



CHOLERA COUNTRY PROFILE: NIGER



General Country Information:

The Republic of Niger is a landlocked sub-Saharan country in Western Africa, named after the Niger River. It borders Nigeria and Benin to the south, Burkina Faso and Mali to the west, Algeria and Libya to the north and Chad to the east. Its capital and largest city is Niamey. In 1922, Niger was colonized by France and French became the official language. The 1946 French constitution provided for decentralization of power. Since 1960, Niger is fully independent.

In February 2010, a coup d'état occurred in Niamey and soldiers captured President Mamadou Tandja. The country was then headed by a ruling junta. A new president has been elected in February 2011.

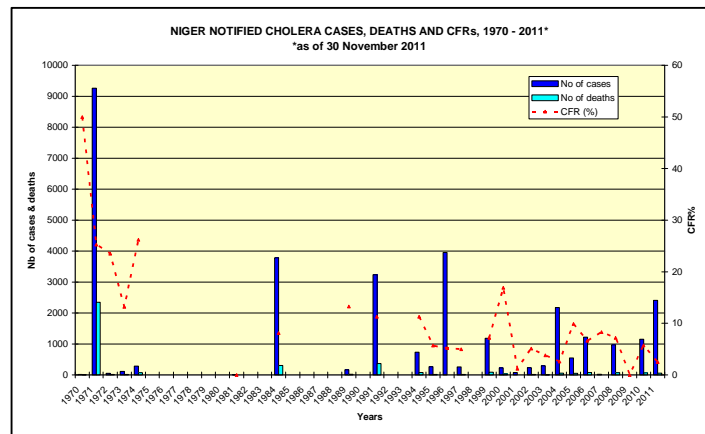
Niger's subtropical - tropical climate is mainly hot and dry, with a large deserted area. Its economy is based on farming, livestock and some of the world's largest uranium deposits. But drought cycles, desertification, grasshopper invasion, 3.3% population growth rate and the drop in world demand for uranium have undercut an already marginal economy.

Niger faces chronic nutritional emergencies and the lack of rain falls in 2011 will impact food production. Malaria causes more deaths each year in Niger among children under five years of age than any other single infection.

Cholera Background History:

Niger had several severe outbreaks from 1970 to 2011 but without periodical pattern. However since 1994, there is a yearly occurrence except for 1998 and 2009. The largest outbreak occurred in **1971** with 9265 cases and 2344 deaths with a very high case fatality rate (CFR) of 25.3%. It affected particularly the towns situated along the river and fishing villages. Most cholera affected areas were in the South of Niger: Diffa, Dosso, Maradi, Tahoua, Tillabéri and Zinder.

In **1984**, Niger notified 3788 cases and 308 deaths. The CFR (8.1%) was particularly high because of difficult access to proper health care, nomadic life-style, drought and malnutrition.



The period from **1991 to 2004** was characterized by high levels of transmission and many deaths, cholera also appeared in periurban areas that were previously spared. In 2004, the last important outbreak appeared with 2178 cases and 57 deaths (CFR 2.6%) associated with severe drought cycles and a grasshopper invasion. Improved preparedness for control has been observed.

From 1 January until 12 November **2006**, Niger reported 1212 cases and 79 deaths with a CFR of 6.52%. Between January and July, the most affected areas were in the south-west of Niger: Tillabéri, Niamey, Dosso and Maradi. Most cases occurred in the region of Tillabéri in the district of Kollo and Say. In May 2006 the CFR reached 25% in the region of Dosso (20 c incl. 5 d). Due to increased intensive contact to health professionals and adequate treatment the situation was rapidly brought under control. In August 2006, excessive rains were reported in the regions of Agadez, Zinder, Tahoua, Dosso and Tillabéri and from August 21, there has been a resurgence of cholera cases in the regions with poor water and sanitation facilities: Diffa, Dosso, Maradi, Niamey, Maradi, Tahoua and Zinder.

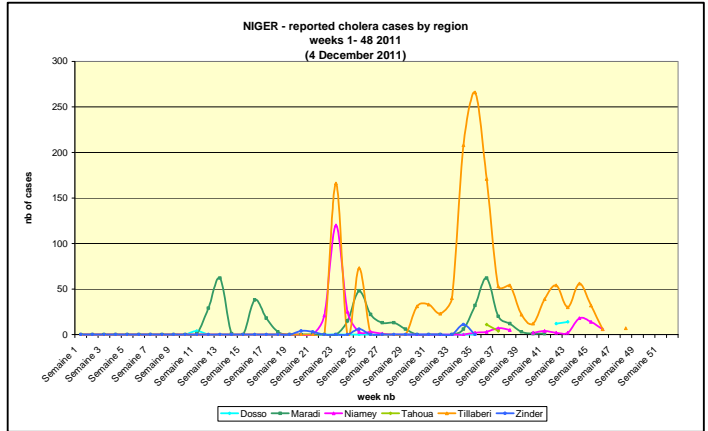
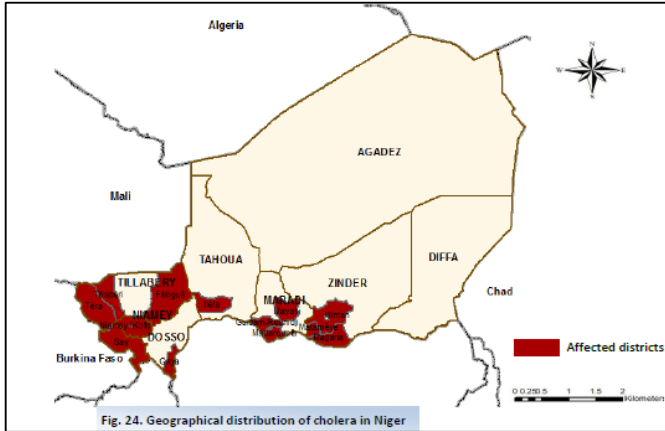
In **2007**, between 25 June and 29 July, Niger reported 24 cases and 2 deaths with a CFR of 8.3%. All cases were located in Aguié district (Maradi region). For all other weeks of 2007, Niger reported zero case and acknowledged intensified efforts on environmental management including improved access to safe water and proper sanitation as being an important factor in the absence of case.

In **2008**, Niger reported 948 cases and 70 deaths (CFR 7.4%) between 1 January and 7 December 2008. The first cases were reported in Zinder region (district of Tanout) on March 3. Then Maradi region (districts of Guidan-Roundji, Maradi, Mayahi, Tessaoua) reported 176 cases starting on 26 May. Tahoua region (Birni N'Konni, Keita) reported 279 cases starting 8 September and Dosso region (Boboye) only reported 10 cases after 22 September. The highest CFR, 11% was registered in Zinder.

In **2009**, no cases were reported from Niger.

In **2010**, Niger reported 1154 cases including 66 deaths (CFR 5.72%). Most cases were reported from Diffa, Zinder and Maradi., respectively starting during week 26, 33 and 34.

In **2011**, Niger has experienced a cholera outbreak which started in March. As of 30 November, a total of 2409 cases including 60 deaths (CFR 2.5%) were reported from six provinces: Maradi, Dosso, Tillabéri, Niamey, Tahoua and Zinder.



Support actions in 2011:

- Investigation missions
- Provision of medication, ORS and water treatment equipment
- Population sensitization
- Reinforcement of MEG stock
- Training on case management and water sources treatment
- Aquatab distribution
- Use of community radios for sensitization

Demographic and Socio-Economic Data: (Sources: WHO, UN (MDG), UNHCR, UNICEF, UNDP)

Geography	Total surface	1 267 000 km ² (water surface: 0.0002%)	
	Capital	Niamey (population in Niamey: 674 950 in 2002)	
	Departments	Agadez, Diffa, Dorso, Maradi, Niamey, Tahoua, Tillaberi, Zinder	
	Official language	French	
Environment	Climate	tropical - subtropical	
	Rainy season	March - April (about 2 weeks) and July - August	
	Floods and droughts	desertification, droughts, grasshopper invasion (no floods)	
Demographics	Population	15 290 000	
	Religions	Muslim 80%, remainder indigenous religions and Christian	
	Ethnic Groups	Hausa, Djerma, Fulani, Songhai, Tuareg, Kanuri, Toubou, Arabs	
	Migrants	Nomadic people	
Economy	Industry	14% (uranium, gold, phosphates, coal, iron, limestone, gypsum)	
	Farming	40% (livestock, tobacco, beans, onions, millet, sorghum, cassava, garlic, peppers, gum Arabic, sesame seeds)	
Health Indicators	Per capital total expenditure on health (Int'l\$)	40\$	
	Life expectancy at birth (yrs)	Males: 57	Females: 58 (2009)
	Child mortality (per 1000)	Males: 257	Females: 249
	Nb of physicians	296 (2004)	
Communicable Diseases	Meningitis, malaria, yellow fever, African sleeping sickness, tuberculosis, measles, acute respiratory infections, shigellosis, typhoid Prevalence of HIV (per 1000 adults 15-49 years): 8 (2009)		
Risk Factors for Cholera	Population with access to improved water source	48% (2008)	
	Population with access to proper sanitation facilities	9% (2008)	
	Population undernourished	32% (last big food crisis in 2005)	



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