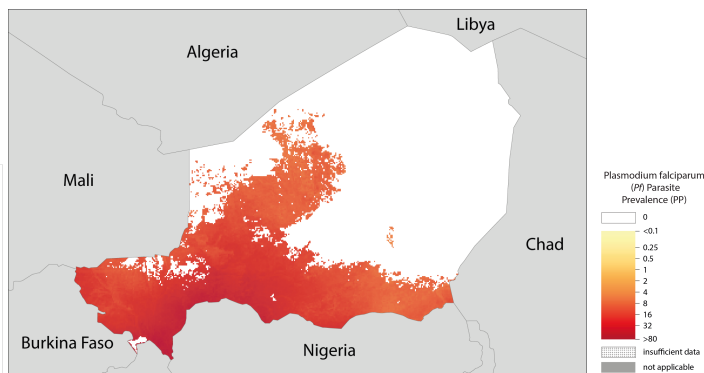
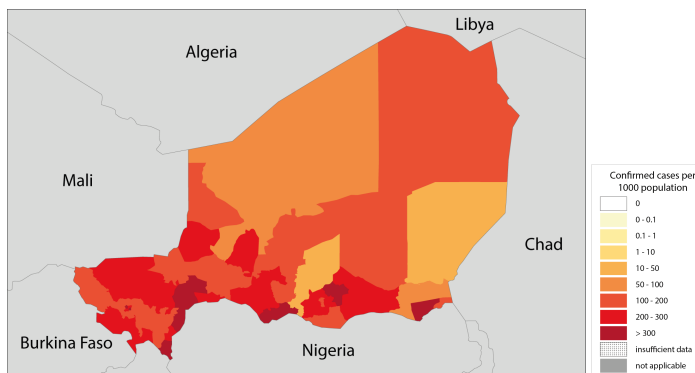


Niger

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	21.5M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	21.5M	

Parasites and vectors			
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis		
Reported confirmed cases (health facility):	2 638 580	Estimated cases:	7.7M [4M, 12.9M]
Confirmed cases at community level:	122 688		
Confirmed cases from private sector:	-		
Reported deaths:	2316	Estimated deaths:	17.2K [13K, 21.3K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2005	
	ITNs/LLINs distributed to all age groups	Yes	2005	
IRS	IRS is recommended	Yes	2003	
	DDT is used for IRS	No	-	
Larval control	Use of Larval Control	Yes	2010	
IPT	IPT used to prevent malaria during pregnancy	Yes	2005	
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1998	
	Malaria diagnosis is free of charge in the public sector	Yes	2000	
Treatment	ACT is free for all ages in public sector	No	2008	
	The sale of oral artemisinin-based monotherapies (oAMTs)	is banned	2007	
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	-	
	Primaquine is used for radical treatment of P. vivax	Yes	2017	
	G6PD test is a requirement before treatment with primaquine	No	-	
	Directly observed treatment with primaquine is undertaken	No	-	
	System for monitoring of adverse reaction to antimalarials exists	Yes	-	
	Surveillance	ACD for case investigation (reactive)	No	-
		ACD at community level of febrile cases (pro-active)	No	-
		Mass screening is undertaken	No	-
Uncomplicated P. falciparum cases routinely admitted		Yes	-	
Uncomplicated P. vivax cases routinely admitted	No	-		
Case and foci investigation undertaken	No	-		
Case reporting from private sector is mandatory	Yes	-		

Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		AL	2005				
First-line treatment of P. falciparum		AL	2005				
For treatment failure of P. falciparum		QN	2005				
Treatment of severe malaria		AS; QN	2005				
Treatment of P. vivax		-	-				
Dosage of primaquine for radical treatment of P. vivax							
Type of RDT used		P.f only					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2011	5.3	5.3	5.3	28 days	1	P. falciparum
AS+AQ	2011-2011	1.4	1.4	1.4	28 days	1	P. falciparum
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³			
Carbamates	2013-2013	0% (3)	-	Yes			
Organochlorines	2013-2013	100% (2)	An. coluzzii	No			
Organophosphates	2013-2013	0% (3)	-	No			
Pyrethroids	2013-2013	100% (4)	An. coluzzii	Yes			

¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

³Class used for malaria vector control in 2017