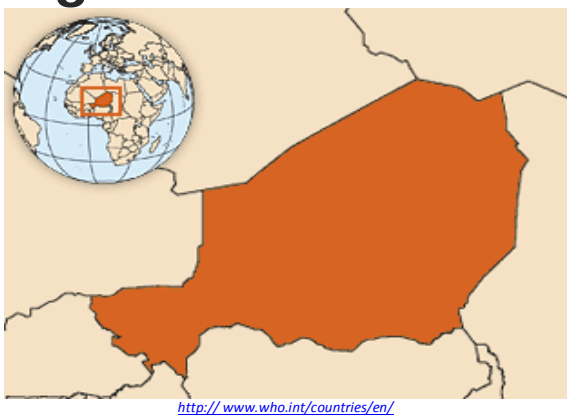
World Health Organization

Country Cooperation Strategy *at a glance*

Niger



http:// www.who.int/countries/en/

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	17 157
% Population under 15 (2012)	49.99
% Population over 60 (2012)	4.26
Life expectancy at birth (2012) Total, Male, Female	59 (Male) 59 (Both sexes) 59 (Female)
Neonatal mortality rate per 1000 live births (2012)	28 [17-48] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	114 [91-140] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	590 [360-1100]
% DTP3 Immunization coverage among 1-year-olds (2012)	74
% Births attended by skilled health workers (2006)	17.7
Density of physicians per 1000 population (2008)	0.019
Density of nurses and midwives per 1000 population (2008)	0.137
Total expenditure on health as % of GDP (2011)	5.3
General government expenditure on health as % of total government expenditure (2011)	11.1
Private expenditure on health as % of total expenditure on health (2011)	44.9
Adult (15+) literacy rate total (2005)	28.7
Population using improved drinking-water sources (%) (2011)	50 (Total) 39 (Rural) 100 (Urban)
Population using improved sanitation facilities (%) (2011)	10 (Total) 34 (Urban) 4 (Rural)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2008)	43.6
Gender-related Development Index rank out of 148 countries (2012)	146
Human Development Index rank out of 186 countries (2012)	186

Sources of data:
Global Health Observatory, April 2014
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

The Niger has made significant progress in a number of areas. The rate of maternal, neonatal and child mortality has decreased significantly in recent years, and if current trends are maintained, the country is on track to achieve Millennium Development Goal (MDG) 4 on child mortality. The rate of maternal mortality will not have been reduced sufficiently to meet MDG 5 by 2015, however. For MDG 6, the country has managed to reverse the trend in HIV infections: seroprevalence was at 0.4% in the general population in 2012, down from 0.7% in 2006.

The health situation is characterized by the predominance of communicable diseases and the emergence of noncommunicable diseases.

An average 850 000 cases of malaria were reported each year between 2006 and 2010; the disease is responsible for 30% of outpatient consultations and 50% of deaths among children under 5. The HIV/AIDS epidemic is concentrated and prevalence is low, estimated to be 0.4% in the general population in 2012. Tuberculosis prevalence is 328 cases per 100 000 of population per year.

Schistosomiasis, soil-transmitted helminth infections, trachoma and lymphatic filariasis are all causes for concern, while dracunculiasis, onchocerciasis and leprosy are close to being eradicated or eliminated.

Chronic noncommunicable diseases such as diabetes, high blood pressure and cardiovascular diseases are increasingly common, with the following prevalence among adults: high blood pressure, 21.2%; diabetes, 4.3%; overweight, 26.5%; obesity, 3.8%; tobacco use, 4.9%. The 2012 multiple-indicator health and demographics survey estimates that 44% of children suffer from chronic malnutrition, of which 22% are severe cases. The persistence of behaviour detrimental to health is an obstacle to disease control. The Niger faces major food and nutrition crises as well as severe flooding.

HEALTH POLICIES AND SYSTEMS

The Niger's health policies are based on general principles and international strategies such as primary health care, the Bamako Initiative, the MDGs and universal health coverage.

The Ministry of Public Health has developed a health development plan for 2011-2015 and a medium-term sector expenditure framework, and has signed a national compact with technical and financial partners. The primary objective of the health development plan is "to help to improve public health with a view to achieving the health-related Millennium Development Goals", by prioritizing interventions that deliver rapid public health outcomes, and also by consolidating the national health system, including financial protection for users. The right to health is enshrined in the Constitution of the Niger, adopted by the people in August 2011, and is reaffirmed in the 2012-2015 economic and social development plan implemented by the Government.

The health system is organized into three administrative and care levels (local health level/district, intermediary level/region and central level/national).

Health services are provided by 876 integrated health centres, 2502 community health posts, 36 district hospitals, six regional hospitals, two regional maternity referral centres, seven mother and baby units, three national hospitals, one national maternity referral centre, and 12 national referral centres. The private sector is composed of 283 structures, including 57 private clinics, 36 medical practices, and five private hospitals.

Specific control programmes have been adopted and implemented to address the predominant diseases. The Niger has also signed the WHO Framework Convention on Tobacco Control, and in 2006 the country adopted a tobacco control law in addition to issuing relevant decrees. The national epidemiological surveillance system has been strengthened in accordance with the International Health Regulations (IHR 2005).

Challenges nonetheless remain, for example the problem of affordability of health care, obsolete buildings and facilities, and issues to do with the quality of the services provided (poor reception, availability of health workers, shortages of medicines and equipment).

COOPERATION FOR HEALTH

An analysis of primary sources of financing for the health sector shows that, since 2008, the Government of the Niger finances two thirds of its health budget; the remaining third is funded by outside aid.

The principal bilateral donors are Belgium, France, Spain, Luxembourg, the United States of America, Canada, China and Japan. Multilateral health partners include the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, WHO, UNICEF, UNFPA, UNDP, the World Bank, the European Union, the African Development Bank and the Islamic Development Bank. The principal international NGOs present in the Niger are Africa Muslims Agency, Helen Keller International, Plan International, Catholic Relief Services, Rotary, Global 2000, ITI World Vision and SIM. Overall coordination of aid is handled by the Ministry of Land-use Planning and Community Development through a government-partner mechanism. Aid coordination and monitoring mechanisms comprise evaluations, annual programming of government investment, and joint reviews. A health-sector partnership framework exists to coordinate implementation and monitoring of the 2011-2015 health development plan. The Niger has implemented the United Nations Development Assistance Framework (UNDAF) for 2009-2013 and has drafted the UNDAF for 2014-2018.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008–2015)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Improve health system performance with focus on primary health care	• Strengthening of governance by the Ministry of Health: coordination of the various stakeholders to actively and effectively contribute to health; alignment of financing and resource allocation based on health priorities and needs • Improved health services quality: comprehensive and updated national policies, strategies and plans; policies, financing and human resources to improve access to integrated, patient-centred services • Improved availability and affordability of medicines and equipment: access to safe, effective and high-quality medicines and health technologies used in a more rational way • Health information and research: quality health data, civil registration and vital statistics
STRATEGIC PRIORITY 2: Intensify disease control and improve management of crises associated with emergencies	• Support efforts to reduce morbidity and mortality due to malaria, tuberculosis and HIV/AIDS: wider access to essential interventions for people living with HIV; wider access to first-line malaria treatments; more tuberculosis patients treated successfully • Support the development and implementation of effective immunization interventions to reduce morbidity and mortality related to targeted diseases by extending immunization coverage to hard-to-reach populations • Support the implementation and evaluation of control and eradication programmes for neglected tropical diseases: wider and ongoing access to essential medicines for neglected tropical diseases • Help the country to develop, implement and evaluate noncommunicable disease surveillance and control strategies: better access to interventions to prevent and treat noncommunicable diseases and eliminate their risk factors; better access to mental health and substance-abuse services; reduction of risk factors for violence, accidents and poor nutrition; improved access to services for people with disabilities • Support development and implementation of an Integrated Disease Surveillance and Response (IDSR) plan for 2014-2018, with a view to effectively implementing the International Health Regulations (IHR 2005): the country already has the alert and intervention capacities for all risks required by IHR 2005. • Support prevention, preparedness and response to epidemics and disaster management within the framework of the African Disaster Risk Management Strategy: capacity-building for resilience and suitable preparedness for quick, predictable and effective interventions in response to large-scale epidemics or pandemics; capacity to manage public health emergency risks; preparedness to prevent and reduce foodborne risks; no cases of paralysis due to wild poliovirus or vaccine-derived poliovirus
STRATEGIC PRIORITY 3: Promote maternal and child health	• Support the country in implementing high-impact interventions to reduce maternal and neonatal mortality: wider access to interventions that seek to improve maternal, neonatal, child and adolescent health • Support implementation of initiatives to improve infant survival rates and child and adolescent health: wider access to interventions that seek to improve maternal, neonatal, child and adolescent health
STRATEGIC PRIORITY 4: Promote an environment conducive to health	• Take action on the socioeconomic and environmental determinants of health (including climate change): reduce environmental threats that impact negatively on health; improve intersectoral policy coordination on the social determinants of health • Strengthen food safety surveillance: preparedness to prevent and reduce foodborne risks

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