The Present Context

Ranking last on the UNDP Human Poverty Index Scale, Niger suffers from endemic poverty: over 60% of the country’s 11.5 million people live with less than $1 per day, with women making up two-thirds of this figure. Life expectancy is 44 and the adult literacy rate is around 14%. In spite of some progress in the health and education sectors, progress towards the UN Millennium development goals is slow and difficult.

Niger is facing again a difficult lean season. Last year’s crisis pushed thousands of the poorest further into poverty and debt; part of the crops will be dedicated to repaying debts accumulated to survive in 2005. Between January and July 2006, more than 62 000 cases of moderate malnutrition and 7150 cases of severe malnutrition were reported nationwide. Diffa, Maradi, Tahoua Tillaberi and Zinder are the most affected regions.

Main Public Health Issues and Concerns

Health status

- Infant and under-five mortality rates are 154 and 259 per 100,000 live births respectively. There is a wide disparity between urban and rural areas. The main causes of mortality are acute respiratory infections, malaria, diarrhoea and injuries such as burns.

- A nutritional survey carried out at the end of 2005 by the Government, UNICEF and the Center for Disease Control in Atlanta revealed a 15.3% acute malnutrition rare among children under five, ranging from 9% in Niamey to 28% in Tahoua. Only 2% of children aged less than four months are exclusively breastfed.

- The situation of women is characterized by the highest fertility rate in the region (eight children per woman), a wide gender gap in terms of health, education and literacy and a high maternal mortality rate at 1600/100 000 live births (UNDP 2005). Only 16% of births take place in health facilities and 15% with skilled attendance.

- Malaria, of which 90-95% is due to *P. falciparum*, is responsible for 30% of outpatient consultations and is 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. Treatment of uncomplicated malaria with artemether-lumefrantine is being implemented but chloroquine remains the first line drug.

- The risk for outbreaks is high. Since the beginning of 2006, more than 4200 cases of meningococcal meningitis have been reported in Maradi, Dosso, Niamey and Tillabery. The first shigellosis
outbreak occurred in 2000 and the number of cases is increasing (more than 6000 cases since the beginning of 2006). Due to improved immunization coverage, the incidence of measles has declined from over 50,000 cases annually to 2183 cases in 2005.

• Cholera appears every winter in the South, threatening around 83% of the total population. Since the beginning of 2006, 343 cases of cholera and 20 deaths (CFR 7.9%) have been reported. Only about 46% of the population has access to clean water and 12% to sanitation.

• Tuberculosis is a major public health problem, with an incidence of 1.5 per 1000 and an annual infection risk of about 2 to 3%. Effective control is impeded by low rates of screening (58%), cure (57%), high drop-out rates (16%) and erratic supply of drugs and reagents.

• The national HIV/AIDS prevalence is estimated at 1.1% for the adult population, 25.6% for commercial sex workers and 3.6% for soldiers. Women are more vulnerable to HIV. There is a significant risk of rapid expansion of the epidemic.

Health System

• The information base for strategies and programmes in health and nutrition is poor; e.g. figures on malnutrition collected through the national disease and nutrition surveillance system differ from those collected by international partners.

• The health system is organized in three levels, corresponding to the administrative division of the country: the central administration deciding on the general strategy and running the national hospitals and health centres; eight Directions générales de la santé publique, represented by the six regional hospitals and two reference maternities; and 42 Equipes cadres du district in 42 district hospitals and a network of 578 centres de santé intégrés and 1,201 cases de santé.

• The private sector includes around 200 health establishments, seven supply centres and 42 private pharmacies.

• The health system is under-resourced. The quality of available health services and their coverage are both severely limited. Public health programmes are overstretched. Health service users have to pay substantial charges. More than 50% of the population does not have access to health services.

• Nationwide, there is one health centre per 25,000 persons, one pharmacy per 22,500 persons, one maternity bed per 577 births and one paediatric bed per 13,540 children under 15. The ratios vary depending on the region and very populous areas such as Maradi, Tahoua, Zinder and Tillaberi are the least covered.

• The health system is funded mainly through external resources. Between 1994 and 2004, the Government allocated an average of 6% of its budget to the health sector while foreign aid accounted for 27.5% of the overall health expenditure. In terms of expenditure per capita, investments remain low at US$ 7.8 in 2004. Several bottlenecks impede community participation, including insufficient information and training, poor management transparency and lack of care and provision to the poorest segments of the population.

Main Sector Priorities

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

• Enhance capacities to treat severe malnutrition at local level by ensuring that staff receives appropriate training and that therapeutic food supplies are available;

• Strengthen health sector coordination and information management to ensure better targeting and to address needs in under-serviced areas;

• 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;

• Support the development of a policy and strategy to improve reliability of access to and affordability of essential health care during crises.

Niger is also covered by the CAP 2006 for West Africa, which calls for a regional strategy to complement on-going health programmes in individual countries and target the unmet needs of vulnerable populations, especially women and children. The CAP puts emphasis on:

• Scaling up coordination and emergency response capacity;

• Strengthening disease surveillance and outbreak response for communicable diseases cholera, being a priority;

• Improving the quality of health care services in crisis affected zones;

• Improving the quality of potable water and sanitation in localities affected by crises.