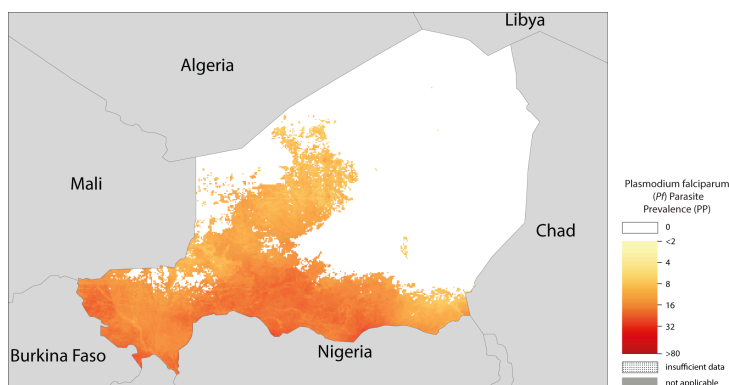


Niger

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	26.2M	100	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Low transmission (0-1 case per 1000 population)	-	-	Major anopheles species: <i>An. gambiae</i> s.l., <i>An. funestus</i> s.l.
Malaria free (0 cases)	-	-	*includes mixed infections and other species of Plasmodium
Total	26.2M		
Reported cases and deaths			Estimates
Presumed and confirmed cases	4 486 983		Estimated cases: 8M [4.6M, 13M]
Total confirmed cases:	4 409 695		Estimated deaths: 35.4K [28.5K, 44.5K]
Confirmed cases from public sector:	3 824 800		
Confirmed cases from private sector:	223 173		
Confirmed cases at community level:	361 722		
Confirmed cases in combined health sectors:	-		
Reported deaths:	4633		

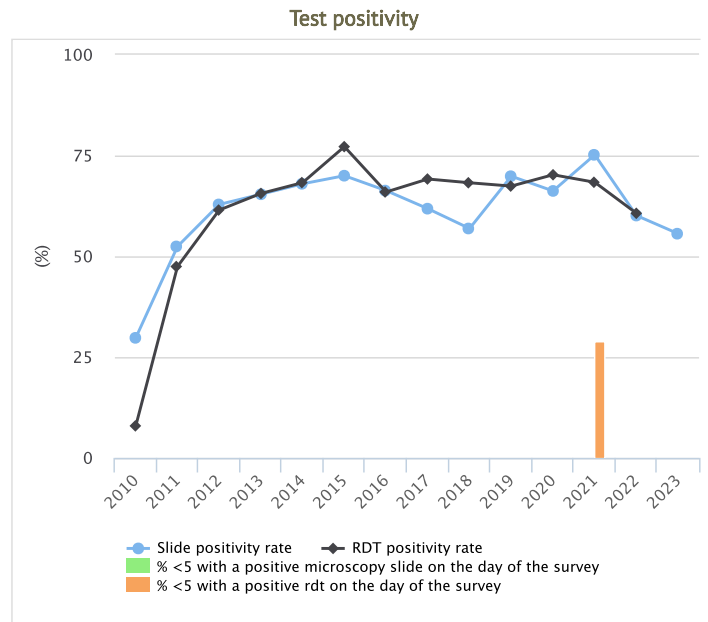
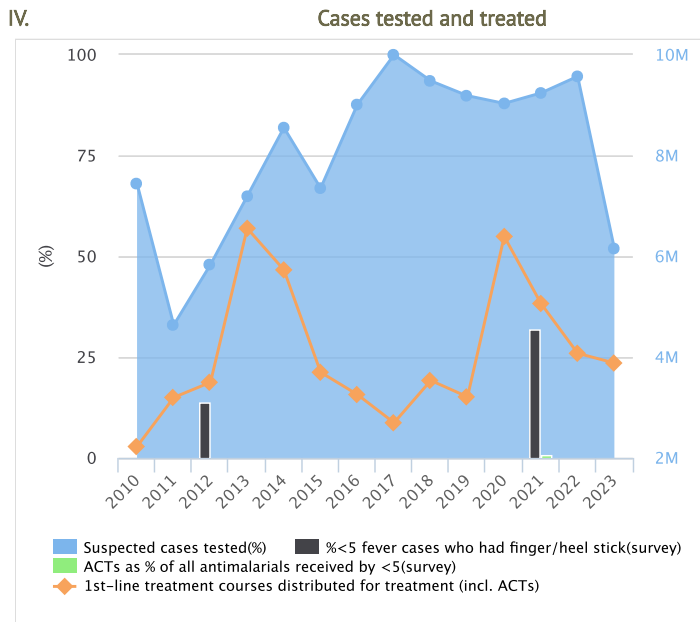
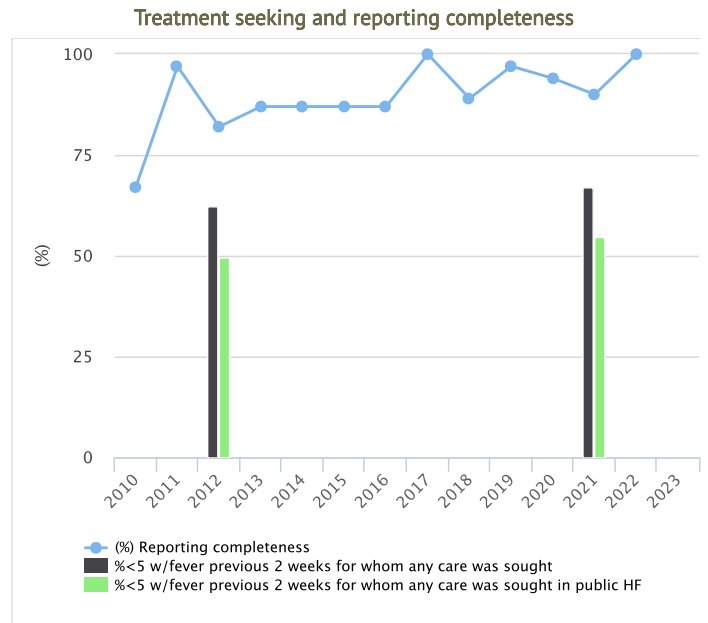
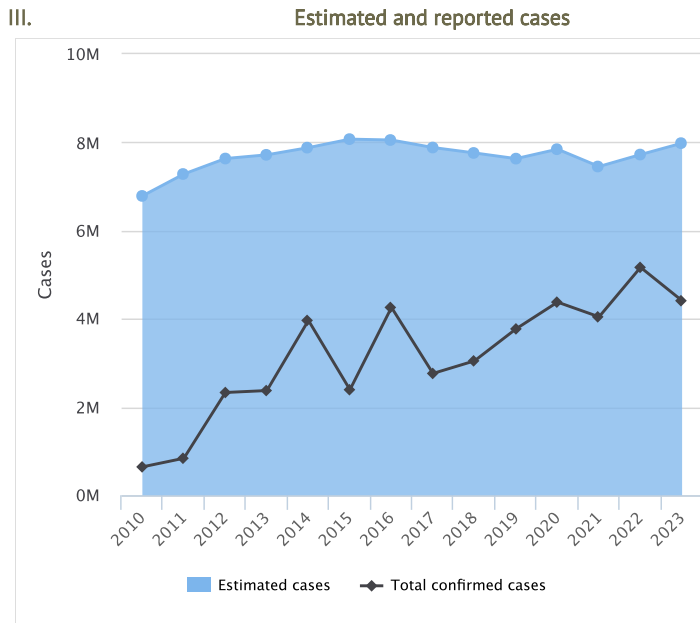
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted	Antimalaria treatment policy						Medicine	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes*	2014	First-line treatment of unconfirmed malaria						AL	2022
	ITN distributed by mass campaign	Yes*	2014	First-line treatment of <i>P. falciparum</i>						AL	2022
IRS	IRS is recommended	No	-	Second-line treatment <i>P. falciparum</i>						DPHPPQ	2022
	DDT is used for IRS	No	-	Treatment of severe malaria						AS	2022
Larval control	Use of Larval Control	No	-	Treatment of <i>P. vivax</i>						AL	2022
IPT	IPT used to prevent malaria during pregnancy	Yes	2012	Dosage of primaquine for radical treatment of <i>P. vivax</i>						0.25 mg/Kg (14 days)	
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2009	Type of RDT used (public)						Pf only	
	Malaria diagnosis using microscopy is free of charge in the public sector	No	-	Therapeutic efficacy tests (clinical and parasitological failure, %)							
	Malaria diagnosis is free in the private sector	No	-	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Treatment				AL	2017-2020	1	3	8	28 days	5	<i>P. falciparum</i>
				AS-AQ	2017-2017	0	1.35	2.7	28 days	2	<i>P. falciparum</i>
	ACT is free for all ages in public sector	Yes	2020	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-	Insecticide class		(%) sites ¹		Vectors ²		Used ³	
Surveillance	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-	Carbamates		45% (5/11)		<i>An. gambiae</i> s.l.		No	
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-	Neonicotinoids		0% (0/14)				No	
	G6PD test is a requirement before treatment with primaquine	NA	-	Organophosphates		0% (0/21)				No	
	Directly observed treatment with primaquine is undertaken	NA	-	Pyrethroids		100% (21/21)		<i>An. gambiae</i> s.l.		Yes	
	System for monitoring of adverse reaction to antimalarials exists	Yes	2013	¹ Percent of sites for which resistance is confirmed and total number of sites that reported data							
				² Vectors reported to exhibit resistance to insecticide class							
	Malaria is a notifiable disease	Yes	1997	³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)							
	ACD for case investigation (reactive)	No	-								
	ACD at community level of febrile cases (pro-active)	No	-								
	Mass screening is undertaken	No	-								
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-								
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-								
Case investigation undertaken	Yes*	2000									
Foci investigation undertaken	Yes*	2000									
Case reporting from private sector is mandatory	Yes	2000									

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

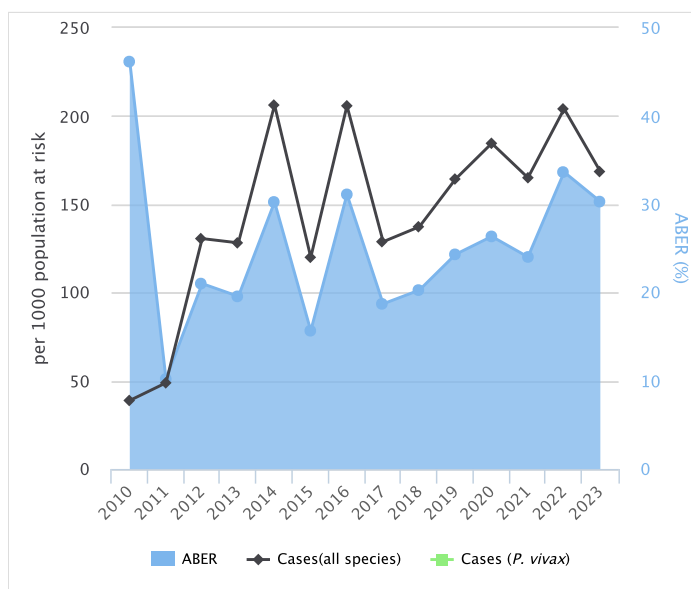


Source: DHS 2012, MIS 2021

Source: MIS 2021

V.

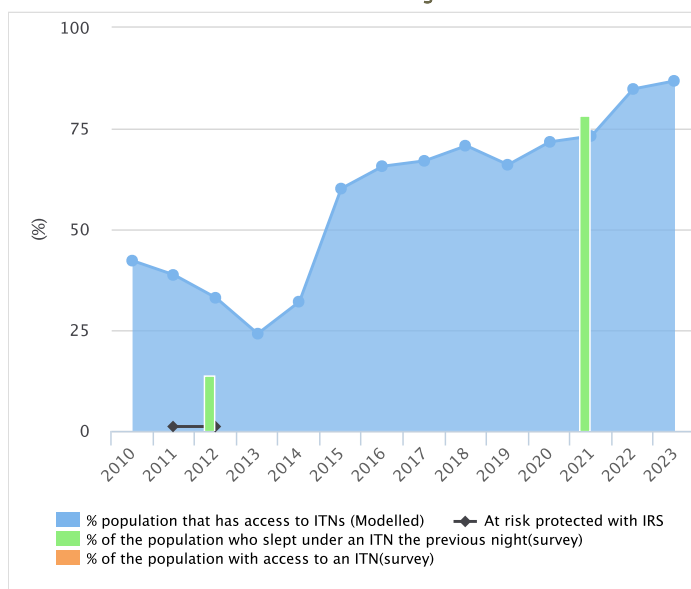
Confirmed malaria cases per 1000 population at risk and ABER



ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

V.

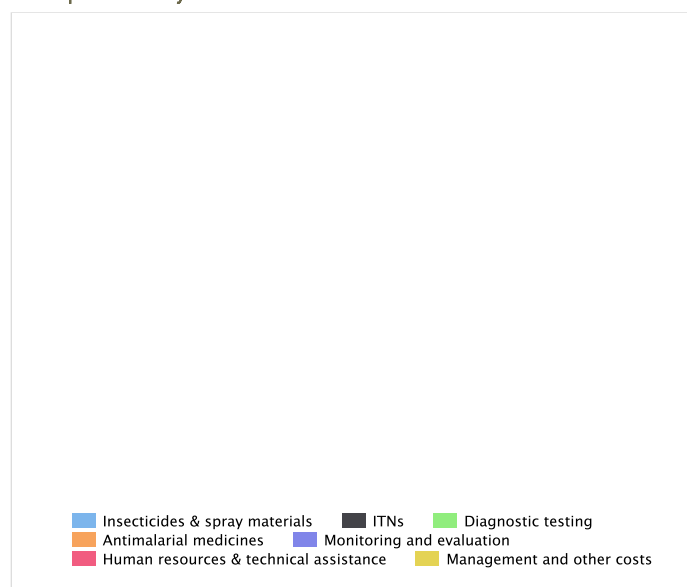
Coverage of ITN and IRS



Source: DHS 2012, MIS 2021

VI.

Government expenditure by intervention in 2023

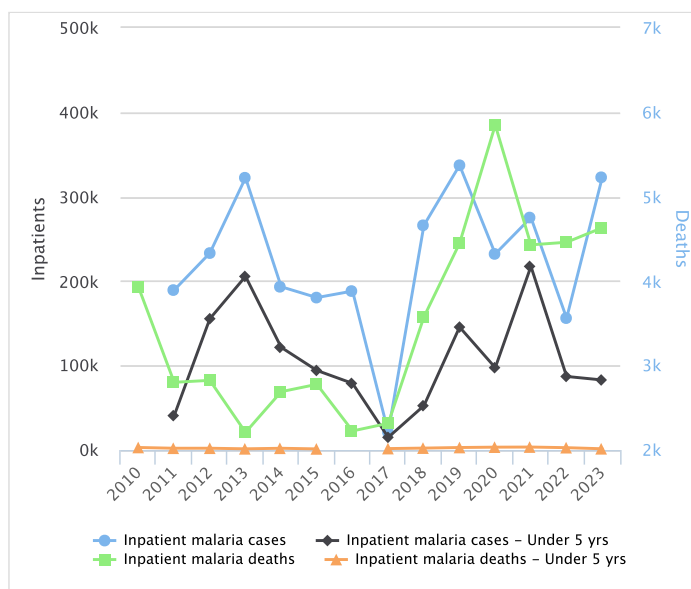


Footnotes

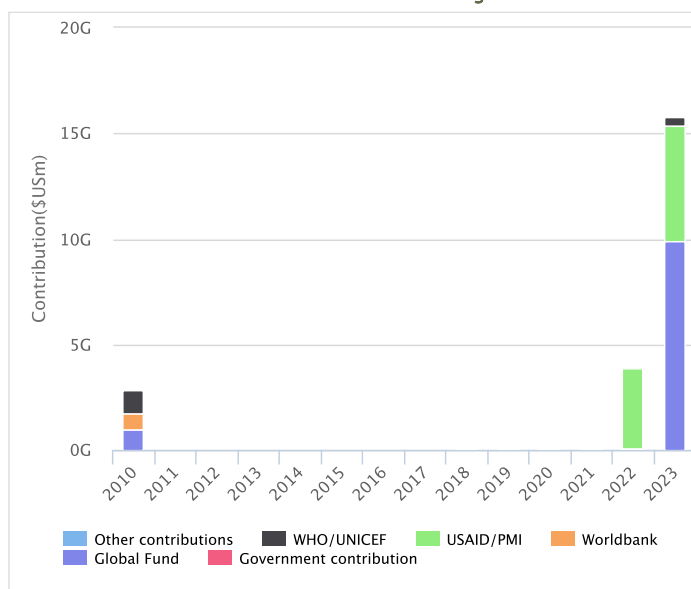
(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on

Malaria inpatients and deaths



Sources of financing



data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-erg-report-malaria-burden-session6.pdf \(who.int\)](#)

World Malaria Report 2024