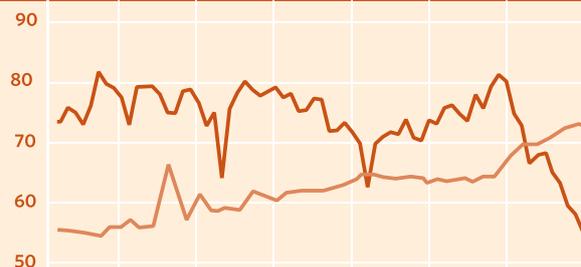




MADAGASCAR



Center for Economic and Social Rights

FACT SHEET NO. 6

In light of Madagascar's appearance before the Committee on Economic, Social and Cultural Rights in May 2009 and the forthcoming possible mission of the UN Special Rapporteur on the Right to Food to Madagascar, this fact sheet looks at the realization of the right to an adequate standard of living in Madagascar. It focuses on the rights to food, health and water and possible policy failures in these areas, with the aim of graphically illustrating background information to help assess compliance of the government of Madagascar with the International Covenant on Economic, Social and Cultural Rights. This factsheet highlights some of the 2003 concluding observations on Madagascar by the Committee on the Rights of the Child.

Food security in Madagascar is precarious. The large majority of Madagascar's people live in rural areas, with only 27 percent of the country's population living in cities and towns (EIU 2007). Most people survive as small farmers, producing for their own consumption (FAO 2008). But they are vulnerable to food insecurity as a result of frequent natural disasters, undiversified production and lack of access to basic infrastructure. The prevalence of undernourishment in Madagascar is higher now than it was in 1992 and is much higher than the Sub-Saharan African average (World Bank 2008). Levels of acute child malnutrition have risen in recent years, as have levels of income inequality, despite an overall increase in national GDP wealth. Within the country, child malnutrition is widespread, but varies by up to 10 percent across different regions.

As this factsheet illustrates, access to improved water sources and sanitation also varies drastically by region. Almost 70 percent of those in the country's capital have access to an improved water source, while less than a quarter of people have such access in the province of Toamasina. The Malagasy people face low and unequal access to safe water, sanitation and health treatment, with high child mortality rates. Yet Madagascar spends the lowest proportion of its budget on health, as a percentage of its GDP, compared to its southern African neighbors. Its tax base is also comparatively low and its regressive tax regime could affect its ability to realize the right to an adequate standard of living for its people. This suggests possible failures of the government to give priority to the progressive realization of economic, social and cultural rights according to maximum available resources.

The graphics that follow compare data that derive from the 1992 household survey and the most recent demographic household survey from 2003/2004. In the absence of more recent data, this factsheet does not reflect the outcomes of any changes in policy that may have been instituted since the sweeping gains won by the current president, Mr. Marc Ravalomanana of Tiako-I-Madagasikara (TIM), in national and municipal elections in 2006 and 2007. It should also be noted that in 2007, voters approved a referendum to abolish the six autonomous provinces of Madagascar (see disaggregated data) which will be implemented by 2009.

VISUALIZING RIGHTS

THE RIGHT TO FOOD

“The Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood infectious diseases, diarrhoea and malnutrition.” (CRC Concluding Observations 2003)

Madagascar has one of the highest levels of undernourishment in Sub-Saharan Africa

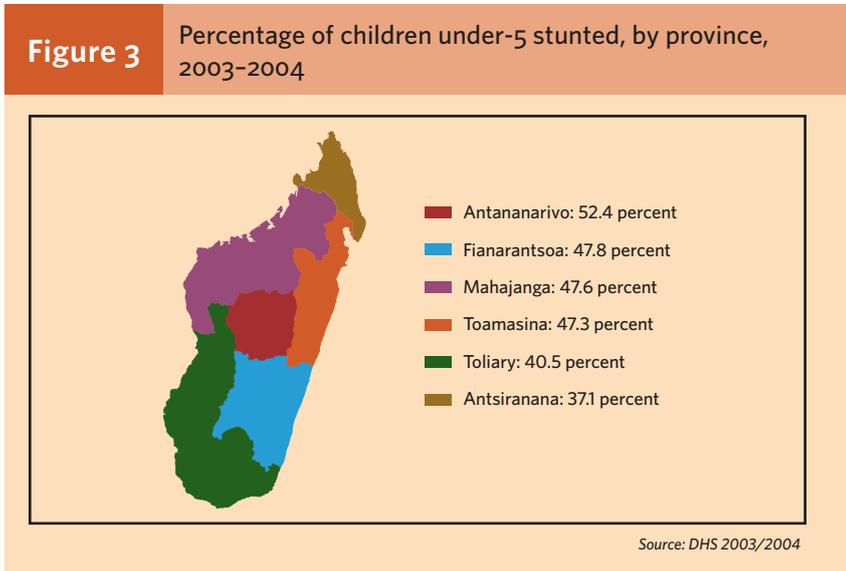
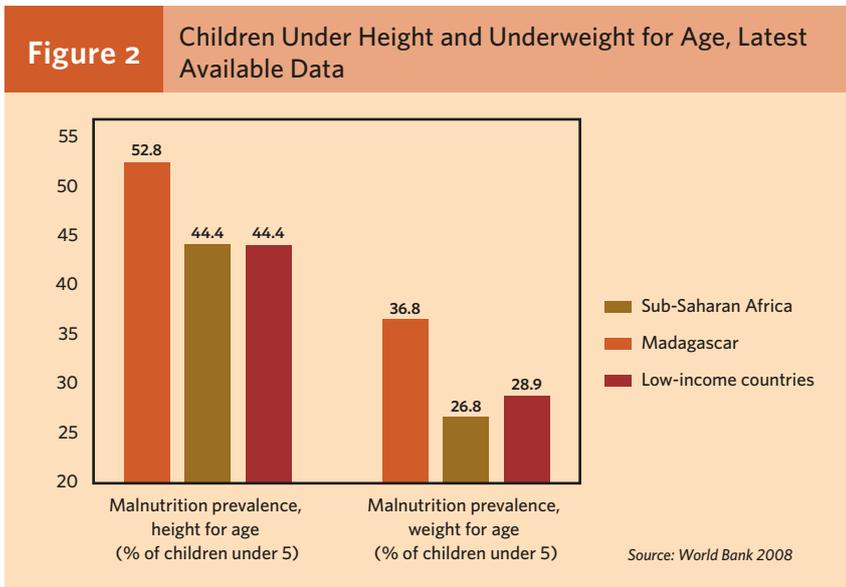
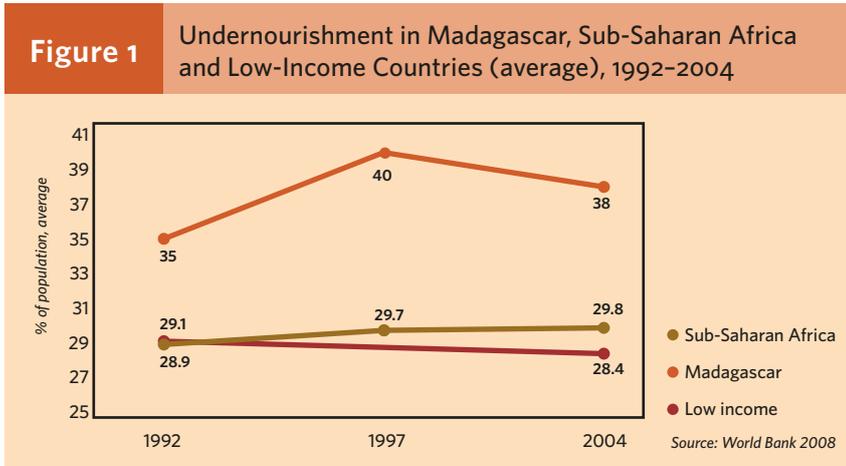
At least 38 percent of Madagascar’s population is undernourished, much higher than the Sub-Saharan African average (30 percent) and also higher than the average for low-income countries. The prevalence of undernourishment among the Malagasy people is higher now than in 1992, raising serious concerns about the priority the government has been giving to its commitments to realize the right to adequate food.

Over half of Malagasy children are chronically malnourished

Over half of Madagascar’s children are stunted for their age and over one-third are underweight (both measures of chronic malnutrition). This is also much higher than average rates of chronic malnutrition amongst children in Sub-Saharan Africa and across low-income countries.

Disparities in the realization of the right to food persist between Madagascar’s provinces and between rich and poor.

About half of all children under five living in Antananarivo are stunted, whereas one-third of children in Antsiranana suffer from stunting. Although there has been national progress in reducing rates of stunting, from 54 percent in 1992 to 47 percent in 2003/2004, the prevalence of stunted children has markedly increased in Mahajanga province. There are also disparities between rich and poor—51 percent of children in the poorest 20 percent of families are stunted, compared with 38 percent of children from the wealthiest 20 percent (UNDP 2008).



Acute malnourishment has risen sharply amongst Malagasy children

The rate of children under five suffering from acute malnutrition (under weight for their height or wasting) has risen markedly since 1992. This rise began before the political and economic crisis of 2002 and has not improved since, despite the marked recovery in GDP per capita. The rise in acute malnutrition raises serious concerns about the realization of the right to adequate food of Madagascar's children.

The rise in acute malnutrition suggests that Madagascar is giving less priority to the right to food of its children than its neighbors

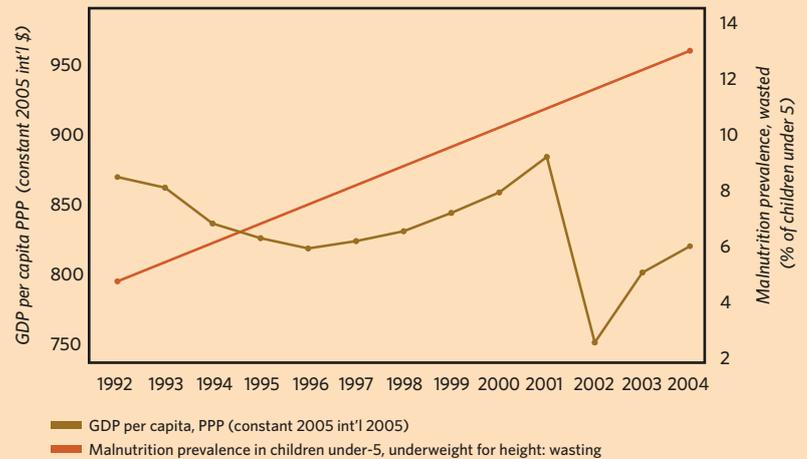
Acute malnutrition, as measured by wasting, is much more severe than chronic malnutrition as it threatens not only the right to food and the right to health, but even the right to life of the child. Acute malnutrition increases the likelihood of dying from measles, malaria, pneumonia and diarrhea. The near tripling of acute malnutrition in Madagascar is therefore of serious concern, and stands in marked contrast to neighboring countries.

Half of Madagascar's arable land may be leased to grow crops for South Korea

In a context of high levels of chronic and acute malnutrition among Madagascar's children, it is of serious concern that the government of Madagascar has reportedly agreed to lease 1.3 million hectares of land to a South Korean corporation which will grow crops (corn and palm oil) for Seoul using workers to be brought in from South Africa. As only five percent of Madagascar's land is classified as arable land, this means that 44 percent of Madagascar's arable land will now be used to promote food security in South Korea, with very little benefit for Madagascar (Financial Times 18/11/08).

Figure 4

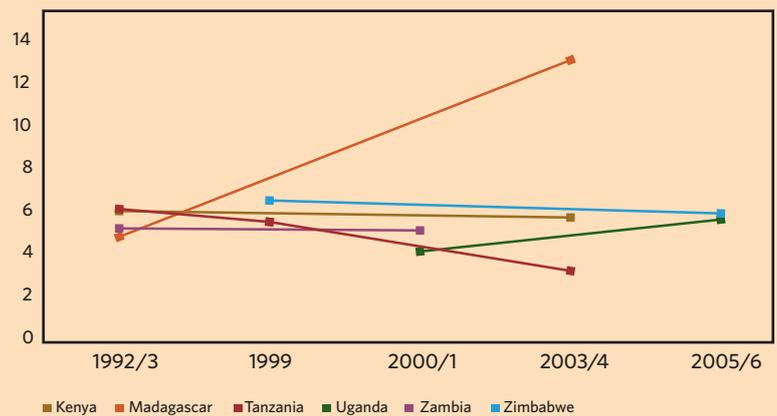
Percentage of Children Under-5 Underweight for Height and GDP, per capita, Madagascar 1992-2004



Source: World Bank 2008, DHS 1992, DHS 2003/2004

Figure 5

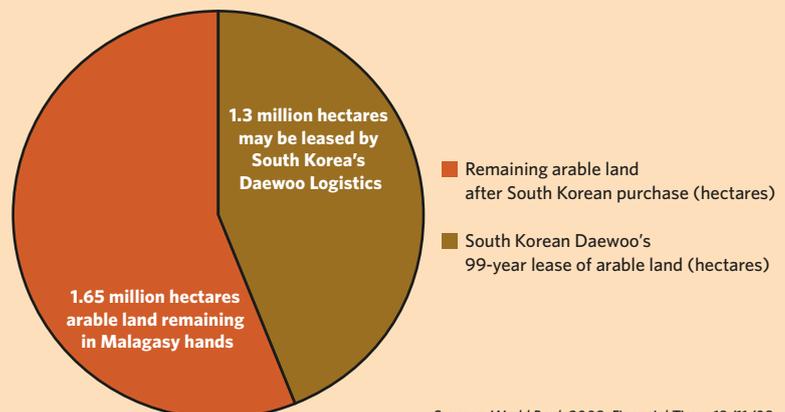
Percentage of Children Under-5 Wasted (Underweight for Height), Madagascar and Its Neighbors, Over Time



Source: DHS Statcompiler

Figure 6

South Korea May Lease Half of Madagascar's Arable Land



Sources: World Bank 2008, Financial Times 18/11/08

THE RIGHT TO HEALTH

“The Committee is deeply concerned at the high infant and under-5 mortality rates and low life expectancy in the State party.” (CRC Concluding Observations 2003)

The right to health and to life is not enjoyed equally by children in all Madagascar’s provinces

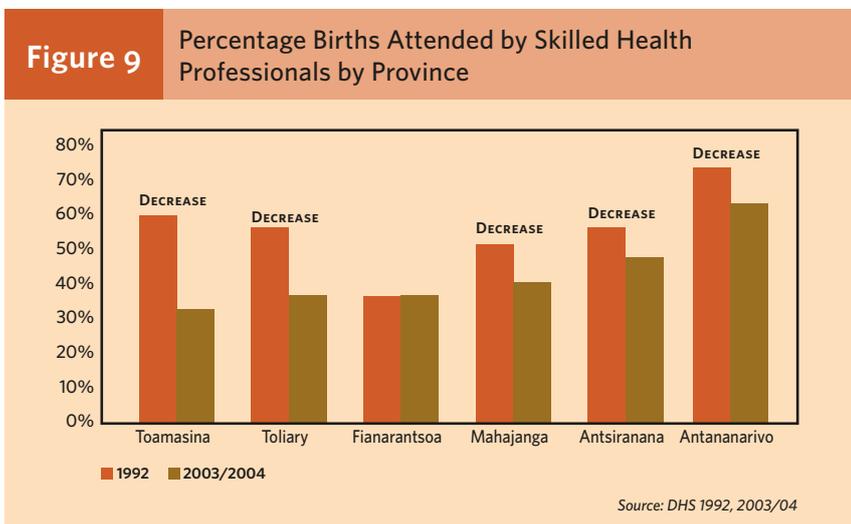
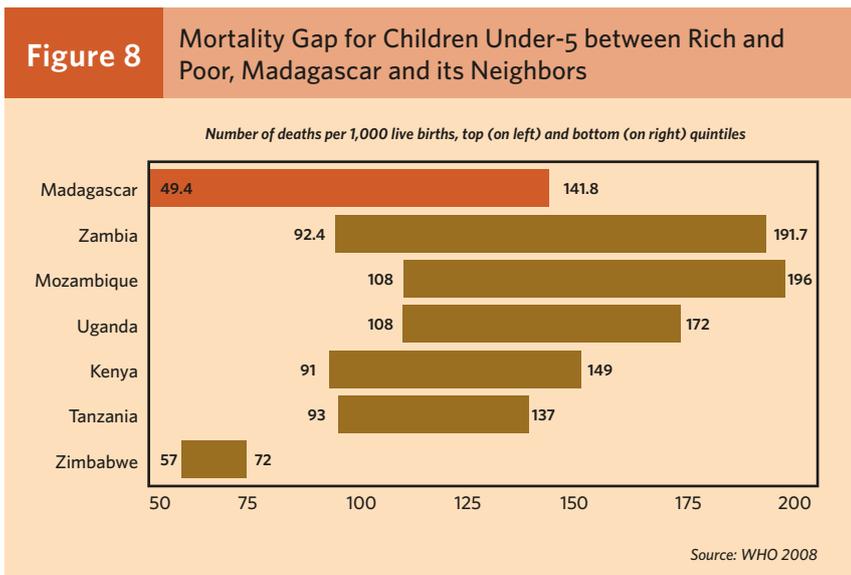
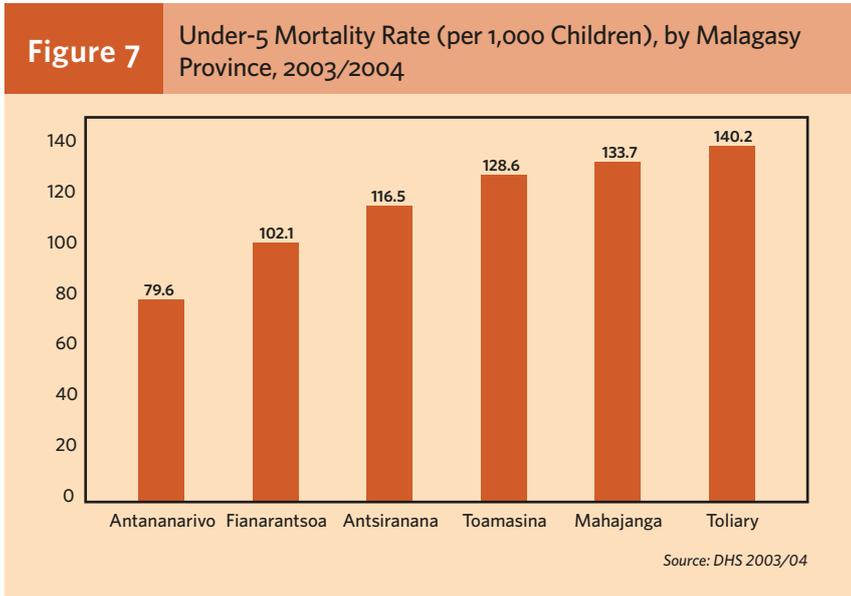
Children in Toliary province are almost twice as likely to die before age five as children in the capital province of Antananarivo. This may reflect a lack of investment in rural areas in access to health care and other resources necessary for enjoying the rights to health and to life.

Children from poor families are more likely to die before age five than children from rich families

This graph shows Madagascar has the largest gap in mortality rates between children from rich and poor families compared to other southern African countries. The poorest 20 percent of Madagascar’s children (with a mortality rate of 142 out of 1,000 live births) are almost three times as likely to die as children from wealthy families (who have a mortality rate of 49 out of 1,000).

The right to health of women has less priority now than in 1992

There has been a significant fall in the coverage of reproductive health services, with a fall in all but one province of the proportion of births attended by skilled health professionals between 1992 and 2003/4.



"The Committee also remains concerned that health services in the local areas continue to lack adequate resources (both financial and human) and that health coverage is declining." (CRC Concluding Observations 2003)

The right to health of children may also be affected by falling vaccination coverage

The proportion of children with vaccination cards in each province has also fallen, suggesting lower rates of vaccination coverage. This may suggest a lower priority and levels of resources for the realization of the right to health of Madagascar's children.

Treatment for malaria has fallen, even when more resources may be available

Malaria accounts for 20 percent of deaths for Malagasy children under five years of age (UNICEF 2008). Nevertheless, the rate of treatment more than halved between 2000 and 2004, continuing to fall in the years following the economic upturn. This raises concerns about government efforts to realize the right to health to the maximum of available resources.

Insufficient allocation of resources for the realization of the right to health

Compared with its neighbors in southern Africa, Madagascar spends the lowest amount on the health sector as a percentage of its GDP. This ratio is a reflection of government commitment to providing healthcare, demonstrating the level of resources the Malagasy government will invest in the realization of this right. This low ratio suggests a weak commitment to the realization of the right to health.

Figure 10 Percentage of Children Who Showed Vaccination Card, by Region

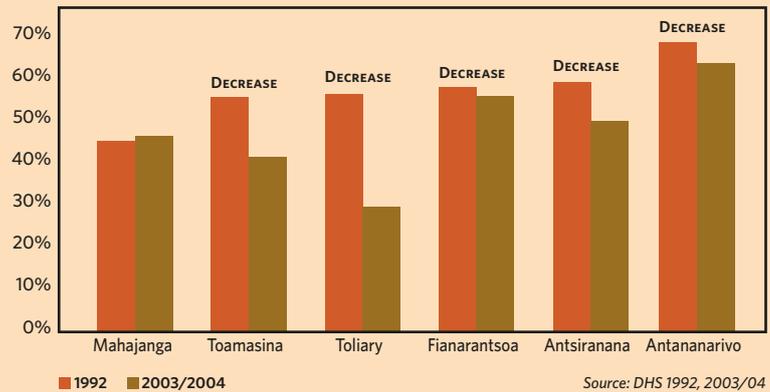


Figure 11 Malaria Treatment and GDP per capita, Madagascar 2000–2004

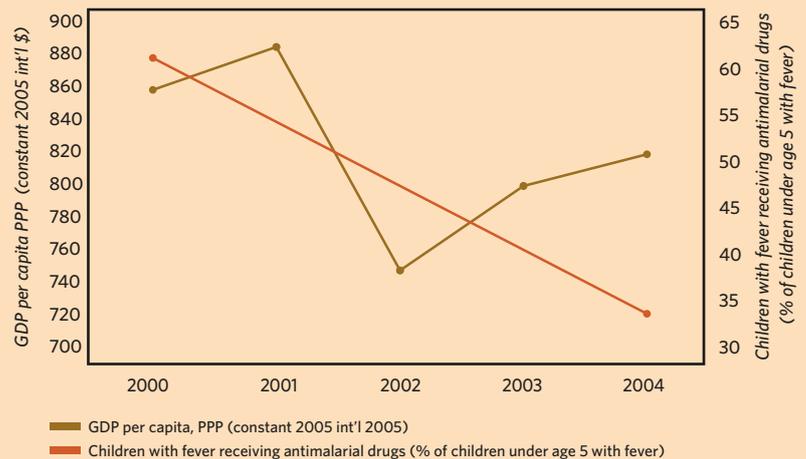
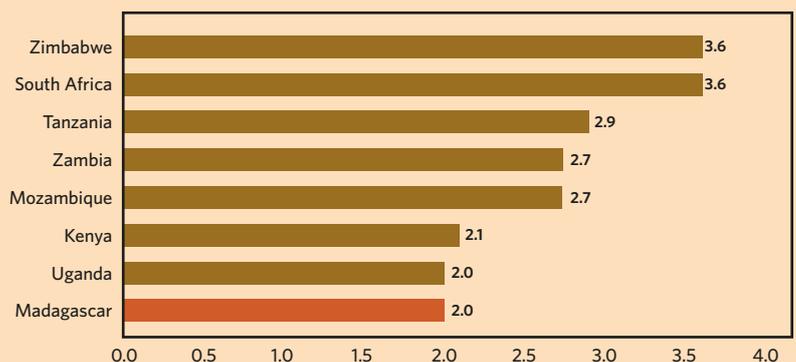


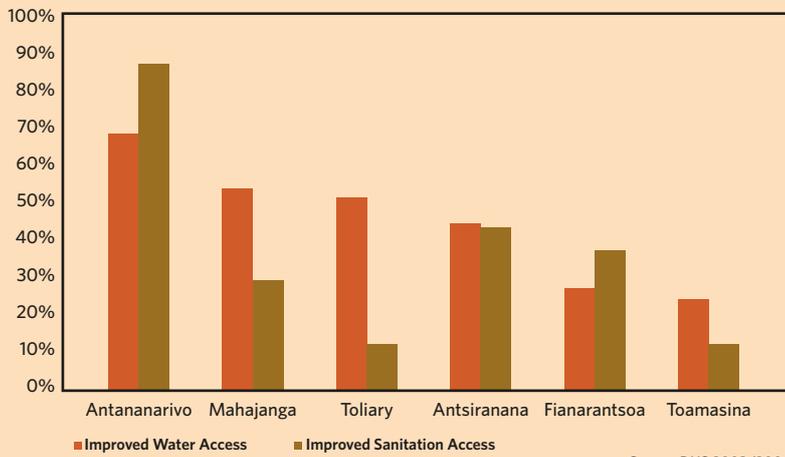
Figure 12 Public Health Expenditure as % of GDP 2005, Madagascar and its Neighbors



THE RIGHT TO WATER

Figure 13

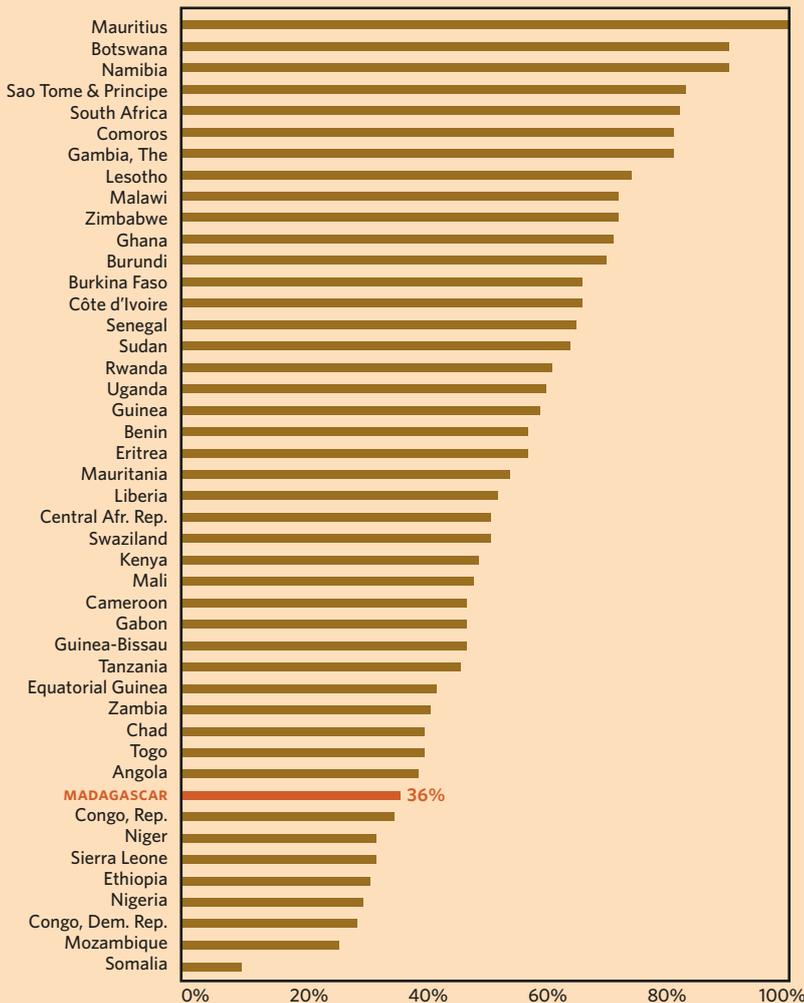
Percentage of Population with Access to Improved Water and Sanitation by Malagasy Province, 2003/2004



Source: DHS 2003/2004

Figure 14

Percentage of Rural Population with Access to Improved Water Source, Sub-Saharan Africa, 2006



Source: World Bank 2008

“Concern is also expressed at ...the poor state of sanitation and the insufficient access to safe drinking water, especially in rural areas.” (CRC Concluding Observations 2003)

The right to water is not being enjoyed equally by Malagasies across the provinces

Madagascar’s urban population living in the capital of Antananarivo has much higher levels of access to safe water and sanitation than the rest of the country. Antananarivo residents are nearly three times as likely to have access to safe drinking water as resident of Toamasina province and more than seven times as likely to have access to improved sanitation.

These wide disparities reflect the difference in infrastructure and investment in the urban capital area and the rest of the country. While urban-rural disparities are common worldwide, these disparities raise concern about Madagascar’s efforts to ensure equality in enjoying the basic human right to water.

People living in rural areas of Madagascar have access to safe water at rates well below averages in Sub-Saharan Africa

More than 73 percent of Madagascar’s population live in rural areas, but only 36 percent of them have access to safe water (World Bank 2008). Madagascar’s rural population has much lower access to safe water than people living in rural areas in other countries across Sub-Saharan Africa. This suggests that efforts to meet the needs of those living in rural areas have been inadequate.

POVERTY AND INEQUALITY

The majority of Malagasies live on less than \$1 a day

Almost two-thirds of Malagasies live on less than \$1 a day, making it difficult for them to meet the minimum calorie requirements and basic non-food needs. This is one of the highest rates of poverty in Sub-Saharan Africa.

Increased national wealth has not trickled down to all Malagasies

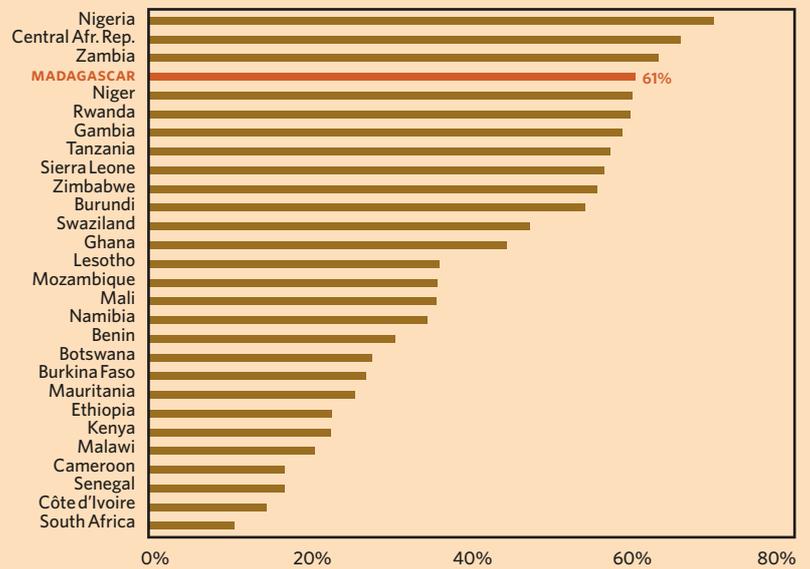
This graph shows that although national income (in terms of GDP per capita) has risen, this has been accompanied by rising inequality. (This is measured in Fig. 16 by the Gini Index, a measure of inequality of wealth or income where a higher percentage indicates greater inequality.) This suggests that the benefits of growth and development have been unevenly spread. It also and raises concerns about Madagascar's commitment to use the maximum of available resources to ensure progressive realization and equal enjoyment of economic and social rights.

Tax policies reflect a weak commitment to fulfilling the right to an adequate standard of living

Tax policies are an essential means of generating the resources needed to realize the equal right of all members of the population to an adequate standard of living. Madagascar, however, in comparison with its neighbors (for which data was available) has the lowest rates of income taxes as a percentage of its revenue and as a percentage of its total taxes. In addition, industries in the export-processing zones (EPZ), have been excused from most taxation (EIU 2008). This suggests a regressive system of taxation with indirect, consumption taxes as the main income source for the government's budget, placing a disproportionate burden on the poor.

Figure 15

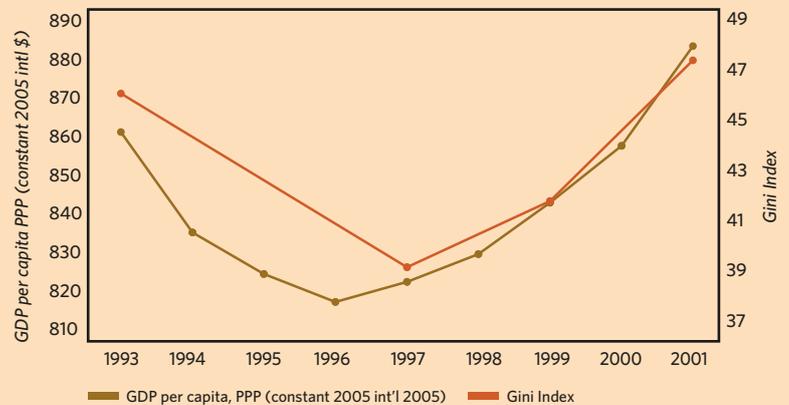
Population Living Below \$1 per day (%), Sub-Saharan Africa, Latest Available Data



Source: UNDP 2007/2008

Figure 16

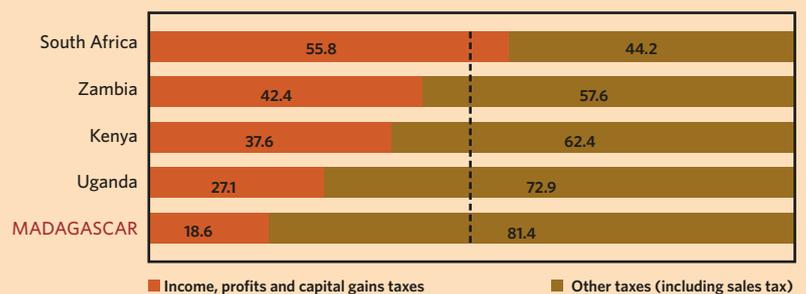
Gini Index and GDP per capita, Madagascar 1993-2001



Source: World Bank 2008

Figure 17

Taxes on Income, Profits and Capital Gains (% of Revenue), Madagascar and Its Neighbors, 2006*



* Kenya 2005

Source: World Bank 2008



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ABOUT CESR

The Center for Economic and Social Rights (CESR) was established in 1993 with the mission to work for the recognition and enforcement of economic, social and cultural rights as a powerful tool for promoting social justice and human dignity. CESR exposes violations of economic, social and cultural rights through an interdisciplinary combination of legal and socio-economic analysis. CESR advocates for changes to economic and social policy at the international, national and local levels so as to ensure these comply with international human rights standards.

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About This Fact Sheet Series

This series is intended to contribute to the ongoing monitoring work of UN and other inter-governmental human rights mechanisms to monitor governments' compliance with their economic, social and cultural rights obligations. It is also intended to contribute to strengthening the monitoring and advocacy capabilities of national and international NGOs. Drawing on the latest available socioeconomic data, the country fact sheets display, analyze and interpret selected human development indicators in the light of three key dimensions of governments' economic and social rights obligations.

Firstly, indicators such as maternal mortality or primary completion rates are used to assess the extent to which the population is deprived of minimum essential levels of the right to health, education, food and other economic and social rights. Secondly, data tracking progress over time can help to assess whether a state is complying with its obligation to realize rights progressively according to maximum available resources. Comparisons within the same region provide a useful benchmark of what has been achieved in countries with similar resources. Finally, data disaggregated by gender, ethnicity, geographical location and socio-economic status is used to identify disparities and assess progress in eliminating discrimination and unequal enjoyment of these rights.

The fact sheets are not meant to give a comprehensive picture, nor provide conclusive evidence, of a country's compliance with these obligations. Rather, they flag some possible concerns which arise when development statistics are analyzed and visualized graphically in light of international human rights standards.