Malaria transmission is most intense in the south whilst the desert areas in the north are malaria-free. The annual reported number of malaria cases in 2018 was 3,358,058 with 3,576 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Niger, we commend the Ministry of Health, in the decision to go ahead with the universal coverage campaign for long-lasting insecticidal nets (LLINs), as well as rolling out SMC, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. WHO modelling suggests that this decision, allied with sustained malaria case management through the health system, and seasonal malaria chemoprevention campaigns will prevent a significant increase in cases and deaths. The country is commended for this commitment to the fight against malaria. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 17.6% increase in malaria cases, and a 100.7% increase in malaria deaths in Niger. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress
Niger has mobilised the required financing to procure and distribute LLINs, ACTs and RDTs required for 2020. The country has procured sufficient LLINs to achieve universal operational coverage of the targeted population. Niger has completed the national insecticide resistance monitoring and management plan and has recently reported the results of insecticide resistance testing to WHO. The country has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach. Niger has launched its Zero Malaria Starts with Me campaign.

Impact
The annual reported number of malaria cases in 2018 was 3,358,058 with 3,576 deaths.
**Key Challenges**

- Insufficient resources to achieve high coverage of essential malaria interventions.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

**Previous Key Recommended Actions**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>The country developed a COVID-19 contingency plan to ensure malaria activities are minimally interrupted, with some front loading of activities that were supposed to happen in July 2020. Despite Covid-19, the country has been able to do a review and re-write of their strategic plan, submitted their Global Fund application, conducted an LLIN campaign in 44 districts to supplement routine channels, and continued the distribution of other anti-malarial commodities. Three rounds of SMC were completed in Q3 2020, with one round remaining in Q4 2020. There are reports of increased rainfall leading to increases in cases</td>
</tr>
</tbody>
</table>

Niger has responded positively to the recommended action addressing resource mobilisation and continues to track progress as this action is implemented.

**RMNCAH and NTDs**

**Progress**

The country has achieved high coverage of the tracer RMNCAH intervention vitamin A. The country has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Niger is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Niger is high for schistosomiasis (100%); good for soil transmitted helminths (76%) and for lymphatic filariasis (74%) and low for trachoma (18%). Overall, the NTD preventive chemotherapy coverage index for Niger in 2018 is 56.
### Previous Key Recommended Actions

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</thead>
<tbody>
<tr>
<td>NTDs</td>
<td>Carry out mapping for elimination of Onchocerciasis to identify if there are some areas where elimination has occurred</td>
<td>Q3 2019</td>
<td>[Green]</td>
<td>Niger has completed the mapping for onchocerciasis elimination. The country organised the local experts' meeting for data review and analysis to determine the next steps, and is planning an external experts' meeting post COVID-19</td>
</tr>
</tbody>
</table>

Niger has responded positively to the RMNCAH recommended actions addressing low coverage of skilled birth attendants, postnatal care and exclusive breastfeeding, and ARTs coverage in children (with recent increases in coverage reported), and continues to track progress as these actions are implemented.

### Key

- ![Green] Action achieved
- ![Yellow] Some progress
- ![Red] No progress
- ![Gray] Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO