The Present Context

Ranking the second to 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. Life expectancy is 46 and the adult literacy rate is 17%. In spite of some progress in the health and education sectors, progress towards the UN Millennium development goals is slow and difficult. In 2004, a severe drought and a subsequent locust invasion destroyed up to 100% of the crop in some regions, leaving more than a third of the population short of food. An estimated 800,000 under-five children are suffering from hunger, of whom at least 60,000 are malnourished and 32,000 severely. The traditionally poorest and most vulnerable departments in the agro-pastoral regions of Tillabéri, Tahoua, Maradi, Diffa, Agadez, Zinder and Gaya are the most affected. In November 2004, an appeal for assistance by the Government of Niger remained unanswered; the May 2005 UN Flash Appeal received little response.

Main Public Health Issues and Concerns

Health status

- Infant and under-five mortality rates are 156 and 265 per 100,000 live births respectively. Nation-wide, 40% of under-five children suffer from malnutrition, 40% suffer from stunting and 14% from wasting. 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 (8 children per woman), a wide gender gap in terms of health, education and literacy and a high maternal mortality rate at 1,600/100,000 live births (UNDP 2004). Only 16% of births take place in health facilities and 15% with skilled attendance.
- Regular outbreaks of vaccine preventable diseases (measles, meningitis) and of water-borne and diarrhoeal diseases (cholera, shigellosis, typhoid) are reported. Acute respiratory infections, vector-borne diseases (malaria, yellow fever, African sleeping sickness, lymphatic filariasis, onchocerciasis), tuberculosis and HIV/AIDS are important public health problems in the country.
- 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, or an incidence of 80 per 1,000. Children under five – 50% of under-five deaths are due to malaria – and pregnant women are the most vulnerable. (Chloroquine is still first line drug for uncomplicated malaria).

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• Measles outbreaks are recurrent with an average of 43,000 cases per year. The last outbreak in 2004 affected over 62,000. A survey showed that the fatality rate is around 9%. Meningitis is endemic and the number and frequency of outbreaks is increasing.

• Cholera appears every winter in the south of the country, threatening around 83% of the total population and killing between 1 and 5% of its victims. Only 43% of the population has access to clean water and only 18% to sanitation.

• The national HIV/AIDS prevalence is estimated at 1.2% for the adult population, 25.6% for commercial sex workers and 3.6% for soldiers. About 4,800 persons died of AIDS in 2003. Tuberculosis prevalence is estimated at 3% and incidence at 1.5 per 1,000.

Health System

• The health system is organized in three levels, corresponding to the administrative division of the country:
  o The central administration decides on the general strategy and runs the national hospitals and health centres;
  o The second regional level covers the eight Directions générales de la santé publique (DRSP), represented by the six regional hospitals and two reference maternities; and,
  o The third level includes 42 Equipes cadres du district (ECD) in 42 district hospitals and the associated network of 578 Centre 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. More than 50% of the population does not have access to health services. 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.

• 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 years of age. The ratios vary depending on the region and very populous areas such as Maradi, Tahoua, Zinder and Tillaberi are the least covered.

Main Sector Priorities

The recent Flash Appeal lists the following health priorities to ensure the survival of the population:
• Ensuring that essential, reliable and affordable health care services are available for all;
• Strengthening the existing surveillance and early warning and response system to monitor communicable diseases, assessing survival rates and nutritional status and improving the health system performance;
• Recuperating malnourished children under five and pregnant and lactating women through therapeutic and supplementary feeding;
• Supporting existing health services to prevent malnutrition and communicable diseases, and
• Strengthening health sector coordination and information management.

Niger is also covered by the CAP 2005 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 the provision of:
• Quality preventive and curative health care for vulnerable populations through strengthening of primary health care services, routine immunization services and nutrition supplementation;
• Reliable laboratory services for diagnosing Lassa fever and other infectious diseases;
• Strengthened reproductive health services, including SGBV case management, especially for women and youth; and
• Strengthened Sexually Transmitted Infections (STI) case management, HIV/AIDS prevention and awareness-raising programmes.

The CAP also advocates for a reinforced national capacity to monitor and respond to disease outbreaks and for greater coordination among different actors (including uniformed forces) both within countries and across borders.