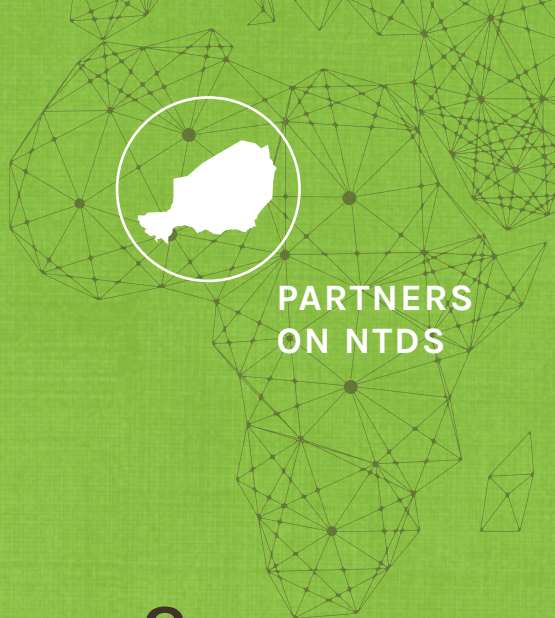


THRIVE
CONTROL
AWARENESS
CARE
HYGIENE
PREVENTION
ASSESSMENT
TREATMENT
ACCESS
PROGRESS



END in Africa & NIGER

COMMUNITY
CAPACITY-BUILDING
SUPPORT
HEALTH



ENDINAFRICA.ORG

ACHIEVEMENTS



Niger has had 6 years of integrated mass drug administration (MDA).



Expanded MDA treatments from 6 million people in 2007, to 10.8 million in 2012.



Impact assessments found that 15 previously endemic districts no longer need MDA for trachoma.¹

¹ Dakaro, one of the 15 HDs that have stopped district-wide MDA, is still treating trachoma at the sub-district level due to pockets of prevalence >5%.

NTDS IN NIGER

Neglected tropical diseases (NTDs) affect all 42 health districts (HDs) in Niger, putting some 17 million people at risk of contracting one or more diseases. NTDs are debilitating and disproportionately affect the poor and vulnerable, particularly women and children.

While lack of awareness, unsafe health practices, and limited access to safe water and sanitation continue to present challenges, Niger's NTD control efforts have made some progress, achieving 100% geographic coverage for integrated mass drug treatments for several NTDs. Nevertheless, LF, schistosomiasis (SCH), trachoma and soil transmitted helminthes (STH) continue to be threats in Niger and require continued attention and support from USAID's END in Africa project and other partners.



ALL **42** DISTRICTS ARE
AFFECTED BY NTDs



17 MILLION

AT RISK FOR CONTRACTING NTDs

CURRENT ACTIVITIES IN NIGER

DISEASE MAPPING

- Map 2 HDs for LF: Fillingué (to confirm the 2003 map as Niger moves towards the end of MDAs) and Arlit (creating the district's first map).
- Map 4 HDs in the Agadez region for trachoma (to create district-level maps to be used in the future for certifying elimination by district, and to confirm regional map data).

MASS DRUG ADMINISTRATION

- Conduct annual community- and school-based MDA for LF in 30 HDs, benefiting almost 10 million people ages 5 and older.
- Carry out annual MDA for SCH in schools and door-to-door in communities in 11 HDs, targeting over 2 million children and at-risk adults.
- Conduct annual community- and school-based MDA for STH in 34 HDs, targeting over 11.5 million people ages 5 and older.
- Provide annual MDA for trachoma to 100% of the population in 18 HDs, benefiting over 8.3 million people.¹

DISEASE ASSESSMENTS AND MONITORING

- Perform nighttime pre-transmission assessment surveys (pre-TAS) for LF in the Niamey-2 and Niamey-3 HDs.
- Carry out transmission assessment surveys (TAS) for LF to determine whether to stop MDA in HDs with successful pre-TAS results. Nine HDs have passed re-TAS: Aguié, Dakoro, Guidan Roumdji, Madarounfa, Mayayi, Tessaoua, Madaoua, Boboye and Tillabéri.
- Conduct an integrated SCH/STH impact assessment survey to realign the national treatment strategy with WHO guidelines in eligible HDs, including Arlit, Diffa, Mainé and N'guigmi.
- Implement impact assessment surveys for trachoma in eligible HDs, including Tahoua, Keita, Bouza, Konni, Madaoua, Mirriah, and Doutchi; and collect district and subdistrict-level data to estimate the prevalence of trachoma folliculitis (TF) and trichiasis.

- Support epidemiological evaluations of oncho transmission in 5 HDs to provide evidence for certification of onchocerciasis elimination.²

TRAINING AND CAPACITY BUILDING

- Organize and provide cascade and refresher training sessions for the MDAs at all implementation levels, including training for almost 39,500 community drug distributors and teachers.
- Train survey teams in impact assessment survey implementation techniques prior to TAS and other surveys.
- Provide short-term technical assistance to build the national NTD program's (NTDP) capacity in the use of the tool for integrated planning and costing (TIPAC) as well as to improve supply chain management at all levels.



PHOTO CREDIT
Yaobi Zhang of HKI

NTD PROGRAM SUPPORT

- Support the NTDP in making projections and applying for NTD drugs.
- Participate in and support NTDP staff at relevant meetings of the Global Alliance for the Elimination of Lymphatic Filariasis; the Joint Action Forum for onchocerciasis control/elimination in Africa; the American Society of Tropical Medicine and Hygiene; and WHO/AFRO.
- Support planning meetings to develop the annual country work plan and budget.
- Implement information, education, and communication (IEC) strategies, community meetings and media campaigns to inform communities about NTDs and improve participation in MDA activities.

¹ District-level MDA in 17 HDs and subdistrict-level MDA in 1 HD.

² An epidemiological evaluation conducted by APOC in 2012 found that no transmission had occurred in the 12 villages that were tested.

END IN AFRICA

Funded by the United States Agency for International Development (USAID) and managed by FHI360, the END in Africa project aims to reduce the prevalence of five neglected tropical diseases, including trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminths, in Niger and four other West African countries (Burkina Faso, Ghana, Sierra Leone and Togo).

As END in Africa project lead, FHI360 provides overall program administration support to Ghana's NTDP, while subgrantees Helen Keller International (HKI) and Health and Development International (HDI) support project operations in Burkina Faso (HKI), Niger (HKI), Sierra Leone (HKI) and Togo (HDI). Other END in Africa partners include John Snow Inc., Deloitte Consulting LLP and Liverpool Associates in Tropical Health, which provide respective support in supply chain management, financial performance, and monitoring and evaluation activities.

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Funding is provided mainly by the USAID through FHI 360 and HKI. The national NTD program also receives support from national organizations, the Carter Center (TCC) and the International Network for Planning and Control of SCH (RISEAL), mainly for operational research and trachoma surgery.

OTHER NTD
PARTNERS
IN NIGER

