84% of polio cases were detected within 7 days of the paralysis onset in 2022

5,651,894 persons fully vaccinated against COVID-19 by March 30, 2023

0% COVID-19 positivity rate in March 2023 compared to 27.5% in April 2020

The World Health Organization (WHO) has been present in Niger since 1960, and acts as the Government’s principal advisor on public health and lead of the health cluster. WHO covers all eight regions of the country with 113 staff members in Niamey and in 7 sub-offices (Agadez, Diffa, Zinder, Maradi, Tillabéri, Dosso, Tahoua).

To strengthen its cooperation with Niger, WHO has recently developed a new Country Cooperation Strategy (CCS) for 2023-2027 period in collaboration with the Ministry of Public Health, Population and Social Affairs. The CPS is based on the WHO’s 13th General Programme of Work (GPA) 2019-2025 and national priorities. It enables WHO to support Niger in the implementation of its national health policy and the 2022-2026 Health and Social Development Plan (HSSP).
Epidemiological situation

Since the COVID-19 first case confirmation in Niger on March 19, 2020, the country has recorded 9,513 positive cases with 315 deaths, for a case-fatality rate of 3.17% as of March 31, 2023. Niger experienced three COVID-19 waves from March 2020 to October 2022. The highest positivity rate (27.5%) was observed in April 2020, while it was only 11.8% in December 2020. By the end of March 2023, the positivity rate was 0%.

In contrast, the epidemiological situation of polio is characterized by the persistence of circulating cases of poliovirus derived from the vaccine type 2 strain (cVDPV2). From January 2022 to April 2023, 32 cVDPV2 cases from acute flaccid paralysis (AFP) and environmental surveillance were recorded. Niger was classified as a cVDPV2-infected country with evidence of local transmission and risk of international spread.

Major activities and results under USAID funding

Response to COVID-19

In the heart of the COVID-19 response, WHO provides leadership and contributes to the coordination, planning and monitoring of response activities. WHO provides support for risk communication and community engagement, epidemiological surveillance, laboratory strengthening, and infection prevention and control (IPC), and case management as well. USAID funding has enabled:

- Support for the operation of the One Health Committee, the Public Health Emergency Operations Center (PHEC), and 11 COVID-19 response subcommittees;
- Equipping the Niamey Regional Public Health Directorate (DRSP) with office supplies;
- Technical support and training of volunteers for the COVID-19 response in the 8 regions;
- Development and validation of Niger’s risk communication and community engagement plan;
- 436,560 people reached by 3 community dialogues organized in the Tahoua region to promote COVID-19 vaccination and the use of health services;
- Provision of epidemiologists at the regional level to support surveillance, IPC, and coordination of response activities;
- Provision of drugs and IPC materials, and technical support to the country’s entry points for epidemiological surveillance;
- Support for sequencing of COVID-19 samples for variants identification;
- Provision of 50,000 COVID-19 rapid tests and training of 1,591 health workers in the use of COVID-19 rapid tests.
Major activities and results under USAID funding

Vaccination against COVID-19

As part of the COVID-19 immunization program in Niger, WHO is contributing to activity planning and coordination, surveillance of adverse events following immunization (AEFI), service delivery, health worker training, monitoring and evaluation, and data management. Through its financial support, USAID contributed to:

- Support for COVID-19 vaccination. 5,651,894 people were fully vaccinated and 6,419,869 received at least one dose of vaccine as of March 30, 2023;
- Update of the COVID-19 vaccination micro plans taking into account the specificities of the population;
- 1,042 AEFI cases reported including 8 serious cases as of March 30, 2023 through enhanced AEFI surveillance;
- Setting up and management of vaccination and AEFI cases database;
- Validation of the "pocket guide" providing guidelines for AEFI cases monitoring;
- 3 “vaccinodromes” (vaccination centers) have been set up to bring vaccination services closer to the population in three health districts of Niamey;
- Equipping 4 vaccination centers in the Niamey region with computer kits to digitize vaccination data as part of the monitoring, evaluation and health information system.

Polio Eradication

For polio eradication in Niger, WHO supports the government through immunization and community-based surveillance programs, especially in low-performing and security-compromised districts. WHO also supports the laboratory in the transportation of samples and assists in the coordination of Global Polio Eradication Initiative (GPEI) agency activities.

- 84% of polio cases detected within 7 days of the paralysis onset in 2022;
- 35% increase in acute flaccid paralysis (AFP) cases detected, from 612 in 2021 to 973 in 2022 through surveillance and laboratory support;
- 95% of cVDPV2 cases confirmed in the Tillabéri region through community-based surveillance;
- The number of environmental monitoring samples sent to the laboratory increased from 170 in 2021 to 264 in 2022.

Perspectives

Response to COVID-19

WHO will continue to support screening, laboratory, IPC, capacity building of human resources on sequencing, surveillance and case management, equipping regional public health emergency operations center, and building epidemiological centers at the regional level. WHO also seeks to support the documentation and capitalization of good practices in response to COVID-19 to identify innovations.

Vaccination against COVID-19

The country remains far from reaching the recommended target of 70% of the population over 18 years of age. WHO will continue to pursue innovative approaches to increase immunization coverage, including through the “vaccinodrome” strategy and the integration of COVID-19 vaccination into primary health care. WHO will continue to provide technical support for data management at the central and regional levels, as well as for the operation of the vigilance committee for the accountability of AEFI cases.

Polio

WHO will continue to strengthen community-based polio surveillance, especially in health districts bordering Nigeria, Chad, Burkina Faso, and Mali, as well as the routine Expanded Programme on Immunization (EPI) through the recovery of unvaccinated and inadequately immunized children, and data monitoring. WHO continues to support sample transport, surveillance strengthening, and data tracking.

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