NIGER
MALARIA: STATUS UPDATE ON CHILDREN
DATA SNAPSHOT

MALARIA BURDEN
Children under five years of age: proportion of total population, malaria cases and malaria deaths

Trends in estimated malaria cases and deaths, all ages, 2010–2018

PREVENTION, DIAGNOSIS AND TREATMENT EFFORTS
Coverage of key malaria prevention interventions for children and pregnant women, by national average and urban-rural location

Coverage of key malaria interventions for care seeking, diagnosis and treatment of children, by national average, urban-rural location, and by wealth quintile

INDICATOR | VALUE
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Malaria incidence rate (per 1,000 at-risk pop.), 2018 | 3
Estimated total malaria cases, 2018 | 8,002,500
% in children <5, 2017 | 48%
Malaria mortality rate (per 100,000 pop.), 2018 | 71
Total estimated malaria deaths, 2018 | 17,100
% in children <5, 2017 | 68%
Deaths in children <5 due to malaria, 2018 | 15,300
% of all child deaths attributable to malaria, 2018 | 20%

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**MALARIAS: STATUS UPDATE ON CHILDREN**

**IMPLIEDS OF COVID-19**

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**COVID-19 IMPACT ON MALARIA BURDEN**

Estimated trends in malaria cases and deaths (all ages), 2020 projections based on various Covid-19 scenarios

**Historical Trends**: based on 2010-18 trends (does not account for Covid-19)
- Scenario 1: No LLIN campaign, continuous distribution (CD) of LLIN cut 25%
- Scenario 4: No LLIN campaign, antimalarial (AM) provision cut 25%
- Scenario 9: No LLIN campaign, CD & AM cut 75%

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**HOW TO USE THE COUNTRY SNAPSHTOS**

These snapshots include the latest available data on malaria with a focus on children and pregnant women. The first page includes a set of charts that describe the burden of malaria cases and malaria deaths in the country, showing the proportion of all malaria cases and deaths that occurred among children under the age of five and the proportion of all child deaths that were attributable to malaria. The first page also presents information on current coverage levels of key malaria interventions for pregnant women and children. These charts provide an indication of variations in coverage levels of these interventions by urban-rural location and by wealth quintile. Decision makers can use the national and subnational level data included in these snapshots to identify areas of progress and where greater attention is needed, and to advocate for more resources for malaria prevention, diagnosis and treatment.

The second page presents projections of all malaria cases and deaths from 2018 to 2020 under certain scenarios of intervention coverage disruptions due to COVID-19. Given that a high proportion of malaria cases and malaria-related deaths occur among young children, these projections make evident that the numbers of children vulnerable to malaria infection and death will potentially skyrocket this year, reversing country progress in combating this disease. The main message of these snapshots is to encourage governments to consider the impact of COVID-19 response measures, including suspension of ITN/LLIN campaigns, on access to essential malaria interventions that save lives and to ensure these services are not severely disrupted. Pregnant women and young children are the most vulnerable to poor outcomes from malaria infection and must be protected through concerted actions and sustained commitment.

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**Footnotes**: This modeling analysis was conducted by WHO in close collaboration with partners, including PATH, the Malaria Atlas Project and the Bill & Melinda Gates Foundation. The modeling features nine scenarios of disruptions to malaria interventions due to COVID-19. For this snapshot, we have prioritized three scenarios representing a best-case scenario (Scenario 1: LLIN campaign canceled, continuous distribution of LLIN cut by 25%, no disruptions to antimalarial provision); a medium-case scenario (Scenario 4: LLIN campaign canceled, antimalarial provision cut by 25%, no disruption to continuous distribution of LLIN); and a worst-case scenario (Scenario 9: LLIN campaign canceled, continuous distribution of LLIN and antimalarial provision both cut by 75%). These scenarios have been compared against a projected 2020 values based only on historical trends and the annual rates of reduction between 2010-2018. This “historical trends” scenario presents a counter-factual comparison of an “expected” 2020 value in the absence of COVID-19. This method was also used to calculate a 2019 value for all scenarios. More details about the modeling analysis and all nine scenarios can be found at https://apps.who.int/iris/bitstream/handle/10665/231845/9789240004641-eng.pdf.