



EVOLUTION OF UHC IN
NIGER

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



THE COUNTRY

The Niger, a landlocked country located in West Africa, covers an area of 1,266,491 km2. Its population is mainly young (51% under 15 years of age) and in 2017 was estimated to be 21,5 million. Its intercensal annual growth rate of 3.9% is one of the highest in the world. This strong population growth rate is corroborated, among other factors, by a high fertility rate (total fertility rate of 7.6 in 2012), which contributes to the population doubling every 18 years.

GENERAL INFORMATION

The Niger’s health situation remains characterised by high levels of maternal and child mortality and the double burden of communicable and non-communicable diseases. Unhealthy conditions, environmental degradation, poor hygiene and

sanitation, climate change and problems with the supply of drinking water are also factors limiting the government’s and partners’ efforts to promote sustainable development.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world
towards
SDG 3.8.2

POST-INDEPENDANCE
IN 1960

After the independence of the country in 1960, Niger’s health policy focused mainly on individual curative medicine. The essential elements of this policy were free healthcare, the low participation of communities in the management and financing of actions affecting their health, the predominance of curative medicine and the concentration of health infrastructures in cities and large conurbations.

1974 - 1995

PRIMARY HEALTH CARE STRATEGY

1974-1978

Signup of a number of regional and international declarations including the 1978 Alma-Ata Declaration which adopted a Primary Health Care Strategy.

Emphasis was placed on mass medicine that was preventive and mobile and incorporated the curative aspect of care much more clearly.

1980-1987

The Primary Health Care Strategy became increasingly structured following the implementation of the ‘self-managed health care’ policy throughout the country.

This strategy focused on having village health care teams treat health problems in rural areas, supervised by staff from health centers.

1995

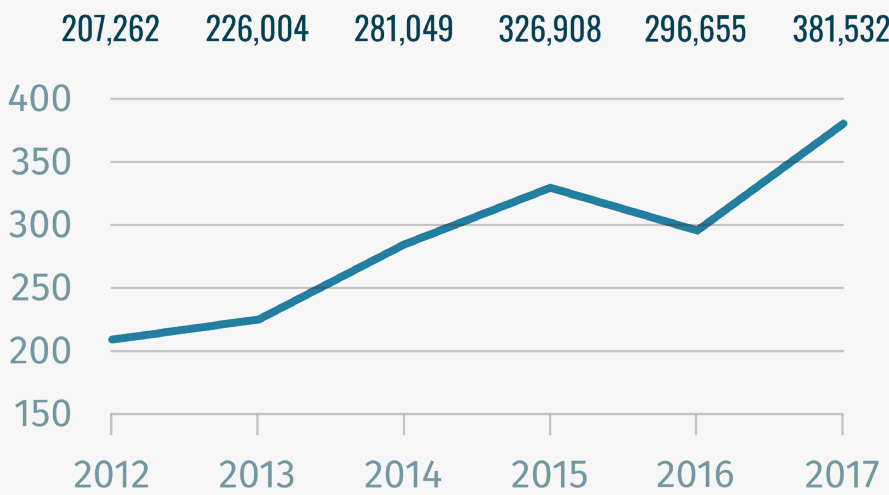
Adoption of the Health Sector Policy Declaration as part of the comprehensive framework for decentralisation and following on from the national pharmaceutical policy.



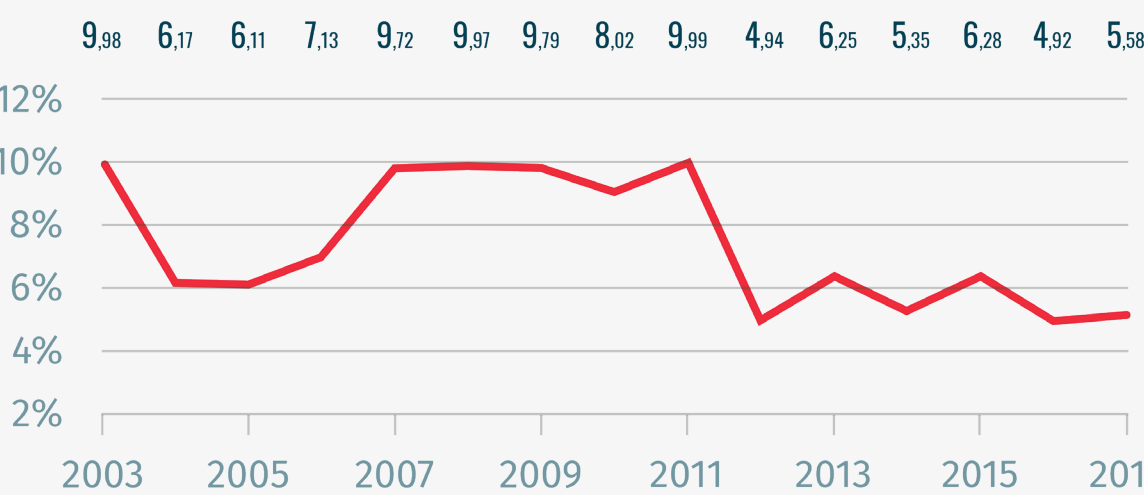
Dr. Abaché Ranaou
MoH General Secretary

“Niger is a country where challenges remain when it comes to Universal Health Coverage. But our population has a lot of resources and our leadership is one of success. We will definitely make a difference in the upcoming years and improve the access to health care. And this is starting now, with the changes we are making in the fee exemption mechanism targeting the children under five and some reproductive health services.”

NATIONAL HEALTH EXPENDITURE In Millions CFA



CHANGES IN THE NIGER’S HEALTH BUDGET FROM 2003 TO 2015



2005 - 2015

FREE HEALTH CARE POLICY

2005

Introduction of free health care policy.

Adoption of a legal text which guarantees free health care for some population groups.

Free health care began with the provision of care for women with children under the age of five.

2011

National social protection policy

It provides for the creation of a Special Fund for Social Protection (FSPS) based on a share of the national budget representing at least 1% of GDP’.

2012

Elaboration of the National health financing strategy by the Ministry of Public Health.

It aimed at universal health coverage in the Niger as part of the implementation of the National Social Protection Policy.

2015

47.83%

Household OOP remain the main means of health financing, constituting 47.83% of current expenditure on health.

“The State will continue to prioritise preventive health care, to promote universal health coverage and to strengthen the management of the health system.”

Extracted from: The National Health Policy

2018 - 2019

ACCELERATION IN THE REFLEXION ON UHC

2018

- **July:** P4H (AFD-WHO-World Bank associating GAVI-GFTAM-KfW-USAID-ILO) mission states: « Niger needs to focus on improving the exemption fee mechanism »
- **July:** WHO fee exemption mechanism new study states the « need to professionalize the 1/3 party payment »

2019

- **June:** WHO scoping mission on UHC suggests that « concepts need to be clarified and people sensitized on UHC »
- **July:** participation of a team of 10 high level people from different Ministries in the P4H Leadership for UHC programme
- **July & September:** study of the options to professionalize the 1/3 party payment for the fee exemption mechanism
- **September:** arrival of a P4H country Focal Point in Niger (AFD funded, Expertise France contracted)
- **September-December:** study of fee exemption mechanism and PFM (payment mechanism)
- **August-October:** development of a draft UHC strategy
- **October:** National Forum on UHC

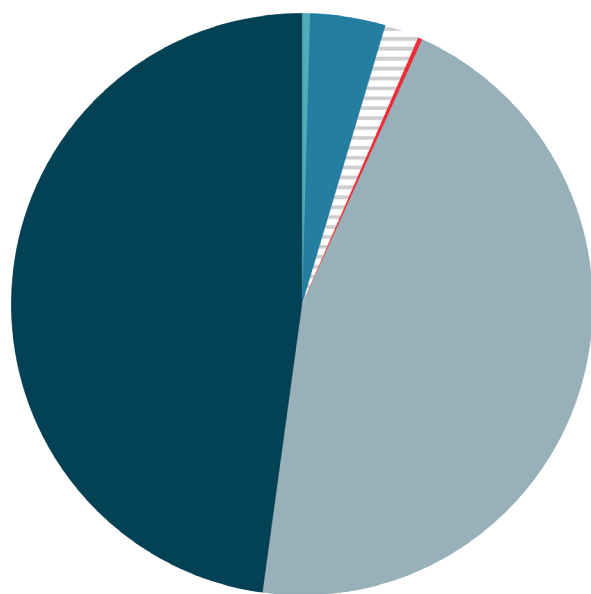
PRIVATE INSURANCE

0.4%

In total, six private insurance companies operate in the Niger and cover 0.4% of the country’s population.

However, this insurance is only available to organised groups (e.g. projects, businesses, companies) and not to individuals, families or even groups of families.

CURRENT HEALTH EXPENDITURE ACCORDING TO FINANCING SOURCES 2017 IN U.S. \$



Companies (excluding insurance companies)	7.275.237
Non-profit institutions serving households	20.675.948
Insurance companies	12.121.155
Rest of the world	1.156.121
Public administration	281.709.203
Households	296.054.997
TOTAL	618.992.661

NATIONAL SOCIAL SECURITY FUND (CNSS).

Adoption of the National Social Security Fund (CNSS) was 1965.

CNSS PROVIDES:

- family benefits
- maternity benefits
- assistance in the event of workplace accidents or occupational diseases
- assistance for the elderly
- disability benefits
- survivors’ benefits in the event of death
- medical care benefits.