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General data

POPULATION, 2023  
**27,202,843**

PHYSICIANS/1000 INH, 2020–2022  
**0.03**

NURSES/1000 INH, 2020–2022  
**0.2**

LIFE EXPECTANCY, 2022  
**61.66**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**189**

GDP PER CAPITA (US\$), 2023  
**642.94**

HEALTH EXPENDITURE, 2021  
**34.35**

UNIVERSAL HEALTH COVERAGE, 2021  
**35**



WHO FRAMEWORK  
FOR PALLIATIVE CARE  
DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF  
DEVELOPMENT



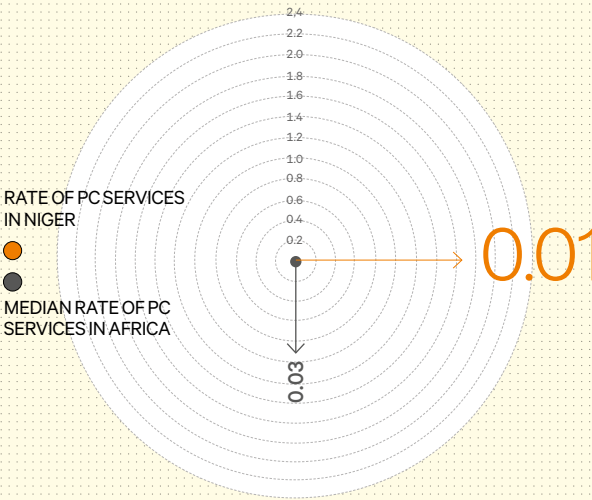
# Niger

F Provision of PC (Specialised Services)

Total number  
of Specialised  
PC services **2**

Rate of PC services  
per 100,000 inhabitants **0.01**

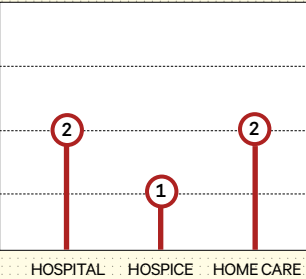
Niger in the context of African continent



Geographic  
distribution and  
integration of PC  
services



Level of development  
of different types of  
PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION  
AND INTEGRATION **1**

TOTAL NUMBER **0**

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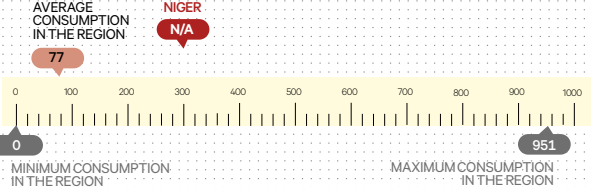
# Niger

D Use of essential medicines

Opiods  
consumption  
(excluding  
methadone) **N/A**

S-DDD/MILL INHABITANTS/DAY

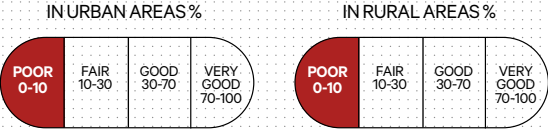
Niger in the context of African continent



Overall availability of essential medicines  
for pain and PC at the primary level



General availability of immediate-release oral  
morphine at the primary level



C Research

PC-related  
research articles



Existence of PC  
congresses or scientific  
meetings



National Association: No.  
Consultants: Faiza Abba Ous-  
mane; Soumaila Amadou.

Data collected: From December 2023  
to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Associa-  
tion: N/A.  
Edition: Edited by Atlantes Research  
Team (University of Navarra, Spain).

E Education & Training

Medical schools  
with mandatory PC  
teaching **1/3**

Nursing schools  
with mandatory PC  
teaching **N/A**

Recognition of PC specialty **1**

B Policies

National PC plan  
or strategy **1**

Responsible authority  
for PC in the Ministry of  
Health **1**





Inclusion of PC in the basic  
health package at the  
primary care level **1**

A Empowerment of people  
and communities





Groups promoting  
the rights of PC  
patients **1**

Advanced care  
planning-related  
policies **1**

# AF Niger

<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	In Niger, no formal associations or civil society groups dedicated to promoting the rights of patients in need of palliative care have been identified. Nevertheless, a team of four physicians received training in palliative care in Uganda, which was followed by the delivery of training sessions to other health workers in collaboration with the Ministry of Health. These actions represent <b>professional engagement in capacity-building but are not linked to advocacy or patient representation structures.</b>
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	This has not yet been established at the central level (Ministry of Health) or at the level of the competent health structures involved in the care of palliative care patients.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Do not know or does not exist.   A national palliative care plan is in preparation.	Palliative care has been only partially incorporated through the National Noncommunicable Disease Control Program (2012).

# AF Niger

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Do not know or does not exist.	
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	There is no list designed for this purpose by the health system regulating the implementation of palliative care in primary care yet.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 There is no coordinating entity.   Does not have concrete functions or resources (budget, staff, etc.).	The National Program for the Fight against Non-Communicable Diseases (2012) has developed a strategic action plan against these diseases in general and cancer in particular, but without identifying at this stage a specific plan for palliative care. There have been specific actions by the state, in particular; Decree No. 261/PRN/MSP of July 19, 2007 <b>establishing free services related to female cancers provided by public health establishments.</b> These services concern consultations after screening, examinations, care including radiotherapy, hospitalization, medical and surgical procedures, medications, control and follow-up procedures.

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Niger



<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>In March 2023, during a cardiology congress, a communication on the evaluation and management of pain in cancerology at the hematology-oncology department of the national hospital of Niamey was presented. It aimed (amongst other things) at highlighting the relationship between the prescription of analgesics and the intensity of pain, and of formulating recommendations.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Niger that all met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div>No Data Reported for Niger.</div>

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<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Fewer than 1% of practitioners prescribe opioids, and prescriptions are rare due to limited availability of the medicines.</div>

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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>1/3</p> <p>0/3</p> <p>N/A</p> <p>N/A</p>	<p></p> <p>There are a total of three health sciences faculties in Niger, spread across the Niamey, Maradi, and Zinder regions (Niamey being the oldest). The Faculty of Health Sciences at Abdou Moumouni University in Niamey has a “palliative care” component in its sixth-year medical curriculum. While there are many paramedical schools, palliative care is not taught in any modules, but may be discussed or taught during internships during students’ visits to cancer departments.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Not at all.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>In Niger, there are approximately two specialized palliative care services, representing a density of 0.007 per 100,000 inhabitants. Services are centralised in Niamey, mainly at the National Cancer Control Centre and the haematology-oncology unit of the National Hospital. Care is provided by medical and paramedical staff, but service coverage remains limited in relation to national needs and only a few healthcare workers have palliative care training.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>NIGER 0.01</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>2 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>There is no standalone paediatric palliative care programme; services are integrated into general cancer care. Paediatric cancers are rarely diagnosed in Niger, and data on their true prevalence remain limited.</p>