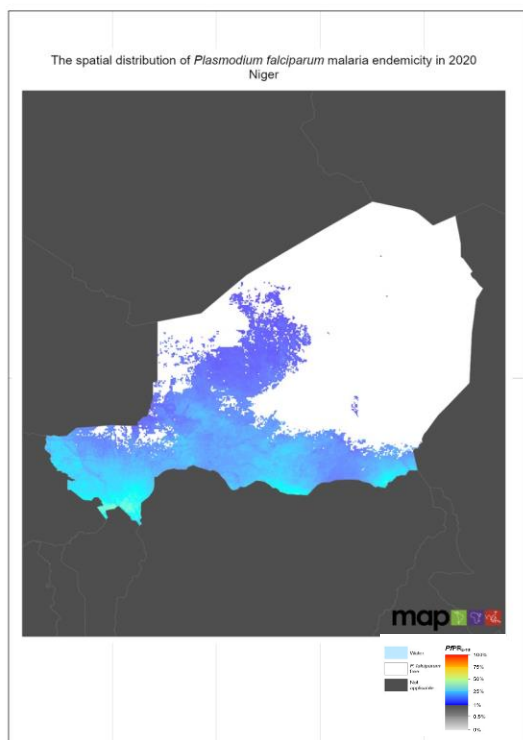


Scorecard for Accountability and Action



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 2022 was 5,648,740 with 4,461 deaths.

Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)	83	
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	96	
% of National Malaria Strategic Plan Financed (2024-2026)	50	
Policy		
Signed, ratified and deposited the AMA Instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3	
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials	47	
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	56	
% of Neglected Tropical Disease MDAs Achieving WHO Targets	50	
Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2023)	41	
Vitamin A Coverage 2022 (2 doses)	87	
DPT3 coverage 2023 (vaccination among 0-11 month olds)	85	

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million.

Progress

The country has secured the majority of the resources required to deliver the required case management and ITNs for 2024-2026, although gaps in funding exist. Niger has completed the national insecticide resistance monitoring and management plan and has recently reported the results of insecticide resistance testing to WHO, and to address the increasing levels of insecticide resistance is rolling out next generation mosquito nets. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach, and recently signed the Yaoundé Declaration. Niger has launched its Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, the country has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard, although the scorecard is not yet posted to the ALMA Scorecard Hub. The country is developing a concept note for the End Malaria Council.

Impact

The annual reported number of malaria cases in 2022 was 5,648,740 with 4,461 deaths.

Key Challenge

- Insufficient resources to achieve high coverage of essential malaria interventions.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Resource Mobilisation	Work to fill key gaps in malaria funding	Q2 2024		With only around 50% of the national strategic plan financed over the next three years, additional resource mobilisation efforts are ongoing. Discussions are ongoing to identify opportunities for internal resources mobilisation with the collaboration of partners such as ALMA, including exploring the launch of an End Malaria Council. The country has signed the Yaoundé declaration which commits to increased domestic resources for the fight against malaria
Impact	Work to develop a plan of action to support the implementation of the Yaoundé declaration	Q4 2024		Following a joint orientation meeting by RBM, WHO and ALMA, Niger is working to outline the plan to develop their workplan to support the implementation of the Yaoundé declaration.

Niger has responded positively to the recommended action addressing drug resistance monitoring and continues to track progress as this action is implemented

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Niger 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.

Previous Key Recommended Actions





Niger has responded positively to the RMNCAH recommended actions addressing low coverage of ARTs in children, and continues to track progress as actions are implemented.

Neglected Tropical Diseases

Progress

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. The country also submitted onchocerciasis elimination dossier to WHO and is waiting for the feedback. In 2022, preventive chemotherapy coverage was 100% for soil transmitted helminthiasis (under surveillance), 31% for schistosomiasis, 43% for trachoma and 76% for lymphatic filariasis. Overall, the NTD preventive chemotherapy coverage index for Niger in 2022 is 56, which represents a substantial increase compared with the 2021 index value of 11. The country reached WHO MDA target for lymphatic filariasis only in 2022. The country has the developed an NTD Scorecard.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due