Niger is one of sub-Saharan Africa’s countries which has been repeatedly confronted with drought, food insecurity and political unrest. Despite this, Niger was the only country in West Africa to achieve the Millennium Development Goal four for child survival by 2015, reducing mortality among children under-five by at least two-thirds between 1990 and 2015. In a 2012 Countdown case study of the reasons for Niger’s success, Agbessi Amouzou of Johns Hopkins University (JHU) wrote, “Niger’s success in child survival reinforces the importance of collecting regular, high-quality data on the implementation of maternal, newborn and child health programs through routine reports and on coverage and impact through household surveys, and of having the capacity within countries to generate and use those data to guide programs and policies for women, newborn babies, and children.”

Now Niger has extensive health data from repeated national surveys, routine health information, and research studies. “So, all this information put together makes it possible to develop strategies and policies that are well-founded, based on evidence,” noted Dr. Mounkaila Aida, director of statistics for Niger’s Ministry of Health & Social Welfare.

The current Countdown collaboration in Niger is a continuation of capacity-strengthening projects between public health researchers and program implementers in Niger and Johns Hopkins University through various funding mechanisms that began more than a decade ago. During 2020-2022, the Niger country collaboration produced five thematic reports, five policy briefs, plus the maternal-newborn health exemplars study and two scientific articles, then brought the results from these analyses to the attention of decision-makers in Niger, as well as global audiences.

“We really want the Countdown to be a showcase or, let’s say, a compass for the ministry of health in terms of the interventions taken in maternal and child health,” said Ousseini Lamou Youssoufa, director of statistics and demographic and social studies of Niger’s National Institute of Statistics (INS).

From the project’s launch event through the final results dissemination, the Countdown collaboration gathered input from those involved in reproductive, maternal, newborn and child health policies and programmes, through both convening of meetings and interviews, as well as document review conducted as part of the exemplars study. The reports, policy briefs, and journal articles were developed by creating a technical team with member from the INS and the relevant directorates from the ministry of health (such as the health information system, the reproductive, maternal child health, immunization, and nutrition), representatives from technical and financial partners (such as UNICEF, the World Health Organization and UNFPA), as well as the the Global Financing Facility (GFF). The technical team developed some themes for analysis in collaboration with the support team from JHU. Then smaller thematic working groups were created; these groups developed analysis plans that were developed through workshops to analyze the data. Then validation workshops were held to share the results with the leaders of the partner organizations and NGOs, and program and policy implementers in Niger.

One key message from those presentations was the need to further investigate the recent increase in neonatal mortality rate as suggested by the 2021 National Fertility and Mortality Survey. The United Nations Inter-agency Group for Mortality Estimations estimates that the neonatal mortality rate has been level at around 34 deaths per 1000 live births since 2010; however, direct measurement by the Enquête Nationale sur la Fécondité et la Mortalité des Enfants de moins de 5 ans (ENAFEME) found that neonatal mortality increased from 34.28 in 2013 to 40.62 in 2018.

“So this was a great disappointment, a great surprise and at the same time a source of concern for those involved in the health sector, who really wanted to know what had happened, why it didn’t work, what didn’t work and where.” Said Dr. Aida “So they really wanted this to be taken into account in the next analyses we plan to carry out, notably through Countdown’s work in 2022-2025.”

The team have already developed an analysis plan to address this question, using a combination of survey and health system data. The next round of analysis will involve in-depth analysis of maternal and newborn health, cesarean section, immunization, fertility and family planning. As noted by Amouzou, “the analysis of Niger data by Nigerien researchers in collaboration with the Ministry of allows better contextualization of the findings and facilitate the use of the evidence generated to support performance assessment in reproductive, maternal, newborn, and child health, and further refined programming. That is the current essence of the Countdown Country Collaboration.”

Technical reports (R) et policy briefs (B) (in French):
- Contraceptive Prevalence and Fertility: R+B
- Quality of Maternal and Newborn Care: R+B
- Neonatal Mortality: R+B
- Chronic Malnutrition: R • B

Coverage and equity: R-B

Peer-reviewed journal articles (in English):
- Climate shocks and nutrition: The role of food security policies and programs in enhancing maternal and neonatal survival in Niger
- Health service utilisation during the COVID-19 pandemic in sub-Saharan Africa in 2020: a multicountry empirical assessment with a focus on maternal, newborn and child health services

Purpose of the Data Uptake Series: If research is to have an impact it needs to be taken up or used by people with the ability to change policies and programmes. Research uptake includes all the activities that facilitate and contribute to the use of research evidence by policy makers and other development actors. This series documents successes and challenges around this process under the Countdown to 2030 collaboration.

To learn more: https://www.countdown2030.org/data-uptake-series