Health Action in Crises

Food Security in Niger

October 2006

THE PRESENT CONTEXT

Niger suffers from endemic poverty. In spite of some progress in the health and education sectors, progress towards the UN Millennium Development Goals is slow and difficult.

The country is facing again a difficult lean season. The situation is characterized by pockets of food insecurity in agro-pastoral and agricultural areas. Food insecure households suffer from a weak livelihood base and risky coping strategies. These households spend up to 72% of their income on food.

In spite of a relatively satisfactory harvest, household production still does not cover needs, while part of the crops is dedicated to repaying debts accumulated in 2005. Cereal prices remain high and the population’s coping capacities have been reduced by last year’s crisis, which pushed thousands of the poorest further into poverty and debt.

Since the beginning of August, the Government has made cut-price (and in some places free) cereals available to those who need help recovering from last year’s shortages. Villages and communities that had feeding problems in 2005 have access to pre-positioned staples. Relief projects have already reached hundreds of thousands of people this year and are keeping the most vulnerable on life-support.

However, the UN has made it clear that without an ongoing, simultaneous focus on development, the country will always be one bad harvest away from catastrophe.

Flooding

Torrential rains have left more than 43 000 people (6127 households) homeless in the North, East and South. Up to 50 cities and villages across Agadez, Dosso, Maradi and Tillaberi have been affected. The town of Bilma, in northeast Agadez, has been destroyed. Authorities set up an emergency crisis cell and appealed for urgent assistance. WHO accompanied MoH in the assessment.

In October 2005, a joint assessment carried out by the Government, UN agencies and partner NGOs revealed that 3.6 million people were affected by food shortages, of which 2.5 million were thought to be extremely vulnerable. By December 2005, UNICEF figures show that more than 240 000 children had been admitted to 822 therapeutic feeding centres across the country, of which 173 000 for moderate malnutrition and 67 000 for severe malnutrition.

Between January and September 2006, 117 788 cases of moderate malnutrition and 11 730 cases of severe malnutrition have been reported through the national surveillance system (see Figures 1. and 2.). During the same period, UNICEF and partners have reported 225 566 cases of moderate malnutrition and 41 213 cases of severe malnutrition.

Main indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tr>
<td>Total population (2005)</td>
<td>13 597 000</td>
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<tr>
<td>% under 15 (2005)</td>
<td>49</td>
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<tr>
<td>% of rural population (2005)</td>
<td>77</td>
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<tr>
<td>Life expectancy at birth (2005)</td>
<td>49.2</td>
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<td>Under-five mortality /1000 (2004)</td>
<td>259</td>
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<tr>
<td>Maternal mortality /100000 (2000)</td>
<td>1600</td>
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<td>Total expenditure on health % GDP (2004)</td>
<td>4.8</td>
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<td>General government expenditure on health as % of general government expenditure (2004)</td>
<td>12.3</td>
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<td>Human Development Index rank out of 177 countries (2005)</td>
<td>177</td>
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<td>% population living below the national poverty line (2004)</td>
<td>70</td>
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<td>Adult (15+) literacy rate (2000-04)</td>
<td>14.4</td>
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<td>% population with sustainable access to an improved water source (2004)</td>
<td>46</td>
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<tr>
<td>% population with sustainable access to improved sanitation (2002)</td>
<td>12</td>
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Sources:
- United Nations Population Division
- General Census of the Population 2001
- WHO data on National Health Accounts
- Human Development Report 2005
- World Development Indicators 2005 (World Bank)
- UNESCO Institute for Statistics
PUBLIC HEALTH ISSUES

**Epidemiological profile**

Niger’s epidemiological profile is marked by the predominance of endemic and epidemic communicable diseases and the emergence of non communicable diseases.

**Malaria** is the main disease affecting public health. It is responsible for 30% of outpatient consultations and one of the first causes of morbidity, with an average of 850,000 cases per year. Children under five – half of under-five deaths are due to malaria – and pregnant women are the most vulnerable.

**Communicable diseases**

The risk for outbreaks of **meningococcal meningitis** is high. Between 1 January and 22 October, 4,235 cases and 302 deaths have been reported, in Maradi, Dosso, Niamey and Tillaberi (CFR: 7.10%), against 1,104 cases and 130 deaths for the same period in 2005.

**Cholera** appears every year during the rainy season, threatening around 83% of the total population. Between 1 January and 28 October, 1,169 cases of cholera and 79 deaths (CFR 6.75%) have been reported.

The first outbreak of **shigellosis** occurred in 2000. In 2006, close to 10,000 cases have been reported during the first 10 months.

Due to improved immunization coverage, **measles** incidence has declined from over 50,000 cases annually to 2,165 cases in 2005. In 2006, 413 have been notified between weeks 1 and 40.

**Polio** is still present despite ongoing vaccination campaigns. Between weeks 1 to 41, 171 cases of acute flaccid paralysis and 11 imported cases of polio have been notified.

**Under-nutrition**

Children are the most affected by the degrading food security. A UNICEF/Center for Disease Control (CDC)/Government assessment carried out in October 2005 showed that 15.3% of children aged 6 months to 5 years suffer from acute malnutrition, exceeding the WHO’s 10% emergency threshold (See Figure 3.).

In 2006, a total of 143,887 cases of malnutrition (acute and moderate) and 304 deaths were reported between weeks 1 and 42 by the National information System (SNIS) of the MoH.
Access to water, sanitation and health care

Only about 46% of the population has access to clean water and 12% to sanitation. This helps communicable diseases to spread, while chronic malnutrition and poor access to healthcare makes them more deadly.

Close to half of Niger’s population of over 11 million people do not have access to healthcare. For those that do, it can be expensive and in many cases unaffordable. In April, 2006, the Government passed a law that would make healthcare free for pregnant women and children under five; it is also working to set up a social fund to finance the free healthcare plan but so far the system is not in place.

STRATEGIC AXES OF WHO’S RESPONSE

WHO’s response is based on four main axes that were defined during the 2005 food crisis:

1. Strengthen health sector coordination and information management to ensure better targeting and to address needs in under-serviced areas;
2. Support local and national authorities as well as health partners in the early identification and control of suspected outbreaks by strengthening preparedness for epidemic prone diseases through provision of technical expertise and pre-positioning of medical kits;
3. Enhance capacities to treat severe malnutrition at local level by ensuring that staff receives appropriate training and that therapeutic food supplies are available; and
4. Support the development of a policy and strategy to improve reliability of access to and affordability of essential health care during crises.

ACTIVITIES CONDUCTED IN 2006

Activities conducted in 2006 follow the same outline. The main achievements so far include:

- A nutritionist and an Emergency Health Action Focal Point appointed;
- MoH supported to extend the nutritional surveillance system to all regions;
- participation in the need assessment mission to flood-affected areas;
- Participation in the meetings of the MoH Working Group on nutrition and support for monthly coordination meeting on malnutrition, immunization and epidemiological surveillance in Maradi, Zinder, Tahoua, Dosso and Tillaberi;
- Written suggestions for revision of the National protocol on the management of malnutrition;
- Validation of training tools on the detection of cases of malnutrition, good feeding practices, and community sensitization on the prevention of malaria and diarrhoea;
- Training of 48 trainers and 75 health workers from all regions on the management of malnutrition and of the main childhood diseases;
- Training on surveillance and counselling for HIV/AIDS in Maradi;
- National Workshop on food strategies for children and newborn, including in the context of AIDS;
- MoH supported to investigate the March Avian Flu outbreak in Diffa and Zinder;
- Support to the February/March meningitis immunization campaign in Maradi, Dosso and Diffa and to the polio vaccination campaigns organized in March, April and May, coupled with vitamin A distribution and reinforced routine PEV vaccination;
- A workshop organized to examine and adopt the new texts on health cost recovery and the setting up of a health social fund and participation in a study of health care cost with UNICEF, the French Development Agency, the French Cooperation and the MoH to determine the exact cost of health care services at the district level; and
- Participation in the elaboration of an advocacy tool (REDUCE/ALIVE) with the USAID-sponsored Aware-RH for resource mobilization to support the reduction of maternal and neonatal mortality.

**NEXT STEPS**

To further WHO's activities in support of the MoH, four axis of interventions are proposed:

1. **Reinforce coordination and information management by:**
   - Supporting health sector coordination and information management;
   - Disseminating regular situation updates and weekly morbidity and mortality updates;
   - Participating to national and regional coordination meetings;
   - Maintaining the Maradi Sub Office; and
   - Supporting the weekly analysis of trends for communicable diseases and malnutrition.

2. **Reinforce epidemiological surveillance and response by:**
   - Continuing training on the management of communicable diseases such as malaria and on the response to Avian Influenza;
   - Pre-positioning cholera kits, essential drugs against meningitis, malaria and shigellosis as well as laboratory tests;
   - Ensuring the transport of samples to the reference laboratory; and
   - Recruiting an epidemiologist to support nutritional surveillance.

3. **Improve the management of malnutrition by:**
   - Providing all regions with the new integrated support for data collection;
   - Supporting national authorities in data collection and analysis;
   - Training relevant staff;
   - Supporting the supervision of activities;
   - Supporting the rehabilitation of national therapeutic feeding centres; and
   - Revising training modules on the management of malnutrition.

4. **Support access to care by:**
   - Supporting the finalization of the texts on health cost recovery;
   - Supporting the organization of a new consensus workshop on the new texts and their dissemination;
   - Supporting the finalization of the document on the social fund for health, including the scenarios for its implementation; and
   - Organizing a consensus workshop on the document and its dissemination.

**FUNDS NEEDED**

Under the 2006 revised CAP for West Africa, WHO is requesting US$ 6 131 294 for its activities in West Africa, including US$ 1 064 000 for Niger. Activities include enhancing emergency preparedness and response capacity and strengthening outbreak alert and response through preparedness for rapid diagnosis, prevention and control of yellow fever and meningitis.

WHO is working with partners on a 2007 CAP for West Africa which will include Niger.