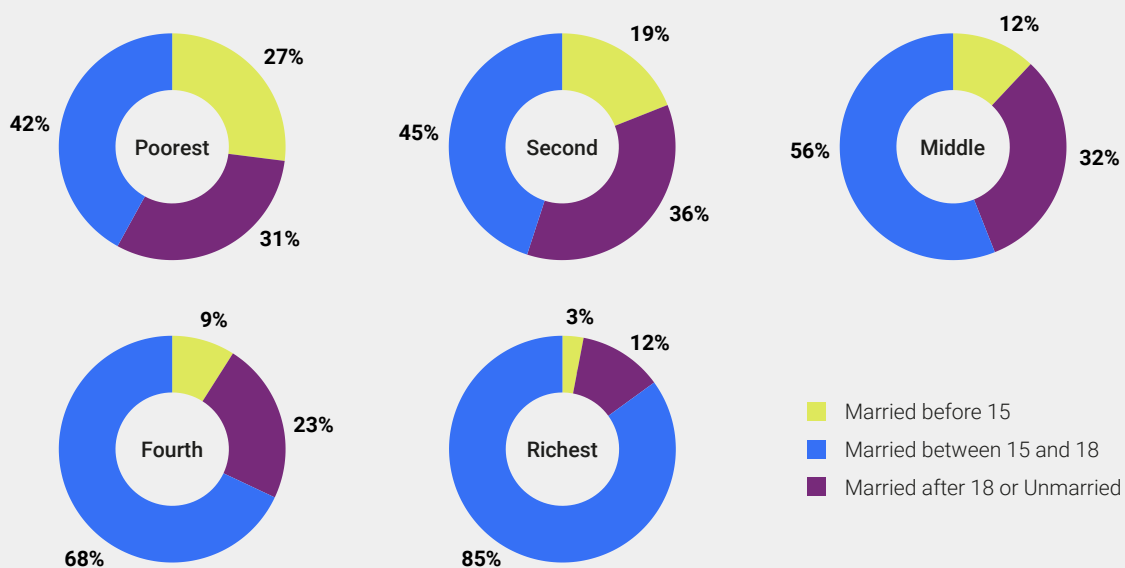
Age of Marriage Distribution by Level of Education, Women 20–24



■ Married before 15
 ■ Married between 15 and 18
 ■ Married after 18 or Unmarried

Source: Demographic and Health Survey, 2021

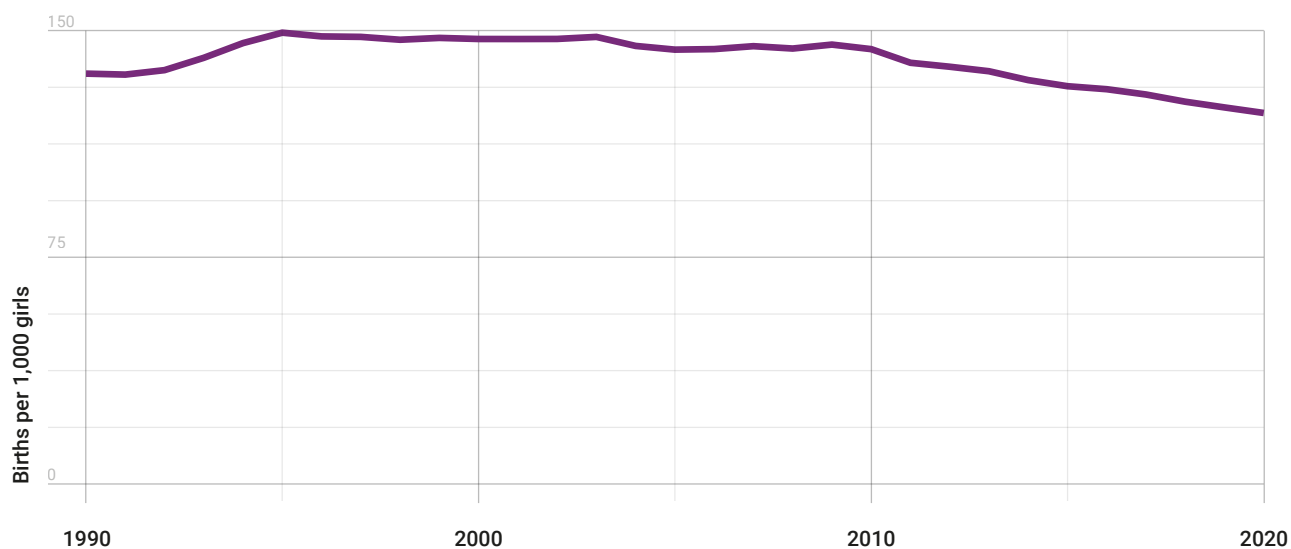
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



Source: Demographic and Health Survey, 2021

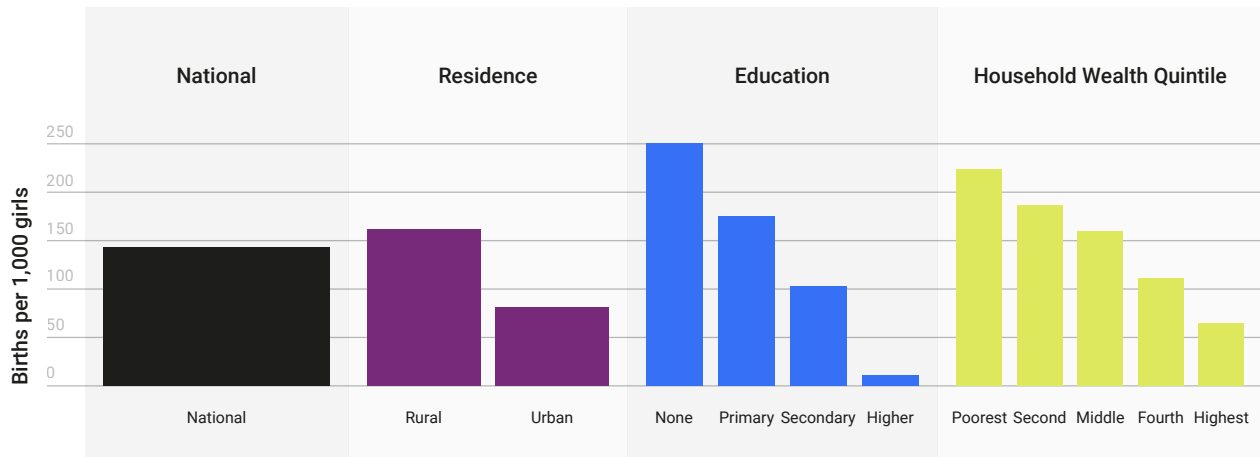
The adolescent birth rate in Madagascar has decreased from 1990 to 2020; it is highest among women living in rural areas and those women with no education and living in the poorest households and decreases with higher levels of education and household wealth. Thirty-four percent (34%) of women aged 20-24 years had a birth before age 18 including 8% before age 15. Births before age 15 were higher among women living in rural areas, those with no and primary education, and those living in the poorest households. The percentage of women who had a birth before age 18 decreases markedly with higher levels of education (from 61% among women with no education to 2% among women with higher education) and household wealth (from 55% among women living in the poorest households to 13% among women living in the wealthiest households).

Adolescent birth rate, 1990–2020



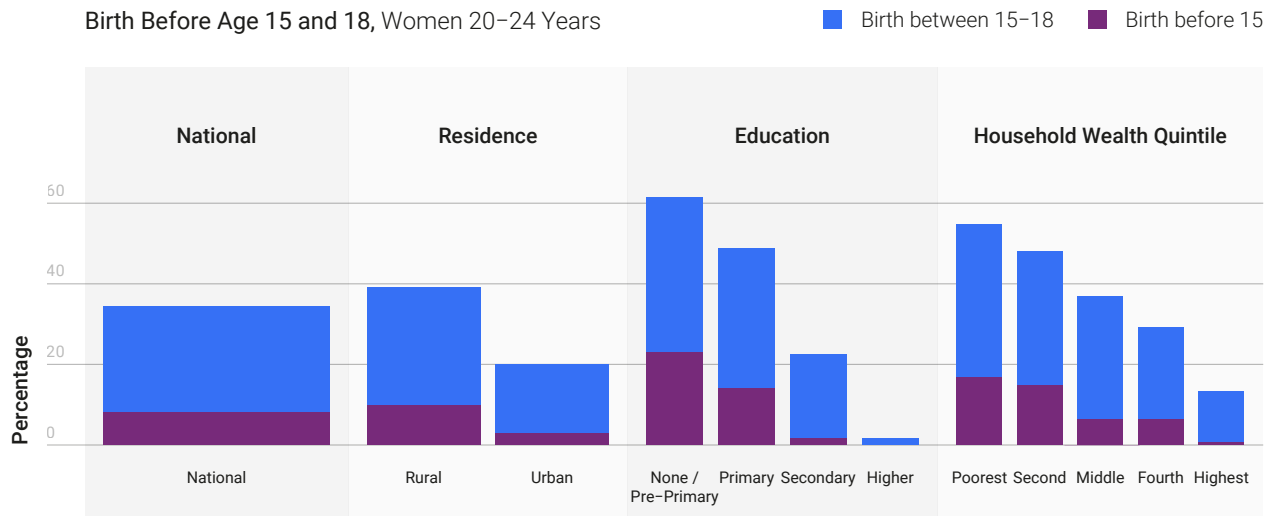
Source: World Population Prospects, 2022

Adolescent birth rate



Source: Demographic and Health Survey, 2021

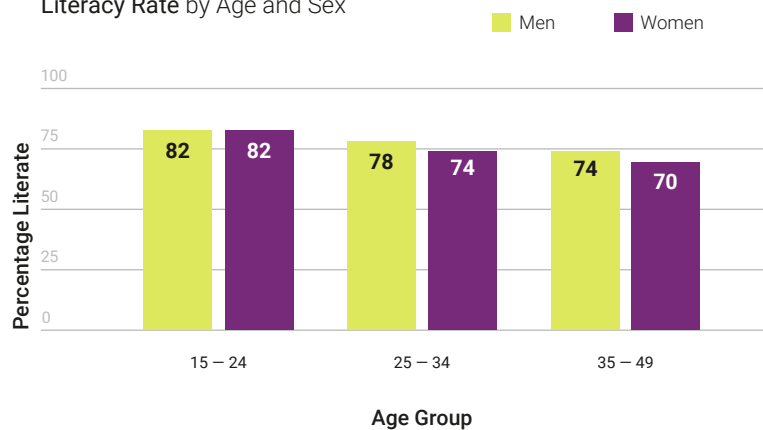
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2021

The literacy rate in Madagascar among 15 to 24 years old is the same among men and women (82%), and is slightly lower among women in the 24-35 year and 35 to 49 year age groups.

Literacy Rate by Age and Sex

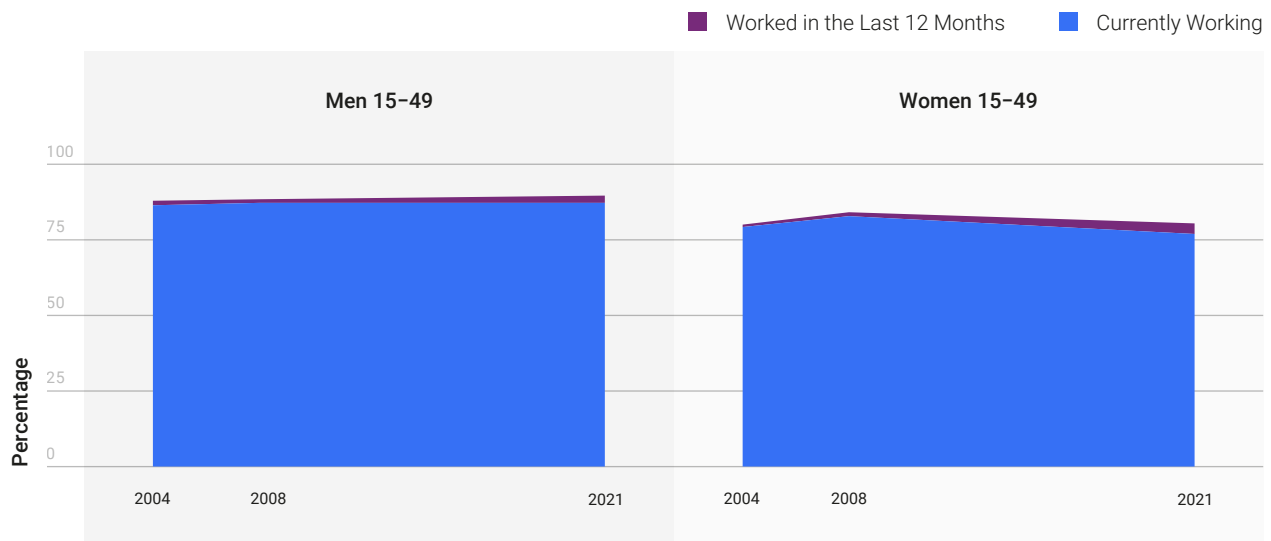


Source: Demographic and Health Survey, 2021

Employment trends for women and men in Madagascar have remained relatively the same from 2004 to 2021 with approximately 77% of women and 87% of men who worked in the last 12 months and are currently working in 2021.

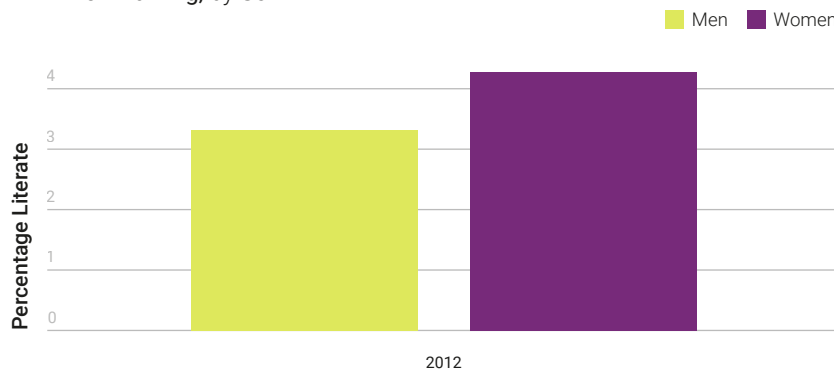
Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Madagascar, in 2012, the percentage of youth not in education, employment or training was 3% for males and 4% for females.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



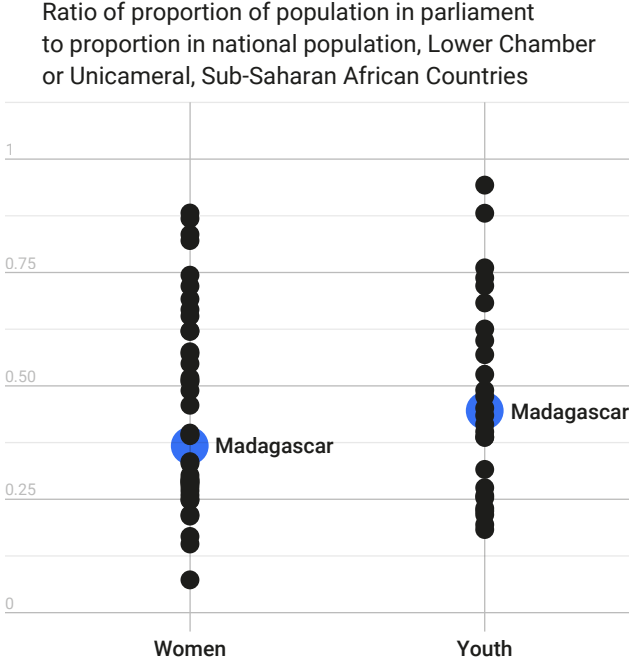
Source: Demographic and Health Survey, 2004–2021

Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Labor Force Survey, 2012

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In Madagascar, the ratio of the proportion of female Members of Parliament and the ratio of the proportion of young Members of Parliament are slightly lower than the median compared with those in the region (SDG 16.17.1).



Source: Inter-Parliamentary Union, 2023

Since the Nairobi Summit, a monitoring plan for Madagascar’s ICPD25 commitments has been developed. Efforts have also been made in regard to the commitment of the head of State to family planning – compact commitment and the operation of the integrated care centers for the fight against gender-based violence. The progress towards realizing Madagascar’s ICPD25 commitments was specifically referenced and reflected in the 2021 Voluntary Nation Review at the UN’s High-level Political Forum on Sustainable Development. Some key highlights include the pursuit of leveraging its demographic dividend, the efforts to ensure a conducive local environment, the strengthening of institutional capacities to enforce laws and regulations, and efforts to achieve zero preventable maternal deaths by 2023.