

Annual Report 2025

Doctors *for* Madagascar





→ A mother and her child attend an awareness session in Soamanonga organized by community health workers.

Dear friends, supporters, and partners of Doctors for Madagascar,

In 2025, families in southern Madagascar faced another difficult year. Many communities were hit by growing economic pressure, cyclones, and the same barriers to getting care: long distances, high transport costs, medicine shortages, and too few staff in remote facilities.

Madagascar's health system is now the second least-funded in the world. While the population grew by eight million people over the last decade, the health budget has barely changed. As a result, health spending per person (covering everything from medicines to salaries for health workers) has dropped to just US\$16 per year. That is roughly 400 times less than in Germany!

The year began with the sudden suspension of USAID funding, which forced many health and nutrition programs to scale back and left critical gaps in care, while also fueling unemployment and economic strain.

At the same time, powerful cyclones hit the south of the country. Health facilities were damaged, supply routes disrupted, and already hard-to-reach communities became even more isolated.

As the pressures mounted, long-standing frustrations came to the surface. In September, youth-led protests emerged in response to chronic power cuts, water shortages, and a lack of accountability. Peaceful demonstrations grew into a nationwide call for political change; the president left, followed by the establishment of a military-led transitional authority, increasing uncertainty for public institutions, including the health sector.

The implications for public health services, which rely heavily on external financing, were serious. In times of political instability, some donors have paused funding, leading to unpaid salaries, disrupted medicine supplies, and suspended training and outreach.

Yet while other programs were forced to scale back, your support enabled Doctors for Madagascar to maintain and expand essential services.

Thank you for staying the course with us.

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→ Community members gather in the shade of a tree during a mass sensitization session in Ampandroatsiry.

Editorial

In 2025, we took time to strengthen what we have built over the past years. As we approach our fifteenth anniversary, our focus was simple: stay close to communities, and make sure our work creates lasting change.

One important step was bringing our teams closer together, especially those working in the field and those working on monitoring and learning. We improved the way we collect and use data, so teams can see what is working, spot problems earlier, and respond faster. For us, data is not just reporting. It helps us make better day-to-day decisions for patients and their families.

On these stronger foundations, we launched two important initiatives:

- **TIA LONGO** helps families access care without falling deeper into poverty. Too often, people delay treatment because they fear the cost. This project works to reduce those financial barriers.
- **MAFY** focuses on people living with hypertension and aims to prevent severe complications like stroke. These conditions are becoming more common in Madagascar, while access to prevention, treatment, and follow-up care is still limited, especially in the south.

Across all our projects, one priority remains constant: our commitment to community health workers. They are at the heart of the health system and often the first (and sometimes only) point of care for remote communities. Yet they often lack the formal support they deserve.

This year, we intensified our advocacy and action to professionalize their role through training, digital tools, and financial incentives. By investing in frontline health workers, we ensure that health-care doesn't just exist in clinics but reaches the last mile.

From Antananarivo to the most remote health facilities, our staff demonstrated that strong local presence, backed by robust data, enables effective action even in unstable contexts.

I thank all our partners, beneficiaries and the entire Doctors for Madagascar team for their unwavering trust and collaboration.

Warm regards,

Dr. Riana Samoelina Ramanantsoa
Country Director



→ A pregnant woman receives an ultrasound scan during prenatal consultations at a primary care facility in Belafika, carried out by a Doctors for Madagascar midwife.



Safe Deliveries and Healthy Futures

Improving Maternal and Child Health Services

In rural southern Madagascar, maternal and child mortality rates remain among the highest in the country. Long distances and high out-of-pocket costs limit access to prenatal screenings and force most women to give birth at home without medical help, meaning common complications often become fatal.

To bridge this gap, Doctors for Madagascar's **Maternal and Child Health Project** has maintained a continuous presence in remote rural areas for the past 10 years and serves as an essential pillar for strengthening the local health system.

This is what we do:

- **Community awareness initiatives** about antenatal care at the household level to encourage facility-based deliveries.
- **Mobile clinics** provide obstetric ultrasounds to bring care closer to the community and identify high-risk pregnancies early.
- **Capacity building** for health workers to ensure high-quality care.
- **Free ambulance service** for emergency referrals.

Improving the Quality of Care

In 2025, we worked closely with midwives, nurses, and doctors in partner facilities

through practical on-the-job coaching, not one-off training. Together, we strengthened early detection of danger signs, emergency response, and quality maternal and newborn care.

A key activity was the 5S approach: Sort, Set in order, Shine, Standardize, Sustain. In simple terms, teams organize what they need, keep spaces clean, and follow clear routines. The change before and after is often immediate: cleaner rooms, better-organized supplies, and faster response in emergencies. This is also highly motivating for staff.

Making Care Affordable

For many families, the biggest barrier is not distance; it is cost. Even when a health facility is reachable, treatment is often out of reach.

To reduce this burden, we supported community health savings groups, where families can put aside small amounts regularly and access funds when someone falls sick. This helps households prepare for health expenses before a crisis happens.

For the most vulnerable, we also directly covered medical costs at 14 hospitals and health facilities, including maternal and child care and emergency treatment.

19,131 mobile
ultrasounds

1,660 complicated
cases detected during
ultrasound

244 ambulance transfers

→ Hands-on training in emergency
obstetric and neonatal care at the
primary care facility in Ranopiso.

9,519
safe deliveries

52,083
antenatal care
visits



I came for an ultrasound because
community health workers often tell
us that it is important to have them
during pregnancy. I also want to be
able to give birth safely at the health
facility. In our village, I have seen other
pregnant women who did not have
an ultrasound before giving birth and
they had difficulties.

*Fingasoa (20) had an ultrasound scan
in her 7th month of pregnancy*



We are grateful to Doctors for
Madagascar for everything. We were
not at all prepared for childbirth.
Without your support, we don't know
what would have happened to the
baby.

*Sister of a mother who benefited
from our ambulance service and
partial coverage of medical costs*

End Tuberculosis and HIV

Delivering Care to the Last Mile

Tuberculosis (TB) remains one of the world's deadliest infectious diseases. Even though it has been nearly eliminated in many parts of the world, TB thrives in southern Madagascar. At the same time, the country faces an underestimated HIV epidemic, particularly among pregnant women and in urban areas.

Both diseases are preventable and manageable, but eradication requires a continuous and comprehensive “care cascade” – from the identification of potential cases and rapid diagnosis to dedicated support throughout the entire treatment process. In remote areas, this cascade is often broken; when the nearest clinic is hours away, distance itself becomes a life-threatening barrier to seeking care.

Our project **MirayTB** brings lifesaving TB care to remote communities in southern Madagascar. By combining community awareness, mobile screening and treatment services, and capacity building at local health facilities, we reduce diagnostic delays and ensure that patients can successfully complete their treatment.

In 2025, the project continued organizing regular mobile clinics to expand access to diagnosis and care, while community health workers were mobilized to intensify active case-finding, conducting TB/HIV awareness activities, and delivering key prevention messages directly to households.

Integrated TB-HIV Care

Since TB and HIV often go hand in hand, we expanded our screening initiatives for both diseases in rural areas. By testing for both diseases at the community level, we ensure that co-infected patients are identified early and receive life-saving, integrated treatment without the long delays caused by separate care pathways.

In 2025, we led specialized sessions on HIV prevention and care for clinical teams in Tuléar, in close coordination with regional health authorities.

A significant highlight of the year was the deepened collaboration with national programs. Working alongside the National Tuberculosis Control Program and the National Program for the Control of Sexually Transmitted Infections and AIDS, the project achieved two major milestones:

- **National communication tools:** The development and validation of the TB/HIV “Boîte à Images”, or illustrated community health education flip charts, a social and behavior change communication tool now utilized as the standardized national awareness tool for community health workers.
- **Clinical standardization:** The creation of the National Guide for the Management of Extra-Pulmonary Tuberculosis, aimed at unifying protocols and patient follow-up across all treatment centers.

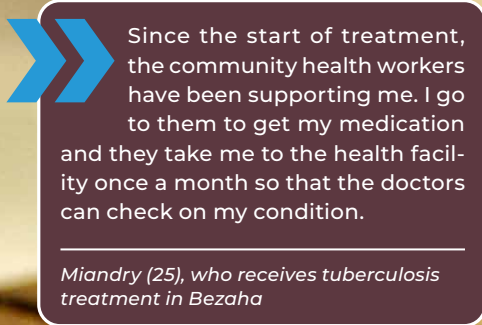
→ A representative from the national TB and HIV program uses the “Boîte à Images” for patient education in Mahajanga.





Although I had already worked on other projects fighting tuberculosis before joining the MirayTB project, the training I received taught me about extrapulmonary tuberculosis. And I can raise awareness about this among the population.

Germaine (46), community health worker in Bezaha



Since the start of treatment, the community health workers have been supporting me. I go to them to get my medication and they take me to the health facility once a month so that the doctors can check on my condition.

Miandry (25), who receives tuberculosis treatment in Bezaha

To help us with this approach (the community outreach strategy), Doctors for Madagascar provided us with a motorcycle and protective equipment to help us travel to remote areas.

Dr. Ramasinjanahary Rolland, Head of the Diagnostic and Treatment Center at District Referral Hospital Bezaha



4,572 people screened for TB

529 mobile TB clinics conducted

1,388 people newly diagnosed with TB able to access care

1,231 people tested for HIV

→ Microscope slides used to examine sputum samples for tuberculosis diagnosis.

Closing the Gap

Reaching Zero-Dose and Undervaccinated Children

Vaccination is one of the most effective tools for protecting children from preventable illness and death, yet thousands in Madagascar still grow up without this protection. The number of “zero-dose” children – those who have never received a single vaccine – remains alarmingly high, particularly in the southern regions where geographic isolation creates a persistent barrier to care.

To address this, the **SOAMEVA** project launched in 2024 with a massive community census. Our teams analyzed the vaccination status of children across 16 districts in the Atsimo-Andrefana, Androy, and Anosy regions, identifying nearly 200,000 unvaccinated children under the age of five – three times the national estimate for the intervention zone.

Building on this foundation, we built a comprehensive database across 16 districts that

identifies exactly where the most vulnerable children live. In partnership with the Ministry of Health, we vaccinated zero-dose and undervaccinated children while strengthening local immunization strategies for the long term.

In 2025, our key vaccination activities included:

- **Mobile outreach and vaccination clinics:** We conducted mobile educational cinema sessions (VacCiné) to build community trust and address vaccine hesitancy; this groundwork improved acceptance when our mobile vaccination clinics followed to provide the actual immunizations in remote areas.

- **Strengthening health records:** A key issue in vaccination uptake is a lack of documentation. To support long-term follow-up and data quality, we produced and distributed 130,000 child vaccination cards, providing a tool for health workers to track individual vaccination progress. We also distributed 50,000 child health booklets, which stay with the family and provide basic health information and also a page for vaccination documentation.
- **Reliable logistics and cold chain:** To ensure vaccines were available and safe, SOAMEVA supported their transport across regional, district, and local health facilities while strengthening cold chain infrastructure through equipment repairs and on-the-job training for health workers.



→ A child receives an oral polio vaccine during a mobile outreach vaccination session in the village of Analabo. In addition to the Penta vaccine – a combined vaccine against diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenzae type b, and the primary target of the vaccination campaign – health workers provide all other available routine immunizations to ensure children receive comprehensive protection while families are present.

213,173 zero-dose children identified

43,369 undervaccinated children identified

39,815 zero-dose children vaccinated



I decided to vaccinate my child because community health workers convinced us that vaccines protect children from several diseases, such as measles, and keep them healthy.

Rehira, father of a 6-month-old boy vaccinated in the village of Analabo



When I was a child, I received all the mandatory vaccinations. I would like this to be the case for all children in my village. I participate in all vaccination sessions by helping vaccinators hold the children and reassure them. I am convinced that vaccination is essential to protect children from disease.

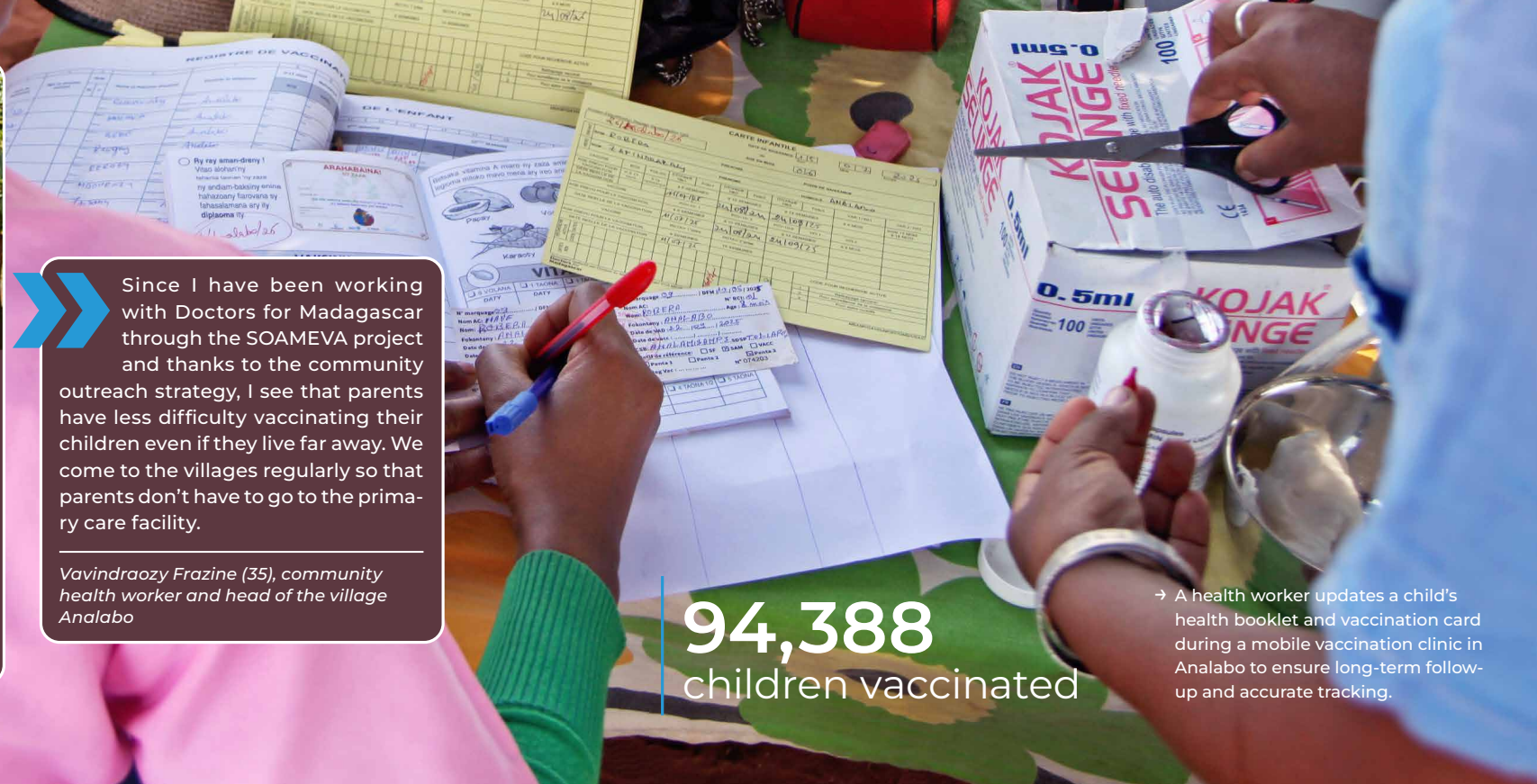
Manso (19), resident of the village of Analabo

Since I have been working with Doctors for Madagascar through the SOAMEVA project and thanks to the community outreach strategy, I see that parents have less difficulty vaccinating their children even if they live far away. We come to the villages regularly so that parents don't have to go to the primary care facility.

Vavindraozny Frazine (35), community health worker and head of the village Analabo

94,388 children vaccinated

→ A health worker updates a child's health booklet and vaccination card during a mobile vaccination clinic in Analabo to ensure long-term follow-up and accurate tracking.





→ First in-person training for community health workers on stroke prevention and awareness in Tuléar.

Stroke Prevention and Care

A Rapid Response to a Growing Threat

The MAFY project (MANatsara ny Flsorohana sy MANatsara ny Flitsaboana ny AVC in Malagasy, which means: improve prevention and stroke care) was launched in 2025 in response to the high and growing burden of stroke and cardiovascular disease in Madagascar; conditions that cause many deaths and long-term disability, while access to prevention, acute care, and rehabilitation remains extremely limited, especially in the south.

In partnership with the Ministry of Health, the World Stroke Organization, and Charité – Universitätsmedizin Berlin, we aim to reduce stroke-related mortality and long-term disability in the southern regions of Madagascar. The project is built around four pillars: (1) Prevention, (2) Acute treatment, (3) Post-stroke rehabilitation, and (4) Research.

The main sites are University Hospital Tanambao in Tuléar and the Regional Referral Hospital in Fort-Dauphin. Key activities include:

- **Prevention and awareness:** By using culturally adapted approaches (community sessions, radio, and participatory formats) in our community outreach, we improve the recognition of hypertension and stroke warning signs and promote early care-seeking.
- **Screening:** Recognizing that hypertension is the leading risk factor for stroke, the project trained health workers and



→ Community sensitization session on hypertension and stroke prevention at the primary care facility Tanantsoa, near Fotadrevo.

equipped partnering primary care facilities and hospitals with blood pressure monitors and stethoscopes. This is used for early screening and the ongoing monitoring of at-risk patients.

- **Capacity building for care and rehabilitation:** We established multidisciplinary teams from the existing hospital staff at the University Hospital Tanambao in Tuléar and the Regional Referral Hospital in Fort-Dauphin. These teams include doctors, nurses, radiology technicians, and physiotherapists and aim to improve stroke care and ensure integrated and comprehensive patient support. Additionally, we provided continuous training for community health workers, and training for trainers at the central and regional levels, including periodic online modules.



Since I started working on the MAFY project with Doctors for Madagascar, I have learned more about stroke and can easily share my knowledge and raise awareness in my community about stroke prevention and treatment in primary care facilities.

Rafalinirina Justine, community health worker in Taolagnaro

40 collaborating health workers

415 people referred by community health workers



Thanks to the MAFY project, more and more people are coming to the primary care facilities to monitor their blood pressure, and not just when they are sick or hospitalized.

Monja Albert Voasoro, Head of the primary care facility in Belafika



→ Blood pressure check for an elderly person by a doctor at the primary care facility in Belafika.

36 blood pressure monitors distributed to health workers



Financial Inclusion

Breaking Barriers to Essential Healthcare

Madagascar is among the poorest countries in the world, with one of the highest rates of extreme poverty in Africa. Its health system is chronically underfunded: since 2016, per-capita health spending has fallen by 26%, from US\$22 to US\$16, making it the second least-funded health system globally.

Especially in the south, where families depend on irregular agricultural incomes, illness quickly becomes a financial crisis.

With only about 2% of the population covered by health insurance, most healthcare costs are paid out-of-pocket, often forcing families into debt or to forgo life-saving care altogether.

It is within this reality that the **TIA LONGO** project (Short for Tohana Ifanampiana Arahahasalamana ny Longo in Malagasy, which means: support to help with the health problems of loved ones) was launched in 2025. Through a set of complementary approaches, the project aims to lower financial barriers and ensure that families can access life-saving care when they need it most, without fear of being pushed deeper into poverty.

TIA LONGO is integrated across all our projects, lowering financial barriers at different stages of a patient's journey.

- **Reducing uncertainty:** Many families delay or forgo care due to the risk of unpredictable, high costs. We work with partner health facilities on transparent pricing, and sharing this information through community health worker-led outreach, community sessions, and radio, families know which services are free and what fees to expect.
- **Helping families prepare:** For families that lack access to insurance, savings groups with dedicated health funds help protect against catastrophic health costs. They help families build health sav-

ings, eliminate the need to pay for care upfront, and provide small emergency loans if needed.

- **Targeted support:** Our means-based cost coverage program partially or fully covers medical bills for the most vulnerable patients. The project also lowers indirect financial barriers like opportunity costs, by subsidizing travel to clinics and providing food support for families of patients in long-term care.

The project's reach spans 53 health facilities across Doctors for Madagascar's network. Activities vary by site, allowing us to learn which components deliver the greatest impact and cost-effectiveness, and to refine our approach as we go.

→ Ralaison and Gislaine with their children. When Samirah (4) and Brichard (7) fell ill, the family feared the cost of hospital care. Thanks to the support of Doctors for Madagascar, they were able to receive treatment at SALFA Hospital in Ejeda, with 80% of the total costs covered by the program.



800 vulnerable patients received support



Our family lives in extreme poverty: my husband survives on odd jobs as a garbage collector, sometimes earning as little as 2,000 Ariary (approx. € 0.35) a day, and since this year, we no longer even have a home. In September, our daughter became seriously ill; she had been vomiting and suffering from diarrhea for several days when I rushed her to the health facility. When we arrived, she was very weak and had to be hospitalized for two days, but today she is doing better. Thanks to the project, all of her care – from hospitalization to medication – was fully covered, as we had no means to pay.

Rasoanandrasana Tovo Reliny (30), mother of a 2 year old

50 transport subsidies provided

→ Members of a savings group in Milenaky contribute to their social health fund during a weekly meeting.

479 community savings groups initiated

3,287 people included in community savings groups

Before joining the savings group, getting medical care was a struggle, especially during the lean season... We often had no choice but to use medicinal plants. Today, thanks to the health fund, I can take my family to the health facility without fear. All I have to do is present the agreement between the savings group and the health facility.

Anselima Gerome, Founding member of the Soa Fianatse community savings group, Milenaky Commune, Belavenoka



Foundations of Care

Infrastructure and Solar Energy for Resilient Facilities

In southern Madagascar, fragile infrastructure often forces health workers to perform emergency deliveries by candlelight or risk vaccine failure due to power outages.

As climate change brings increasingly erratic weather and more frequent cyclones, we are working to strengthen health facility resilience through reliable solar energy and improved infrastructure, so they can withstand environmental shocks and remain functional.

In 2025, our infrastructure work focused on immediate disaster response, expanding solar electrification, and the design of a new model for public-private partnership in Madagascar.

- **Facility repair:** Following early 2025 cyclones, we collaborated with government partners to conduct damage assessments of health facilities and launch targeted rehabilitation projects to restore services.

→ A waiting shelter built by Doctors for Madagascar at the primary care facility of Soanierana.

- **Expansion of solar power:** We completed internal electrical installations in 14 primary care facilities across Ampanihy Andrefana and Fort Dauphin. This included all wiring, lighting, sockets, and safety systems. External solar installa-

tions planned for 2026 will provide reliable, clean energy, enabling vaccine and medicine preservation, safe night-time care, and improved working conditions for health staff.

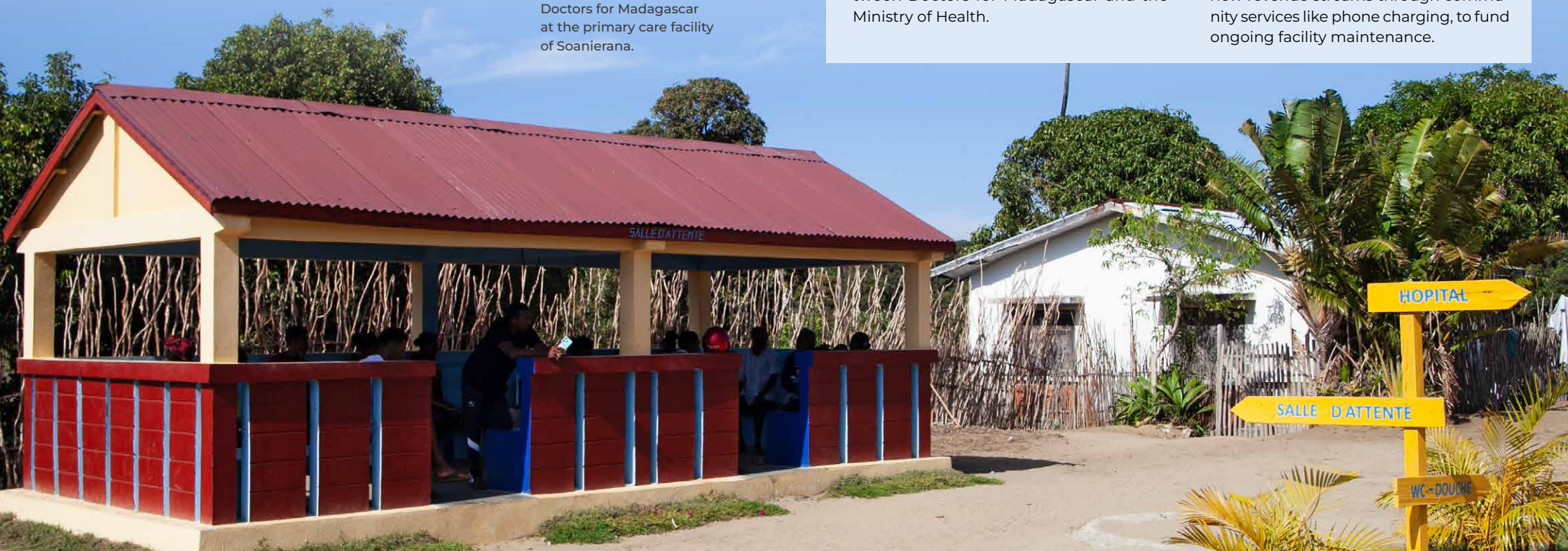
SPOTLIGHT

MARINY Hospital Project

Named after the Malagasy word for “close,” the MARINY project is designed to overcome a life-threatening barrier: distance. By establishing health facilities in the districts of Ampanihy and Taolagnaro, we are reducing the hours patients must travel to reach specialized care.

However, MARINY is more than a construction project; it is a unique co-management model built on shared responsibility between Doctors for Madagascar and the Ministry of Health.

- **The partnership:** Both partners share decision-making responsibilities. The Ministry of Health provides qualified medical staff and essential medical equipment and drugs, while Doctors for Madagascar ensures high-quality infrastructure, solar electrification, and training and housing for staff.
- **Built for resilience:** To ensure stability, key staff are committed to their posts for at least five years. Furthermore, the project is designed to become self-sustaining: installed solar power systems create new revenue streams through community services like phone charging, to fund ongoing facility maintenance.



Before the health facility was electrified, treating patients and assisting women giving birth at night was a challenge: we worked by the light of simple flashlights. Today, thanks to solar energy, all the rooms – even our living quarters – are lit. Patients arrive at night without fear or constraint, and care can be provided with dignity and safety.



The rehabilitation of the health facility has profoundly changed our daily lives. Doctors for Madagascar has given new life to the buildings by repainting the facility and replacing the gutters and worn boards in the room where patients and their families find refuge during treatment. With the construction of a waiting shelter and an incinerator, the health facility is now more welcoming, safer, and better suited to the needs of the community.

Razafindratema Féline, Head of Primary Care Facility Soanierana



14 primary care facilities equipped with internal electrical installations for solar energy

→ Solar electrification system installed in the primary care facility of Ihazoambo.

Training and Capacity Building

Empowering the Local Healthcare Workforce



→ Surgeons practice fracture management using bone and joint models.

Delivering quality healthcare always starts with people. Instead of creating parallel systems, we strengthen the public system from within, through practical training, close mentoring, and continuous support for local teams. Our goal is simple: to help health workers feel skilled, confident, and valued, even in difficult conditions. When we support the people who are already there, improvements last. Care becomes not only better but also more trusted and more stable.

36 health facilities trained in TB management

Our capacity-building initiatives span every level of the healthcare system:

- Community health workers are trained to disseminate essential health information, raise awareness in communities, and facilitate early referrals.
- Midwives receive specialized training and formative supervision to ensure safe deliveries and comprehensive maternal care.
- Nurses and doctors acquire the skills necessary to accurately detect and effectively treat diseases in accordance with national protocols.

Specialized Surgical Training

To address the shortage of surgical expertise, we supported a structured surgical capacity-building program in partnership with two German surgeons. Conducting one to two missions per year, they provide intensive training focused on trauma, orthopedics, and visceral surgery to local teams at public hospitals and SALFA hospitals. These trainings improve the overall quality and safety of surgical care by combining hands-on workshops with direct supervision in the operating room. Beyond surgical technique, the training integrates essential modules on hygiene, patient safety, operating room organization, and equipment management.

Fostering a Culture of Quality: The 5S Initiative

In 2025, Doctors for Madagascar expanded and gamified the Kaizen-5S methodology across our supported health facilities. This Japanese management approach focuses on organizing, standardizing, and maintaining a clean, efficient, and safe workspace to improve service quality and team performance.



→ In 2025, our annual “5S competition” recognized the highest-performing health facilities across our intervention districts for their commitment to organizational discipline and continuous improvement.

81 healthcare providers trained in neonatology

46 healthcare providers trained in surgical techniques



→ Local surgical teams master modern visceral techniques through hands-on training in the operating room.

Community Mobilization

Building Trust and Knowledge

In rural Madagascar, geographic isolation is compounded by low literacy and a lack of reliable health information. Many communities rely on traditional healers, lack trust in the public health services or face misinformation that can lead to delayed care-seeking.

To bridge this gap, we work closely with community health workers, who provide clear and culturally adapted health education that shifts behaviors and ensures a clear referral pathway to local health facilities. By using participatory methods, such as songs, dances, games, focus groups, educational cinema and radio messages, we transform health education into a shared community experience.

308,780
people reached
with health
information

131
educational cinema
sessions about
child vaccination



→ Community awareness session in Soamanonga, attended by village elders and community members.

Strengthening Community Health Workers

National Tools and Strategic Guidance

Community health workers are often the first and sometimes only health contact for families in remote areas. In 2025, we worked with national partners to make sure community health workers receive stronger, more consistent support beyond individual projects.

The PROFESS Guide

Based on a large community health worker study, we co-developed the PROFESS Guide together with government stakeholders, community health workers, and implementation partners as a practical roadmap for health authorities and organizations. This evidence-based guidance provides health authorities and partners a clear framework to support and professionalize the community health worker workforce, helping inform national strategies while avoiding further fragmentation of the health system.

By translating research findings into practical, nationally applicable recommendations, the PROFESS Guide serves as a concrete bridge between evidence, policy, and implementation.

“Boîte à Images” – National Communication Tools

Effective healthcare starts with clear communication. Working alongside the Ministry of Health, we led the design and



→ Three-day design thinking workshop in Miarinarivo to develop the PROFESS Guide. Drawing on formative research, participants placed community health workers at the center of the process, stepping into their role to identify the support they need most.

validation of the national “Boîte à Images”, or illustrated health education flipcharts, to empower community health workers to educate rural populations on tuberculosis, HIV, and AIDS.

- **Adoption:** These “Boîte à Images” were validated for large-scale national roll-out and are now the Ministry-approved standard for Madagascar.
- **Purpose:** The “Boîte à Images” are designed to ensure that life-saving health messages are culturally adapted, visual, and understood by everyone, regardless of literacy levels.

Driving Evidence-Based Care

Research, Monitoring and Evaluation

At Doctors for Madagascar, we believe that high-quality healthcare must be rooted in rigorous evidence that informs our actions.

Applied and Operational Research

In close collaboration with Charité – Universitätsmedizin Berlin, we conduct implementation research in collaboration with local, national, and international partners to ensure that our projects are evidence-based and truly effective in the Malagasy context.

In 2025, our research focused on:

- **HIV prevention & care:** To address the rising HIV epidemic, we are conducting a case-control study identifying risk factors for HIV among pregnant women and a qualitative assessment of barriers to care.
- **Community health worker initiative:** We investigate how to better enable and in-

tegrate community health workers into the formal system to ensure long-term workforce stability.

- **Financial inclusion in healthcare:** We explore and assess the impact and cost-effectiveness of different strategies to reduce financial barriers and protect families from catastrophic healthcare costs.
- **Stroke:** We assess knowledge, attitudes, and practices regarding stroke and hypertension.

Strengthening Monitoring & Evaluation

To ensure every project delivers maximum impact, our Monitoring and Evaluation team provides the data needed for continuous improvement. In 2025, we developed online dashboards for real-time project data visualisation. This approach ensures transparency and allows us to refine our projects based on actual field performance.



→ Local research training as part of HIV research activities in Tuléar in July 2025.

Key takeaways

Here are the key takeaways from our published research articles in 2025. Scan the QR Codes to read the full articles:

Community health workers' perspectives on effectiveness and needs in Madagascar's tuberculosis response

Policy promises fail to effectively enable community health workers. To succeed, we must provide guaranteed support and involve community health workers themselves in designing support programs.



Impact and cost-effectiveness analysis of community-based mobile tuberculosis clinics

Delivering community-based mobile TB clinics to remote areas of Madagascar greatly increased access to TB care compared with standard national program activities and was highly cost-effective.



Underutilisation of GeneXpert devices for TB diagnosis

GeneXpert machines are essential for expanding access to quality TB diagnosis, yet many remain underused in southern Madagascar. Investing

in laboratory upgrades, maintenance, and coordination could help improve case detection.



Zero-Dose Reduction Efforts in southern Madagascar

Immunization coverage in Madagascar remains low. We evaluate our SOAMEVA project through local data and community feedback to assess the reach of zero-dose children, supporting a potential blueprint for more equitable healthcare in remote areas.



Enrollment in a mobile maternal health wallet

Health programs are more effective when delivered by trusted local voices. Clear communication and removing physical barriers are important to ensure mothers seek and receive care.



Impact of a Mobile Money-Based Intervention on Maternal and Neonatal Health Outcomes

Mobile money tools show potential to improve access to

maternal care. However, their effectiveness depends on high community uptake; the tool only works if widely adopted.



Impact of a Mobile Money-Based Conditional Cash Transfer Intervention on Health Care Utilization

Mobile money-based cash transfers increased healthcare use in the south. Sustaining and strengthening its impact requires stronger coordination between communities, health facilities, and implementing partners.



Unintended effects of a digital conditional cash transfer intervention to encourage healthcare utilization

Digital cash transfer programs can have positive and negative unintended effects. Future interventions should proactively strengthen benefits and reduce harms to improve healthcare access.



Staying the Course, Reaching Further

2025 Highlights

↓ Ampefy, March 2025

Project Managers and the leadership team came together for a strategic workshop focused on strengthening team cohesion and promoting a more integrated project approach. The workshop consolidated cross-functional support between headquarters and field operations, ensuring all teams remain aligned with our long-term vision.



↑ Tuléar, Ejeda and Manambaro, March 2025

In a region where the road is often just a sand track, our drivers are the vital link to remote care. In March 2025, experts from the German Landcruiser Assistance club trained our fleet teams to strengthen their skills in safe driving, maintenance, and optimal management of these vehicles. This ensures our mobile clinics can navigate the harshest terrains safely and reliably, reaching those who need us most.



↑ Tuléar, September 2025

During the Career Fair in Tuléar, Country Director Dr. Riana Samoelina spoke to university students about the realities of the humanitarian sector. By sharing the "inner workings" of NGO management, she encouraged local youth to pursue careers in the health and development sectors.

↓ Antranolahatra, October 2025

A journalist from Devex traveled to southern Madagascar to document the vaccination landscape, with a specific focus on polio. This mission brought international attention to the challenges of reaching zero-dose children in remote regions.



↓ Düsseldorf, Germany, October 2025

Fans in Germany supported our mission during a charity concert featuring the band Ton Steine Scherben. Our team engaged with fans to present our ongoing projects. The funds raised directly support our healthcare interventions on the ground.



↑ Copenhagen, Denmark, November 2025

Researchers from Doctors for Madagascar and Charité presented key findings at the World Conference on Lung Health. Across three sessions, they demonstrated how centering the voices of community health workers can transform national TB strategies into actionable, community-driven solutions.



↑ Antananarivo, Tuléar and Ambatondrazaka, September – December 2025

In partnership with RestoringVision, we distributed 1,986 pairs of reading glasses following targeted vision screenings. This initiative restored autonomy in the daily lives of the beneficiaries and expanded the geographical footprint of our interventions.

Dear friends, supporters, and partners,

Thank you for your trust and generosity during a year of immense challenge. In 2025, your support did more than just fund projects – it provided stability when it was needed most.

While the landscape in Madagascar shifted, our commitment remained constant. Because of you, we were able to stay the course, bridge critical gaps in care, and strengthen the resilience of the communities we serve. Every life changed this year is the result of our shared belief that quality healthcare should be accessible for everyone.

We are honored to have you on this journey with us.

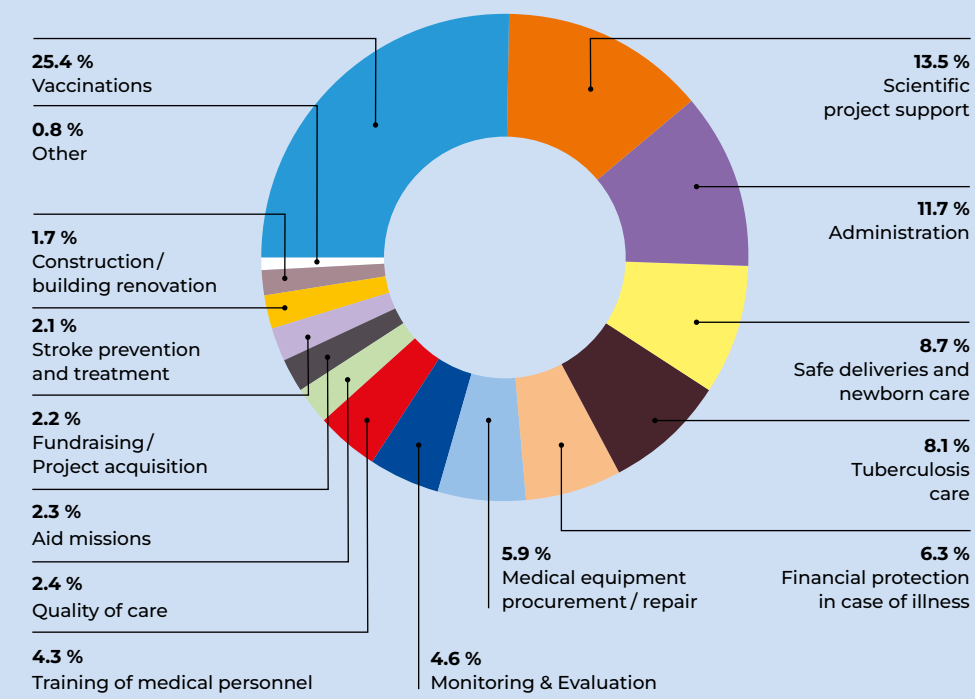
With gratitude,
Your team at *Doctors for Madagascar*

Special thanks to:



Income and Expenses in 2025

INCOME	Total cash donations/Grants	EUR 2,483,893.17
EXPENSES		EUR 2,128,458.09



Get involved!

DONATIONS ACCOUNT (Germany):
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