

Madagascar

Research conducted in 01/12/2025

In Madagascar, dementia diagnosis is concentrated in cities like Antananarivo, where patients access neurology or psychiatry after outpatient or private clinic visits. Rural areas face fragmented care, with families often consulting primary care or faith healers first. Cognitive assessments use MMSE, MoCA, or RUDAS, while CT and MRI are concentrated in the capital and often overused in public hospitals. Genetic testing and AD-specific CSF biomarkers are rarely available. Health financing is mostly out-of-pocket, with families covering specialist visits, labs, and imaging due to limited insurance and social protection.

Highlights

Health system **Non-Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Madagascar Alzheimer Masoandro Mody**

National dementia plan: **No national Alzheimer's disease or dementia plan in place**

Dementia plan funding: **No plan**

Dementia prevalence rate: **135**

Dementia incidence rate: **24**

Population: **32947736**

Median age: **19**

Health expenditure (% of GDP): **3**

Diagnosis

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Diagnosis pathway

In Madagascar, dementia diagnosis is concentrated in cities like Antananarivo, where patients access neurology or psychiatry after outpatient or private clinic visits. Rural areas face fragmented care, with families often consulting primary care or faith healers first. Cognitive assessments use MMSE, MoCA, or RUDAS, while CT and MRI are concentrated in the capital and often overused in public hospitals. Genetic testing and AD-specific CSF biomarkers are rarely available. Health financing is mostly out-of-pocket, with families covering specialist visits, labs, and imaging due to limited insurance and social protection.

In Madagascar's capital, Antananarivo, and a few other larger cities, people typically begin in general outpatient and private clinics and are later referred to neurology or psychiatry in hospital settings for cognitive work-ups and imaging. The biggest disadvantage is the fact that the specialist capacity is concentrated in a few cities, with little or no accessible services in smaller towns and villages. Outside major urban areas, care pathways are fragmented and informal: families commonly turn first to primary care or traditional faith healers before ever reaching neurology or psychiatry. This pattern mirrors much of sub-Saharan Africa (SSA), where dementia awareness is low and secondary and tertiary services are scarce.

References

- <https://www.medpages.info/sf/index.php?page=listing&servicecode=172&countryid=14®ioncode=&subregioncode=>
<https://www.alzint.org/u/dementia-sub-saharan-africa.pdf>
- <https://www.severemalaria.org/countries/madagascar/madagascars-health-system>
- <https://www.aljazeera.com/features/2016/8/1/traditional-healers-and-modern-medicine-in-madagascar>
- <https://www.borgenmagazine.com/mental-health-in-madagascar>

Wait times

Status: Long wait time

Private centres in Antananarivo, such as IMM, offer scheduled specialist visits and CT/MRI, with mobile payment and confirmation protocols. Outside the capital, access is fragmented, delays arise from travel and referrals, and rural patients face high costs, long result waits, and occasional sample loss.

In Antananarivo, private centres schedule specialist visits and computed tomography (CT) and magnetic resonance

imaging (MRI) by appointment, which keeps on-site waits shorter and more predictable than in public hospitals. For example, in one of the most notable private clinics, Medical Institute Madagascar (IMM) appointments are confirmed only after a specific date and time is set and payment is received via mobile money. After a reservation request, staff call to confirm slot availability and the service price and cancellations or postponements must be made at least three hours in advance via the call centre. Also, there is a 15-minute grace period and missing it requires rebooking the appointment. At the same time, studies show that outside the capital, access is thin and fragmented, so people commonly face delays tied to travel and referral logistics more than on-site queuing. Alongside the high costs of services for people in rural areas, some of the biggest challenges are the wait times for results and a frequent sample loss in transportation.

References

- <https://imm-mg.com/en/reservation/>
- <https://gh.bmj.com/content/6/12/e007145>
- <https://matahari.global/wp-content/uploads/2023/07/Rapid-Diagnostics-Assessment-FINAL.pdf>

Diagnosis cost

Status: Mostly out-of-pocket.

Health financing in Madagascar is predominantly out-of-pocket, with only small fractions covered by insurance or social protection. Families often bear the cost of specialist care, labs, and CT/MRI, reflecting a UHC service-coverage index of just 35/100.

Madagascar's health financing is mixed and largely out-of-pocket, with very low insurance coverage. According to WHO only 8% of the population had any health-insurance scheme in 2019, while only 5% of the active workforce was covered by formal social protection (ILO).¹ Based on data from 2021, the country's UHC service-coverage index is 35/100, indicating limited access to essential services without financial hardship.² Consequently, most specialist visits, laboratories, and CT/MRI for diagnosis are paid by families, especially when using capital-based private providers. As indicated by the World Bank, out of pocket spending still accounts for about one-third of current health expenditure.³

References

- https://p4h.world/app/uploads/2023/02/P4H_UHC-card_Madagascar.x80726.pdf
- <https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD>
- <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS>

Cognitive tests

Status: Available

MAMM offers MMSE-based public screenings in Antananarivo, with referrals for abnormal results. French-language cognitive tests, including MoCA and RUDAS, are commonly used in clinics to accommodate bilingual and diverse patient populations.

References

<https://www.alzint.org/news-events/events/madagascar-test-de-memoire-pour-tous-memory-test-for-all/>

- <https://www.cambridge.org/core/journals/canadian-journal-of-neurological-sciences/article/p009-comparison-of-montreal-cognitive-assessment-moca-and-rowland-universal-dementia-assessment-scale-rudas-scores-in-diverse-populations/1ED9F6BA972E2D8C3AD7346D3B3D49F7>

Imaging tests

Status: Rarely used

CT and MRI are key tools for assessing brain changes in Madagascar, but both are largely limited to Antananarivo. Even there, public hospital scanners face frequent breakdowns due to heavy use.

References

- <https://mmt-mg.com/en/home-irm/>
- <https://lexpress.mg/23/11/2022/examen-medical-les-irm-centralisees-dans-la-capitale>

Genetic tests

APOE, PSEN1, PSEN2, and APP testing are not part of routine dementia diagnosis in Madagascar, with most genetic analyses conducted abroad or in research.

References

- <https://www.blueprintdna.org/worldwide-offices/dna-paternity-test-madagascar/>
- <https://www.mahaliana.org/>

Biomarker tests

Status: Rarely used

Lumbar puncture and basic CSF testing exist for neurological infections in Madagascar, but AD-specific biomarkers like A β 42/40 or tau are not routinely offered.

References

- https://www.researchgate.net/publication/360611341_Characteristics_tests_of_cerebrospinal_fluid_cytology_chemistry_and_bacteriology_in_inva
- [https://www.thelancet.com/pdfs/journals/lanhl/PIIS2666-7568\(24\)00132-6.pdf](https://www.thelancet.com/pdfs/journals/lanhl/PIIS2666-7568(24)00132-6.pdf)

Treatment & care

Madagascar lacks dedicated memory clinics, and its dementia care is concentrated in Antananarivo, with limited specialist services and imaging outside the capital. Palliative care is underdeveloped and oncology-focused. Patients largely pay out-of-pocket, and no government subsidies or formal caregiving support exist. MAMM provides awareness, counselling, helplines, and a planned day care centre, but reach beyond the capital remains limited.

Specialized facilities and services

Madagascar lacks dedicated memory clinics, with Alzheimer's care concentrated in Antananarivo where neurology, psychiatry, and imaging services are available. MAMM leads awareness and caregiver initiatives, yet coverage outside the capital is limited. Palliative care is underdeveloped and largely oncology-focused, leaving minimal dementia-specific pathways.

There are no widely available dedicated memory clinics across the nation. Alzheimer's disease relevant care (neurology, psychiatry, geriatrics) is concentrated in Antananarivo, where the most neurologists and specialist services are located and where private diagnostic capacity (CT/MRI) is available. The national Alzheimer's Disease International (ADI) affiliate, Madagascar Alzheimer Masoandro Mody (MAMM), is focused on awareness campaigns, carer support, and is working to establish a senior day care center, but reach beyond Antananarivo remains limited. Like in most SSA countries, palliative care is underdeveloped and largely oncology-focused in urban hospitals with minimal dementia-specific pathways. Global and African rankings continue to place Madagascar in lower tiers of palliative-care development, underscoring limited coverage outside a few urban sites.

Approved medication

Generic Name	Trade Name	Used for
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*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Patients in Madagascar largely cover dementia-related costs themselves, as private tariffs are high and no government subsidies exist.

Given the low insurance coverage, monthly medicine costs, follow-ups, and all types of therapy are mainly paid out-of-pocket. Although private clinics and pharmacies entail higher tariffs than public facilities, there are still no dementia-specific state subsidies.

References

<https://documents1.worldbank.org/curated/en/323001467999684782/pdf/98188-REVISED-PUBLIC-P147611-MG-PER-Health-Background-paperFinal-Sept172015.pdf>

- https://p4h.world/app/uploads/2023/02/P4H_UHC-card_Madagascar.x80726.pdf

Caregiver support

There is no formal financial support for dementia caregiving in Madagascar. MAMM offers counselling, helplines, and day care initiatives, yet outside Antananarivo, caregiving falls primarily to families due to limited services and lack of government support.

There is no national cash benefit or long-term care insurance for dementia caregiving. MAMM is the only NGO that provides support groups, counselling, helplines, and organizes awareness events that can reduce burden. MAMM has acquired two hectares of federal land to construct the day care centre for elders and people living with disabilities but still lacks financial resources to finalize the project.¹ Outside of the capital, caregiving is mostly the responsibility of family members due to lack of access to services in the capital city and no government support.

References

- <https://www.alzint.org/member/ong-madagascar-alzheimer-masoandro-mody/>
- <https://borgenproject.org/elderly-poverty-in-madagascar/>

Policy

Madagascar has no national dementia strategy, legal framework, or Alzheimer's-specific policies. Cultural beliefs often delay care, with families consulting traditional healers first. WHO focuses on broader health system strengthening, while ADI highlights awareness, stigma reduction, and timely specialist referrals.

National dementia plan

There is no official strategy or national plan related to Alzheimer's disease in Madagascar.

There is no official strategy or national plan related to Alzheimer's disease or dementia.

Upcoming plans

No new dementia strategy has been announced in Madagascar, as WHO focuses first on strengthening the national health system.

No new dementia or Alzheimer's disease strategy has been announced. Moreover, World Health Organization (WHO)'s current work in Madagascar emphasizes universal health care system-building as the priority, before dealing with any dementia-specific policies.

References

- <https://www.who.int/about/accountability/results/who-results-report-2024-2025/country-profile/2024/madagascar>

Policy gaps

Legal barriers

Financing and sustainability mechanisms are unclear. Public communications emphasise awareness, prevention, and pilot interventions, but do not specify long-term budget lines, reimbursement policies, or insurance coverage for diagnostics, medications, home care, and caregiver support, risking reliance on short-term grants and NGO funding.

References

- https://www.constituteproject.org/constitution/Madagascar_2010
- [https://aaopenplatform.accessaccelerated.org/resource-library/sites/default/files/Sanofi%20Mental%20Health%20Program%20\(FAST%20%E2%80%93%20Fight%20Against%20Stigma\)%20Madagascar.pdf](https://aaopenplatform.accessaccelerated.org/resource-library/sites/default/files/Sanofi%20Mental%20Health%20Program%20(FAST%20%E2%80%93%20Fight%20Against%20Stigma)%20Madagascar.pdf)

Cultural barriers

Dementia in Madagascar is frequently attributed to aging or spiritual forces, causing families to rely on traditional or

faith healers and avoid formal care. ADI emphasizes awareness and stigma reduction to improve timely help-seeking.

As in much of SSA, dementia symptoms are perceived as “normal ageing”, which prevents timely help-seeking. ADI’s regional advocacy underscores the need for awareness and stigma reduction. In Madagascar, dementia symptoms may be also attributed to spiritual causes or witchcraft, leading families to hide the condition or avoid formal services. Because of lack of trust in the official health system, traditional and faith healers are often the first point of contact, which can further delay referral to neurology specialists

Research

Madagascar has no Alzheimer's-specific innovations, but the mTOMADY mobile app improves elder-care access by letting families pre-fund care, receive subsidies, pay via mobile money, and cover transport or practical costs.

Selected academic institutions

Joseph Ravoahangy Andrianavalona Hospital Joseph Raseta Befelatanana Hospital Centre de Neurologie d'Antananarivo

Clinical trials and registries

No official country registries and ongoing clinical trials were revealed.

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References

- <https://clinicaltrials.gov/search?locStr=Madagascar&country=MG&cond=Alzheimer%20Disease&viewType=Card>

Selected innovative methods

While Madagascar lacks documented Alzheimer's-specific diagnostic or therapeutic innovations, health financing solutions like the mobile app mTOMADY enhance elder-care access. The app allows families to pre-fund specialist visits, CT/MRI, and medications, receive subsidies from NGOs or employers, and pay via mobile money. This system reduces cash barriers and supports caregivers with transport and practical costs, easing barriers across the dementia care pathway.

here are no documented country-specific diagnostic or therapeutic Alzheimer's disease innovations in Madagascar, but there is notable innovation in health financing that can indirectly improve access to elder-care services. In 2019, an organization called "Doctors for Madagascar" developed a mobile health-wallet "mTOMADY" that lets people save money for care in advance, receive targeted subsidies or vouchers from NGOs, employers and donors, and pay clinics via mobile money. The app shows user's balance and benefits on their phone, reduces the cash barrier at the moment of care, and allows partners (healthcare providers) to top up specific services.¹ mTOMADY can ease several pain points in an Alzheimer's disease pathway. Families can pre-save for predictable costs (specialist visits, follow-ups, CT/MRI) and receive targeted top-ups from NGOs or employers reducing the cash shock at each step. Since the payments run through mobile money to contracted clinics and pharmacies, this helps people refill their medicines on time and gives carers a way to pay for practical needs like transportation to appointments.

References

- <https://www.mtomady.com/impact>

Support

Through events, talks, and visual campaigns, MAMM promotes dementia awareness, risk reduction, and healthy ageing in Antananarivo. All public information is shared via MAMM's channels and general media, helping families access screenings, counselling, and local support networks.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Madagascar Alzheimer Masoandro Mody (MAMM) [Federation of Elderly Citizens \(FIZOMA\)](#)

Selected initiatives

MAMM organizes year-round events and campaigns to raise dementia awareness in Antananarivo. Highlights include Memory Walks, park-based awareness installations, SIPA day for frail elders, and neuro-psychiatrist-led public conferences. These initiatives provide education on symptoms, risk reduction, and healthy ageing, connect families to screenings, counselling, and support groups, and involve Ministry officials. By combining talks, visual materials, and interactive Q&A sessions, MAMM sustains engagement, counters misconceptions that dementia is “normal aging,” and promotes access to local care pathways.

MAMM Campaigns

Throughout the year, and especially every September, MAMM uses its Antananarivo-based channels to run talks, posts, and community events that signpost memory checks and support groups. These recurring activities sustain visibility for dementia, keep families engaged after World Alzheimer's Month, and provide contact details for direct assistance. They also organized a Memory Walk event for their 25th anniversary.

Integrated Services for Frail Elders (SIPA)

On 27 January 2023, MAMM and its parent organization, FIZOMA, organized an Integrated Services for Frail Elders (SIPA) day in Ambohimiadana-Ampitatafika. The event was focused on integrated care for older adults, with participation from Ministry of Public Health officials. The event provided a platform for dementia awareness within broader screenings and counseling for seniors, linking attendees to services and follow-up channels.

From 9-30 September 2022 in Antaninarenina Park in Antananarivo, MAMM organized a public awareness installation with visual materials in a high-traffic city park. The display used simple, bilingual messages to explain early symptoms, risk reduction, and where families can seek help. The event aimed at countering the common view that dementia is just “normal aging” and directing people to local support.

MAMM Lecture

On 2 September 2021 at the Tananarivian Inter-Enterprise Health Organization (OSTIE) Head Office in Antananarivo, MAMM hosted a two-hour public conference led by neuro-psychiatrist Dr. Andrianiaina Raharison. The session covered the medical basics of Alzheimer's disease and related disorders, healthy aging guidance, and the post-diagnosis support offered by MAMM. The lecture was followed by a Q&A to connect families with practical next steps.

References

- <https://www.alzint.org/member/ong-madagascar-alzheimer-masoandro-mody/>
- <https://www.facebook.com/photo/?fbid=558767169625010&set=a.556107486557645>
- <https://www.alzint.org/news-events/events/madagascar-one-month-to-know-alzheimer-better/>
- <https://www.alzint.org/news-events/events/madagascar-fantaro-ny-aretina-alzheimer-know-alzheimers-conference/>

Dedicated media outlets

No Alzheimer's disease specific media outlet identified, all public information is spread via MAMM's website, social channels and occasional coverage by general media.

References

- <https://www.facebook.com/madagascar.alzheimer.page/#>
- <https://madagascar-alzheimer.mg/>