REPORT OF THE PARLIAMENTARY STUDY TOUR TO NIGER

MARCH 25 - 28, 2019

IN PARTNERSHIP WITH

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Final agenda of the study tour

Monday 25 March 2019	
Timing	**Activity**
16h00-16h30	Welcome reception at the airport
19h00-21h00	Dinner / initial briefing initial
Tuesday 26 March 2019	
8h30-10h00	Presentation of the CCM and of the NAMP
10-00-11h00	Audience with the Minister of Health
11h30-12h00	Audience with the President of the Parliament
12h15-13h15	Working meeting with the parliamentary network of fight against HIV, malaria and TB
15h00-16h00	Audience with the Prime Minister
16h30-17h30	Meeting with the private sector at the Chamber of commerce
19h30-21h30	Dinner with technical partners
Wednesday 27 March 2019	
9h00-12h30	Site visit in the district of Say (visit of health posts, health centres and meeting with women groups)
15h30-16h30	Audience with the First Lady of Niger
17h00-18h00	Meeting with the Nigerien civil society
Thursday 28 March 2019	
08h30-09h30	Visit to MVS and meeting with people living with AIDS
10h00-11h00	Site visit in Niamey (health centre Niamey III)
11h30-13h00	Site visit in Niamey (regional hospital Niamey II)
15h00-16h00	Audience with the President of the Republic
21h00	Departure to the airport

OBJECTIVES OF THE STUDY TOUR

In preparation for the Global Fund's 6th replenishment conference scheduled to take place in Lyon on October 9 and 10, 2019, Friends of the Global Fund Europe organized this study tour with MPs of various European countries with a view to improving knowledge of malaria in Europe.

Indeed, while HIV/AIDS and tuberculosis are well known across Europe, Europeans are much less familiar with malaria. The aim of this mission was thus to exchange and gain insight into the experience of Niger, one of the 10 countries most affected by malaria, in the fight against this disease, as well as its achievements and its partnership with the Global Fund to eradicate the affliction. A further goal was to raise awareness among European policymakers with an eye to mobilizing greater resources for the Global Fund and the fight against malaria, and in general all three epidemics.

Six French, Italian and Norwegian MPs were invited to visit Niger from March 25 to 28, 2019 to witness the health, social and economic impact of anti-malaria programs financed by the Global Fund.

This mission was an opportunity to analyse the links between the national anti-malaria program, funding provided for the initiative and external assistance, needs concerning strengthening of healthcare systems and mobilization of domestic resources, as well as programs focused on the rights of vulnerable populations (particularly pregnant women and children under the age of five). From a broader perspective, field visits allowed MPs to meet with Nigerien civil society actors providing assistance to PLHIVs[1], e.g. with key and vulnerable populations involved in the fight against HIV/AIDS, peer educators, and the association MVS ("*Mieux Vivre avec le Sida*" or "Live better with AIDS").

Visits to the Say and Niamey districts also provided an opportunity to talk with local players active in the fight against malaria alongside the population, whether representatives of public authorities such as regional health departments, or caregivers in primary health centres, local and regional hospitals.

Finally, this visit offered the chance to observe the progress achieved by the Global Fund and its local partners in the fight against malaria against the backdrop of the country's firm commitment to eliminate the epidemic, particularly thanks to the participation of the President and First Lady of Niger. It also provided insight into the many challenges still to be met if the disease is to be eradicated by 2030, in line with the goal set by the international community.

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[1] People living with HIV

CONTEXT OF THE FIGHT AGAINST PANDEMICS IN NIGER AND TECHNICAL PARTNERSHIPS

Since 2004, the Global Fund has invested nearly €287 million in the fight against the three diseases in Niger, including €78 million for the 2015-2017 period. The Global Fund is Niger's foremost partner in the fight against the three epidemics. Funding provided by the organization accounts for some 80% of resources available in the country, and 50% worldwide.

Niger's Country Coordinating Mechanism (CCM) is an inclusive and participatory consultation platform that plays an essential role in the fight against the three diseases with regard to the design and development of the programs submitted to the Global Fund. It is currently supervising three subsidies granted by the Global Fund, i.e. one for each disease. The share of national co-financing comes to 5%. However, a €20 million reduction in co-financing is anticipated in 2020 for electoral reasons.

In terms of results, a 30% reduction in malaria-related morbidity has been achieved. Chemoprevention of seasonal malaria has been implemented for 4 million children, along with combined prevention strategies intended to increase the impact of the procedure.

Fifteen million mosquito nets treated with insecticide have been distributed since 2015, and 639,000 children are being treated as part of a strategy incorporating the fight against malaria, childhood diarrhoeas and malnutrition.

In the fight against HIV/AIDS, more than 15,300 patients are currently undergoing ARV treatment. In the fight against tuberculosis, the therapeutic success rate increased from 81% in 2016 to 83% in 2017, while the success rate for multidrug-resistant tuberculosis increased from 84% to 88% over the same period.

According to the **National Anti-Malaria Program (NAMP)**, malaria remains the number one cause of death and morbidity in Niger, with multiple complications among pregnant women and children aged 0 to 5. It is also a key cause of school absenteeism and household impoverishment, with an annual worldwide economic cost estimated at several billion euros.

Women and children account for more than 20% of malaria-related medical consultations during the dry season, but this figure increases to over 80% during the rainy season. In 1984, the Health Ministry implemented a national anti-malaria program. This program is responsible for setting out national malaria policies, formulating strategic plans, organizing initiatives to fight the disease, developing partnerships, mobilizing resources, coordinating activities and working with research institutions. The main partnerships established in this fight are with the Global Fund, the WHO, the World Bank, the US government (through the PMI program[2]) and UNICEF.

In Niger, the fight is organized around prevention and treatment activities: large-scale insecticide-treated mosquito net distribution campaigns including routine distribution to pregnant women and children under one year of age upon vaccination, indoor residual spraying, anti-larva treatment and seasonal malaria chemoprevention, as well as access to artemisinin-based combination treatments.

Finally, Niger is participating in the malaria elimination plan, currently under development in eight Sahel countries.

The **WHO** has also launched a "high burden high impact" initiative in 11 countries that account for 70% of worldwide cases of malaria, including Niger. A consultation and partnership framework with the Global Fund is under development.

[2] President's Malaria Initiative

Civil society is highly active in the fight against pandemics in Niger, with several representatives in the CCM. As part of the study tour, a meeting was organized with representatives of various Nigerien civil society organizations active in the fight against pandemics, particularly HIV/AIDS:

- Animas Sutura is a social marketing organization that contributes to improving the sexual and reproductive health of the Nigerien population, as well as its right to healthcare. It focuses on awareness-raising to promote behaviour change, as well as initiatives to provide communities with healthcare products. The organization runs 82% of condom distribution initiatives in the country.

MVS-SongES screening center, Niamey

- ROASSN *(Regroupement des ONG et Associations du Secteur Santé du Niger* - Consortium of Healthcare NGOs and Associations of Niger): this structure provides a framework for partnerships, consultation, discussions and support for NGOs and associations. ROASSN promotes health development by fostering access to primary healthcare services, supports initiatives by various actors and partners aiming to effectively implement the national healthcare policy, contributes to planning, execution, follow-up and assessment of projects and programs, and harnesses local skills to enhance in-country expertise.

- ONEN has been active in the fight against malaria since 2006. As a Global Fund sub-recipient, it also helps fight tuberculosis and AIDS, with a focus on community-based aspects of the mission. The organization mobilizes €900,000 per year on average to fight malaria and tuberculosis. Its activities focus on information, education and communication. In particular, it supports distribution of long-lasting insecticide-treated mosquito nets (ITNs) in 12 health districts in the country. The organization has conducted more than 26,000 awareness-raising sessions, and carried out 1,627 house calls (patient monitoring, administration of medication, etc.) in 2018.

- SongES: the organization was created in April 2005 with the aim of helping to consolidate civil society by strengthening associations' power and institutional capacities.

- MVS: the organization develops awareness-raising, screening and treatment activities for key populations. The HIV/AIDS prevalence rate in Niger is low (0.4%) but higher among sex workers (16.6%) and men who have sex with men (MSM) (17.3%). Working with key populations is difficult in Niger, especially with regard to sex workers and MSMs, who are among the most affected groups and often live in


Meeting under the mango tree at MVS, Niamey

hiding. In the urban community of Niamey, approximately 375 MSMs are listed as peer educators and offer awareness-raising, screening and treatment orientation sessions for people in need of discreet care.

- RENIP: the Nigerien Network of People Living with HIV/AIDS (RENIP+) was created in April 2005. It aims to promote participation of PLHIVs in the fight against STDs/HIV/AIDS with a view to reducing poverty. This network also aims to act as a venue for exchanges, consultation, mobilization and advocacy to ensure that the rights of PLHIVs are respected. A Global Fund sub-recipient since 2009, RENIP works through a network of more than 100 peer educators (80% of whom are women) to promote access to ARV treatment for PLHIVs.

- NGO Balam: The NGO has focal points in eight regions of the country, and regularly organizes awareness-raising and screening sessions. Thanks to the support of the national government, the Global Fund and other partners, today the organization works with more than 1,000 sex workers and 375 MSMs

Group photo following a meeting with Nigerien civil society

INSTITUTIONAL PARTNERS

During the meeting with the delegation, the **Minister of Public Health** stressed that very significant progress had been made, with particular efforts on disease prevention. The fight puts the actions of multiple partners in synergy, with communities providing support, within the framework of the PECADom (community-based malaria management) program. However, to further enhance results and eliminate malaria, it is still necessary to encourage behaviour change among the population, better train community support networks and strengthen their motivation. In addition, acceptance of prevention measures among the population remains an obstacle. For example, in the local language, mosquito nets are called "mosquito houses," which sometimes encourages people to install them, but not to sleep under them...

The Minister of Health also stated that a community health strategy will soon be approved in order to better mobilize community support networks. In addition, the Nigerien government has approved the publication of a guide for community support networks to better organize the fight and optimize task-based synergies of action (preventive, curative, representation, etc.).

The President of Parliament has announced his willingness to support implementation of a malaria action plan, and to organize a debate in the National Assembly leading up to a vote on the initiative.

The Parliamentary Network on the Fight against HIV/AIDS, tuberculosis and malaria, created in 2011 and comprising 40 members, is a venue for debate and dissemination of ideas and strategies for combating the three pandemics. It also contributes to raising awareness and promoting activities as part of this fight, particularly at the constituency level during parliamentary holidays. Finally, it serves as an information and lobbying tool for the Nigerien parliament. However, this network has very limited resources and cannot operate effectively without funding. It has no real means of raising public awareness.

The First Lady is involved in the fight against the three diseases, both at the national level and in the context of the First Ladies' Forum of the African Union. She was labelled a "champion" of the fight against malaria in Africa, particularly in the Sahel region, thanks to her support for the "*Zéro palu, je m'engage*" ("Zero Malaria starts with me") campaign and the launch of the "malaria matchbox." She was asked to use all her influence to enhance fundraising within the country by supporting the creation of a National Fund to fight the three diseases.

First Lady of Niger

The First Lady stated that a fourth disease has been added to the three pandemics with regard to her health-centered initiatives in Niger. This fourth disease concerns viral forms of hepatitis (particularly hepatitis B), because of the high number of HIV/hepatitis co-infections and the high prevalence rate for hepatitis. She stresses the need for public awareness campaigns to ensure the proper use of medicines (managing three consecutive doses is difficult for mothers and children) and mosquito nets. Opportunities should be ensured for community-based advocacy, as well as anti-larva treatments. There is no room for error for

Niger in the fight against malaria. The fact that the President of the Republic has been labelled a “champion” in this fight testifies to the trust placed in Niger. The country must live up to that trust. The First Lady has pledged to do her best to continue advocacy, particularly during World Malaria Day events in Paris on April 25.

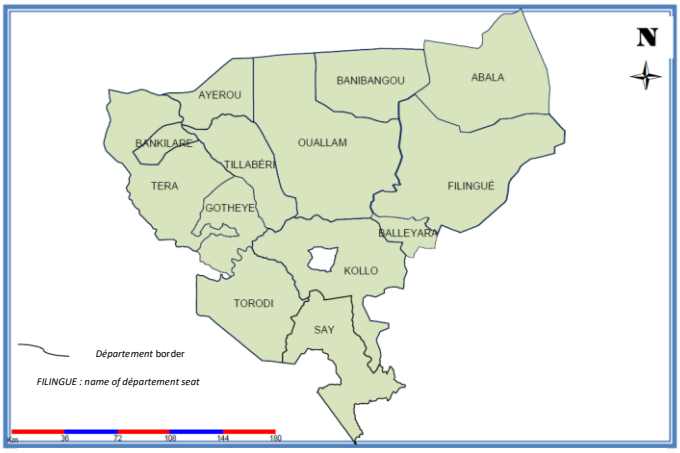
The President of the Republic of Niger has included health among his top eight priorities since 2011, with a goal of devoting 9 to 10% of national budgetary resources to this issue. In this context, construction of health infrastructure, provision of medical personnel and purchase of medicines make up three major areas of expenditure. Medicines alone account for 75% of the country's health spending. The fight against HIV/AIDS, tuberculosis and malaria are government priorities. Malaria stands out as one of the deadliest diseases, especially among pregnant women and children under the age of five. The President will continue to advocate for the Global Fund (or GAVI) as he did during the recent African Union summit, assuring participants that he would be attending the Global Fund's replenishment conference.

Meeting with the President of the Republic of Niger

FIELD VISITS

Two half-days were devoted to field visits. The first such visit was to a rural area in the Say district, while the second took place in the city of Niamey.

Tillabéri Regional Health Department: the region is currently made up of 13 *départements* (counties) and 45 communes, including Say, where the March 27 visit was organized:



Tillabéri Region

The region spans 91,119 km^2 and has a population of 3,409,676, including 175,625 for the *Département* of Say (and 58,290 for the commune of Say itself)[3]. It has a regional hospital, a family medical centre, 13 health districts, 10 integrated health centres and 418 clinics. The healthcare coverage rate in the region stands at 48.3%.

The health situation in the region is impacted by management of free medications, as at least eight health centres are located close to the border with Burkina Faso, where free medications are not offered. This proximity leads to an influx of patients to Niger, increasing the target population and overwhelming the health services concerned.

Furthermore, health personnel require regular training. Monthly collection and transmission of data (for reimbursement of free care) also involves significant human and logistic resources. In addition, a portion of testing equipment for HIV and tuberculosis is out of service, making it necessary to transfer samples for testing, as well as patients, to Niamey. Finally, the necessary refurbishment of some clinics (or transformation into level 2 health centres) has not been carried out to date.

Level 1 (health clinics)	Level 2 (IHCs)	Level 3 (district hospital)
– Débéré Gati – Sidi Kouara – Dokimana – Tientiergou* – Féto-Banoye	Say urban clinic	Say district hospital
– Finaré – Goudrio – Moulléré	Ganki-Bssarou IHC	,, ,,
– Doguel Kaina – Tilli Kollo	Kohan Garantché	,, ,,

Structure of the healthcare system in Say

According to the authorities, each district prepares its own five-year plan and annual action plan providing for an increase in the health coverage rate. However, the central government budget does not cover all the needs expressed by districts, and some of the costs must be borne by non-governmental partners. Against this backdrop, the first tranche of the health system strengthening initiative was funded by the Global Fund and implemented by Save the Children, in collaboration with the Infrastructure Directorate of the Ministry of Health, to help the State meet the requirements set out in its plan.

[3] Source: National Statistical Institute of Niger

Tour of the Finaré clinic and the Ganki-Bassarou health centre: the clinic, together with community support networks, provides primary healthcare services, thus granting the population access to healthcare. The Finaré clinic covers a geographic area of a 5-kilometer radius, with 2,061 inhabitants, including 414 children aged 0 to 5. It is run by a community health worker. The majority of malaria consultations take place during the rainy season (June to September / October). Pregnant women and children aged one year and under receive free care.

The parliamentary delegation touring the Finaré clinic

The Ganki-Bassarou health centre was created in 2003, and the maternity ward was established in 2007. It comprises a treatment room, a prenatal consultation room, a maternity ward and a pharmacy.

Tour of the Foulan Koira integrated health centre (IHC) (Niamey 3) and the Poudrière regional health centre (Niamey 2): the densely populated communes of Niamey 2 and 3 each include 17 to 18 neighbourhoods. Niamey 3 is a poor neighbourhood that suffers from floods and substandard sanitary conditions.

11,287 cases of malaria were observed in 2018 in Niamey 3, i.e. a 26% increase compared to 2017. However, no malaria-related deaths have been reported over the past two years.

Layout of the Poudrière regional hospital

CROSS-CUTTING ISSUES ADDRESSED DURING MEETINGS AND FIELD VISITS

Domestic funding and government participation in the initiative: civil society organizations reckon that the partnership with the government is functioning properly. NGOs participate in the development and validation of public policies in the country[4], as well as monitoring of such policies and advocacy for implementation of sustainable solutions. The participation of NGOs has reached such a level that certain community-based activities have been delegated to civil society. Resource mobilization nonetheless remains a problem. Nigerien organizations must therefore seek external funding to implement activities, which requires both human resources and capacity-building.

Awareness-raising: these initiatives are essentially carried out via community radio stations in rural areas, advertisements, etc., as well as through local actions, e.g. during consultations in health centres, with sex workers at their place of work, with groups of young people, etc.
Community support networks and peer educators also help to raise awareness among the population. These initiatives must be discreet, as Niger is a predominantly Muslim country where gender taboos remain very strong. Nigerien organizations have favoured the rights-based approach to reach these key vulnerable populations, with practical support from the central government[5], as the priority target audiences for this advocacy have been defined in the national strategic framework.
Dissemination of health information through social networks is currently limited to urban centres. The Parliamentary Network to Combat HIV/AIDS, Tuberculosis and Malaria also works to raise awareness, particularly during parliamentary holidays. However, further development of these initiatives would require additional resources.

Role of the private sector: concrete and regular participation in the fight against malaria is not yet a reality, despite the fact that malaria remains the leading cause of mortality and morbidity in Niger. It diminishes business productivity, increases school absenteeism and remains a major obstacle to economic development in malaria-endemic countries. Private-sector participation is essential to support central governments and the Global Fund in the fight against this disease.

Leaving a meeting with the private sector

At the 2013 ECOWAS[6] Heads of State Summit in Abuja, a recommendation was made for a private sector contribution to the fight against the three diseases. The Nigerien coalition of private sector companies against HIV/AIDS, tuberculosis and malaria was created thereafter, with the aim of raising awareness among labour and productive sector actors and lobbying for resource mobilization. In 2014, a major meeting was held in Niamey with the West African Private Sector Coalition and Roll Back Malaria to intensify advocacy vis-à-vis the private sector.

[4] Particularly the ESDP (Economic and Social Development Plan)
[5] Provision of screening kits, condoms, etc.
[6] Economic Community of West African States.

ECOBANK has provided schools with mosquito nets and supports the NAMP in celebrating World Malaria Days. Other companies (Total, Oil Libya) also occasionally donate nets or participate in SMS-based awareness campaigns (Move, Orange). Nonetheless, there are obstacles for companies based abroad that do not have the latitude to take action in the country.

The Niger Chamber of Commerce has reiterated its commitment to increase private sector awareness and training for companies to participate in the fight against malaria and other epidemics, including through its country-wide network. The CoC also suggested reviving the Nigerian coalition of private sector companies against HIV/AIDS, tuberculosis and malaria. Finally, the Chair of the CCM proposed to develop a resource mobilization strategy at the private sector level. The strategy would complement the President's commitment to increase Niger's resources for malaria control.

Barriers to access to healthcare:

- Availability of health services (accessibility of healthcare structures, medications, personnel, reception) is one of the main concerns of Nigerien civil society[7], which assesses effective and efficient use of resources, as well as the governance framework, monitors the budget, etc.

- Patients' financial contribution (out-of-pocket expenses): in Niger, the health expenses of children under the age of five (22% of the population) and pregnant women are 100% covered by a system whereby health centres are reimbursed for treatment. Each visit is reported to the Ministry of Health, which pays the centre a lump sum of CFA1,000 (about €1.50), which corresponds to the user fee charged to patients to access the health centres. Although patients do not pay for medications (or mosquito nets distributed during routine campaigns), this amount remains significant in a country where 63% of the population lives below the poverty line.

  A new law on social protection covering vulnerable groups has just been passed. The decrees implementing this law are currently being drafted.

- Accessibility of health centres in a geographically vast country. Some people living in desert areas are more than 200 km from a health centre. That is why community support networks are so important. Only 50% of the Nigerien population has access to healthcare.

- Illiteracy: 70% of the population in unable to read or write.

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[7] Particularly via the civic strategic monitoring platform.

CONCLUSION

For most members of the delegation, the study tour was an opportunity to discover Niger for the first time and to perceive the challenges of fighting malaria in a country were high population growth goes along with significant geographical, development and security constraints.

MPs' meetings with technical partners and Nigerian authorities enabled the CCM, the NAMP and civil society to present achievements in the fight against malaria and the challenges to be met in the coming years. Nigerien authorities reasserted the country's commitment to eliminating malaria by 2030. Four main points were raised:

- The National Assembly's vote on an action plan to combat malaria;
- Implementation of a community health strategy to better mobilize the support network among the country's communities;
- The President's commitment to increasing in-country resources for health and malaria control;
- The desire on the part of the Chamber of Commerce to revive the Nigerien coalition of private sector companies against HIV/AIDS, tuberculosis and malaria.

While many challenges remain, all parties are working to achieve the objective set by the international community through Sustainable Development Goal 3, which aims to eliminate the disease as a public health threat by 2030.

This is the challenge of the 6th Global Fund Replenishment Conference, which will take place in Lyon on October 9 and 10, 2019. The institution is looking to raise at least US$14 billion over the next three years (2020-2022). This is essential to accelerating the fight against HIV/AIDS, tuberculosis and malaria, which would save 16 million more lives in addition to the 27 million lives saved since 2002.

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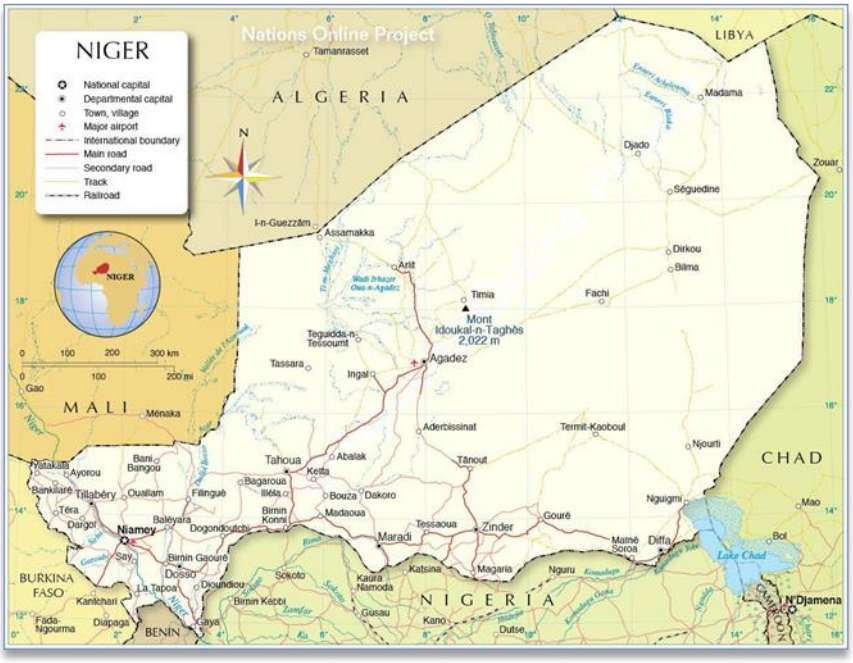
ANNEXES

N I G E R

INTRODUCTION

Niger became independent from France in 1960 and experienced single-party and military rule until 1991, when Gen. Ali SAIBOU was forced by public pressure to allow multiparty elections, which resulted in a democratic government in 1993. Political infighting brought the government to a standstill and in 1996 led to a coup by Col. Ibrahim BARE. In 1999, BARE was killed in a counter coup by military officers who restored democratic rule and held elections that brought Mamadou TANDJA to power in December of that year. TANDJA was re-elected in 2004 and in 2009 spearheaded a constitutional amendment allowing him to extend his term as president. In February 2010, military officers led a coup that deposed M. TANDJA and suspended the constitution. ISSOUFOU Mahamadou was elected in April 2011 following the coup and re-elected to a second term in early 2016.



The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. Niger is facing increased security concerns on its borders from various external threats including insecurity in Libya, spill over from the conflict in Mali, and violent extremism in north-eastern Nigeria.

Niger is one of the world's poorest countries, with 80 percent of the population living on less than US$ 2 per day. Poverty is especially acute in rural areas (affecting 52.4 % of the population). Niger is facing recurring health and nutrition emergencies, including diseases with epidemic potential (meningitis, cholera, measles, etc.), and food and nutrition crises. These emergencies are caused in part by flooding, drought and war/conflict. The government and its partners have successfully worked to stabilize the security situation, but the country faces frequent incursions and attacks in conflict-affected areas along its border with Nigeria (Diffa) and Mali (Tillabéri). This situation is driving internal displacement and a massive influx of refugees fleeing the violence in these countries. In February 2018, there were an estimated 165,972 refugees in Niger.

In 2017, there were an estimated 129,015 internally displaced people (IDPs) in Diffa Region. Niger, as one of the main countries of transit for people heading to Europe, also faces a migrant problem. In the past three years (2015 to 2018) a total of 1,245 UNHCR-registered migrants and asylum seekers have come to Niger (88.3 percent from Sudan). However, the official figures do not reflect the situation on the ground, since most migrants use unofficial channels and are therefore unregistered.

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EPIDEMIOLOGICAL CONTEXT

In recent years, the government has been forced to channel resources away from basic social sectors, especially health, in an effort to address the security situation. As a consequence, many health centres have closed, further exacerbating already-low health coverage rates (less than 50 percent), as evidenced by the following indicators:

- a persistently high maternal mortality rate (MMR), at 520 deaths per 100,000 live births in 2015 (as compared with an average of 239 deaths per 100,000 live births in developing countries in 2015);
- a high infant and child mortality rate, standing at 126 deaths per 1,000 live births in 2015 (as compared with a world average of 39 deaths per 1,000 live births in 2017).

The government, working with technical and financial partners, has sought to address the country's public health emergencies by setting up disease prevention, treatment, surveillance and control structures and mechanisms at the central, regional and departmental levels. Sadly, however, these structures and mechanisms are barely functioning. The government is also working closely with neighbouring countries to tackle cross-border health concerns.

Against this background, the state of public health in Niger has however improved since 2011 under the government's Health Development Plan. The country is showing progress as both malaria incidence and mortality have declined 20-40 percent between 2010 and 2015. Average life expectancy increased by more than 10 years over the same period.

Malaria is endemic throughout Niger, one of 11 countries most heavily impacted by the disease around the world (that accounted for 70% of cases and deaths in 2017), and for which WHO, the Global fund and its partners have put in place a specific approach to increase the impact of their actions. Fifty-one percent of the population live in high transmission areas. There were an estimated 5.2 million malaria cases in 2016, and 10,000 malaria deaths. With support from the Global Fund, Niger is implementing an ongoing campaign to reach universal coverage with long-lasting insecticidal mosquito nets (LLINs), and the expansion of seasonal malaria chemoprevention (SMC) to all eligible children.

HUMAN RIGHTS & GENDER ISSUES

In 2016, Niger's Gender Inequality Index score was 0.674, placing it 149th out of 152 countries. The main inequalities faced by women are access to education, sexual and reproductive health services, economic participation, and decision-making.

Women still have limited access to education. Early marriage is the principal cause of low school attendance among adolescent girls. The median age at first marriage is 15.6 years for women with no education, 16.7 years for women who have completed primary education, and 21.1 years for women who have completed secondary or further education.

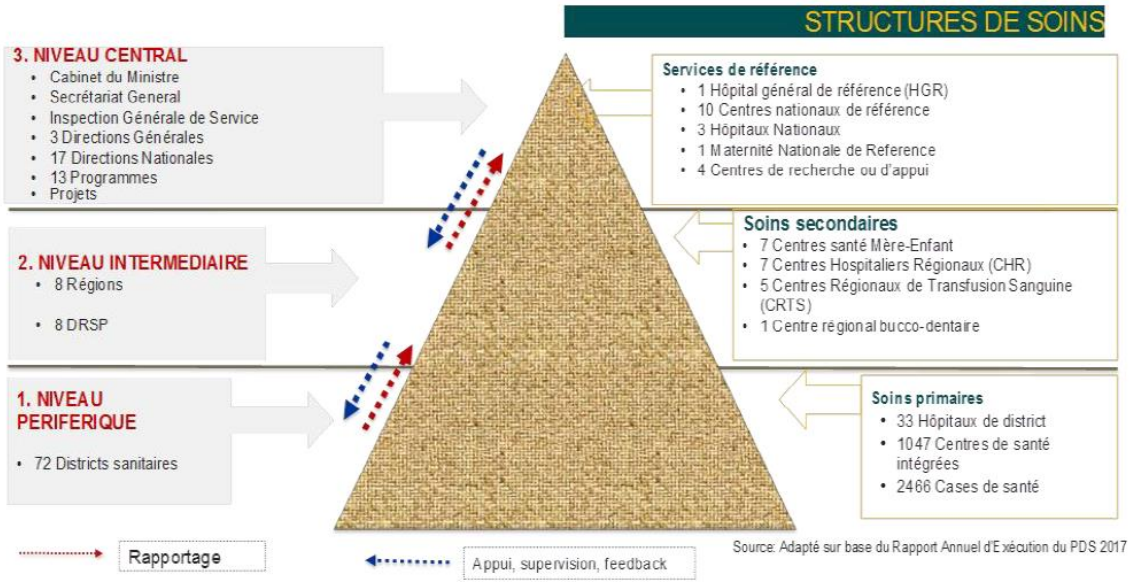
Little change in the fertility rate over recent decades indicates that access to sexual and reproductive health services needs to be improved. Women still tend to marry at a very young age – 61 percent of girls aged 15-19 are married, compared with just 7 percent of boys in the same age group. Overall, approximately 80 percent of women are married before their 18th birthday and around half have their first child before they reach the age of 18.

Although female genital mutilation is much less widespread than it was a few years ago, it is still practiced in some regions.

THE HEALTH SYSTEM IN NIGER

Niger's health system is based on primary health care (PHC), plus additional provision under international and regional initiatives to which the country has signed up. The system has a three-tier pyramid structure:

- the local level, comprising health districts with three types of facility: district hospitals, integrated health centres (IHCs) and health cabins;
- the regional level, comprising regional hospitals and maternal and child health centres;
- the national level, that include the general referral hospital, national hospitals and national referral centres.



Structure of the Niger National Health System

In addition to these public facilities, Niger also had 313 private health care facilities (for-profit and not-for-profit) in 2016. Community outreach workers and other community workers (psychosocial counsellors, peer educators (PEs), facilitators, etc.) deliver a package of prevention, promotion, care and community support services within a 5 km radius of populations to be served, and the comprehensive package across a larger area.

The Health Development Plan 2017-2021 identifies a series of weaknesses that constitute bottlenecks in implementing interventions and creating a resilient, sustainable system. The weaknesses are identified as follows:

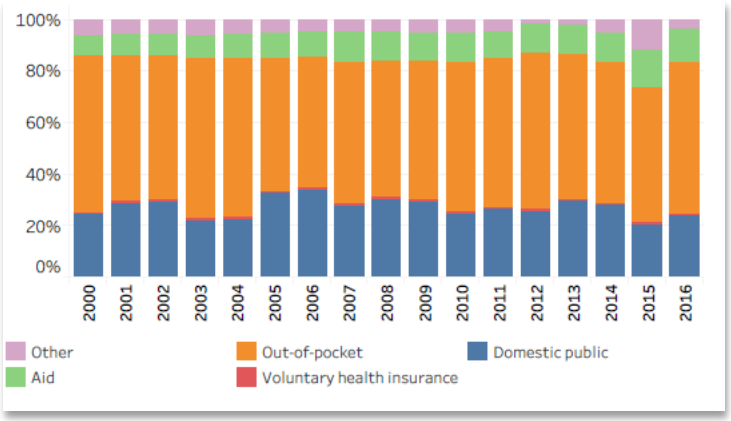
- Persistent governance issues;
- Inadequate Health care financing;
- Insufficient human resources for health;
- Obsolete National Pharmaceutical Policy;
- Fragmented National Health Information System (NHIS);
- No formal primary health care development strategies.

Sources: CIA factbook, World Bank, Global Fund, WHO.

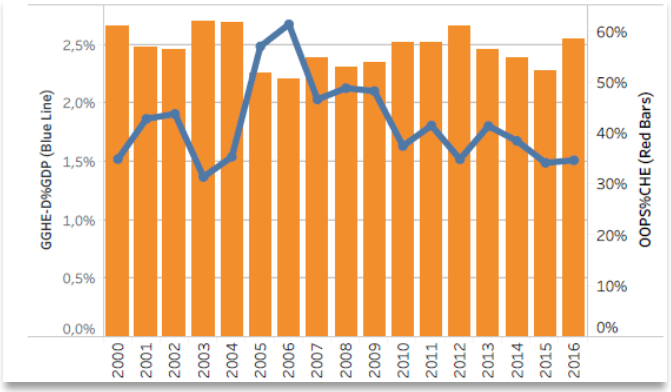
HEALTH FINANCING IN NIGER *(source: WHO, 2016)*

	Year			
	2000	2005	2010	2016
GDP per capita US$	278	304	324	364
CHE per capita US$	17	23	21	23
GGHED%CHE	25%	33%	25%	24%
GGHED%GDP	1,5%	2,5%	1,6%	1,5%
OOPS%CHE	61%	52%	58%	59%
GGE%GDP	18%	20%	21%	27%
GGHED%GGE	8%	12%	8%	6%
Population	11 352 973	13 618 449	16 425 578	20 672 988

Health expenses in Niger : *GDP / capita in USD (1st line) ; Current Health Expenditure (CHE) per capita in USD (2nd line) ; Government Health Expenditure as a percentage of CHE (3rd line) ; Government Health Expenditure as a percentage of GDP (4th line) ; Out-of-Pocket Expenditure as a percentage of CHE (5th line) ; Government General Expenditure as a percentage of GDP (6th line) ; Government Health Expenditure as a percentage of Government General Expenditure (7th line)*



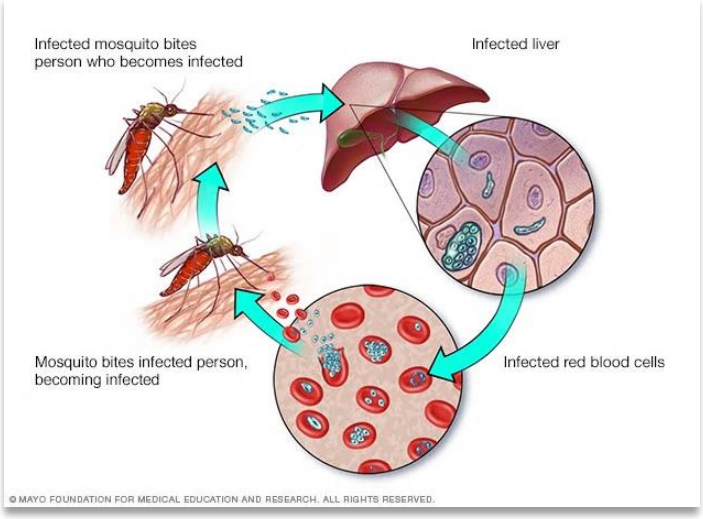
Current Health Expenditure by source



Government Health Expenditure as a percentage of GDP (blue line)
And Out-of-Pocket Payments as a percentage of Current Health Expenditure (orange bars)

MALARIA

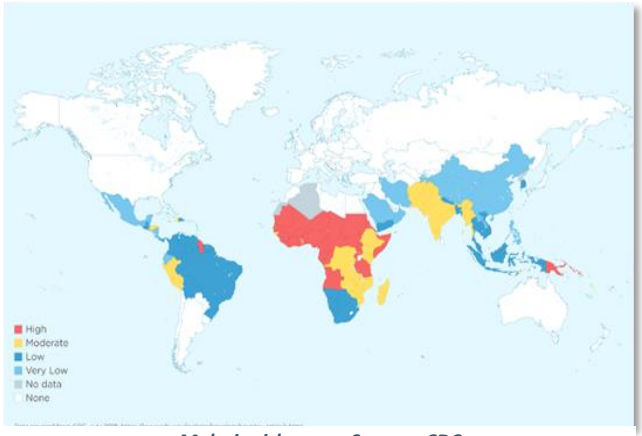
Malaria is an infection caused by a parasite transmitted to humans by a mosquito. This disease, among the deadliest on the planet, threatens a third of humanity, mainly in the tropics. Three protagonists come into play in the transmission of malaria: a unicellular *Plasmodium* parasite, an anopheles mosquito, and a man. A mosquito, infected by a human carrying the parasite, in turn contaminates another man, and so on. Transmission is therefore not from human to human, except in the case of blood transfusion or, sometimes, from mother to child during pregnancy or childbirth.



Transmission cycle of the parasite in mosquitoes and in humans

In humans, *Plasmodium* is inoculated into the skin through mosquito bites. Via the bloodstream, it joins the liver and enters hepatocytes where it multiplies. The parasites return to the blood where they enter the red blood cells, multiply by destroying the parasitized globules, parasitize again other red blood cells and so on. This development lasts for 8 days minimum, but in the absence of treatment, it can last several years.

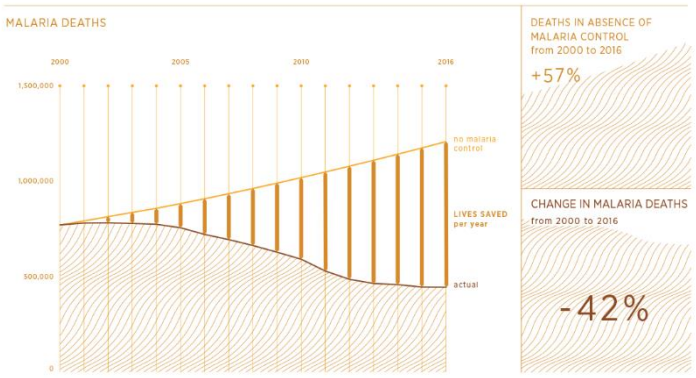
Malaria is caused by 4 parasitic species. *Plasmodium falciparum* is responsible for almost all severe forms; in Africa, this species causes more than 90% of plasmodial infections. Another important public health species is *P. vivax*, which is most prevalent in Asia, Latin America and more temperate regions. The other two species are *P. malariae* and *P. ovale* (the rarest species, except in West Africa).



Malaria risk map – Source : CDC

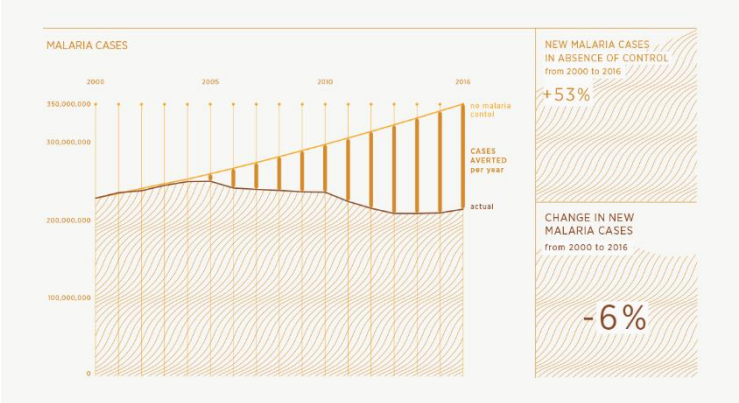
For the moment there is no vaccine available against malaria, although many vaccine trials are in progress. New prevention tools have been used on a large scale, such as long-lasting insecticidal nets (LLINs), home insecticide spraying and various intermittent preventive treatment programs for at-risk populations (pregnant women and young children). Rapid diagnostic tests provide a more reliable diagnosis of cases. New drugs have become available, such as combinations of several antimalarials, mainly artemisinin-based combination therapy [ACT].

Malaria is present in 91 countries, and these increasingly fall into one of two categories: those progressing toward elimination and those with a high burden of malaria that are experiencing setbacks in their responses. In spite of considerable progress in the fight against the disease since 2000, malaria remains among the deadliest diseases in human history. In 2017, there were an estimated 219 million cases and 435,000 deaths from malaria, with about 92 percent of these occurring in Africa. Pregnant women and children under 5 are most at risk, because of their weaker immune systems. A child under 5 dies of malaria every 2 minutes.



The global malaria strategy and the Sustainable Development Goals (SDGs) call for malaria to be eliminated from at least 35 countries by 2030. An additional milestone has been set for the elimination of malaria in at least 10 countries by 2020 – a target the health community believes is well within reach. This progress toward elimination underscores the fact that there are effective tools and strategies to halt malaria.

The fundamental issue is investment. With over US$ 11 billion of investment on malaria control programmes in more than 100 countries between 2002 and 2018, the Global Fund provided 50% of all international financing against this public health threat. Yet, this amount falls short of the total estimated need to decrease malaria mortality rates by 90% by 2030, as projected by SDG 3.3 : The US$ 3.1 billion invested in malaria in 2017 represented just 47% of the annual US$ 6.6 billion needed to curb mortality rates globally by 40% in 2020, the first milestone to reach the SDG target. Eliminating malaria by 2030 would require US$ 100 billion of investment, but it would save 10 million lives and generate extra US$ 4 trillion of economic benefits in affected countries .



To fight the disease, the Global Fund uses a comprehensive approach that combines:

- Education about symptoms, prevention, diagnostic and treatment
- Prevention through use of long-lasting impregnated mosquito nets, home spraying with insecticide and preventive treatment for children and pregnant women
- Diagnosis, including supplying rapid diagnostic tests to community health volunteers
- Treatment