

Niger

HIV/AIDS epidemiological summary

HIV surveillance information on antenatal clinic women has been available from Niger since 1987-88. Niamey is considered the only major urban area. HIV prevalence among antenatal clinic women increased from 0.5% in 1987-88 to 1% in 1993; more recent data are unavailable. Outside Niamey, HIV prevalence information is available from Maradi, where nearly 1% of antenatal clinic women tested positive for HIV-1 and/or HIV-2 in 1990, from Tahoua in 1992, and from Zinder in 1992 and 1994, where HIV-1 prevalence ranged from 0 to 1%.

HIV-1 prevalence rates among sex workers in Niamey increased from 6% in 1987-88 to nearly 24% in 1997. Outside Niamey, in 1988, 4% of sex workers tested in Arlit were HIV-1 and/or HIV-2-infected. In 1989, 9% of sex workers in Maradi tested HIV-1-positive. By 1994, 34% of sex workers in Dirkou tested HIV-positive.

In 1991-92, 4-5% of STI clinic patients in Niamey tested HIV-positive.

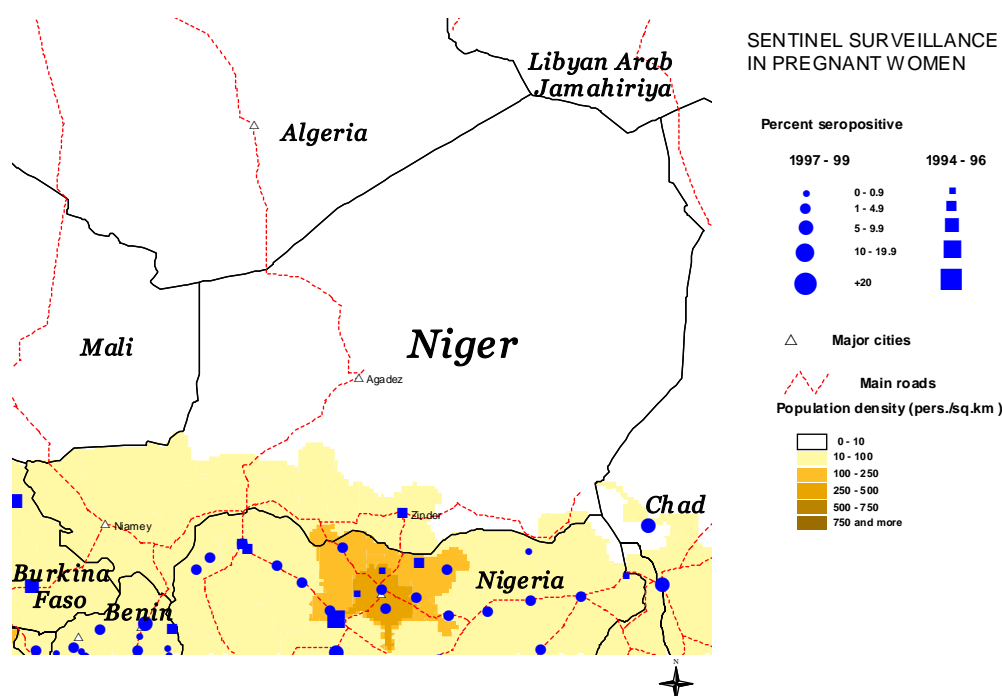
In Niamey, a study of truck drivers and their apprentices reported that 3% tested HIV-1-positive in 1993.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	64 000	61 000	1.35	34 000	3300

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	31 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	6500	UNAIDS/WHO; June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	1998	15-59	1.9	-
Reported non-regular sexual partnership over a 12-month period (%)	1998	15-59	9.9	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1993	1.3	1.3	1.3



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

No empirical data on the economic impact of HIV/AIDS on Niger were found in the literature review. Only international studies using models to explore the effect of AIDS on the education and health systems provided any information on the potential impact in the country. However, as with many sub-Saharan African nations, the impact will be felt in each of the sectors identified here. In households and in the agricultural sector, illness and death lead to increased expenditure, reduced savings and shifts in productivity patterns. In businesses, more detailed studies are required in order for us to understand the full impact. In education, a model developed by UNAIDS and UNICEF shows how increasing mortality rates due to AIDS lead to discontinuity in teaching, with many pupils losing or having a change in their teachers. Data are also required for an understanding of how the epidemic is impacting on demand for education and health as well as how supply in the health sector might be affected by rising infection rates in health care workers. One study demonstrates that the extensive investments required to scale-up AIDS programmes are equivalent to US\$ 3 per capita and 1.9% of GDP.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 480 000 primary school students, 820 would have lost a teacher to AIDS in 1999 (1).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: Not available

Resource gap: The annual costs of scaling-up HIV/AIDS programmes is estimated to be between US\$ 26 million and US\$ 36 million (2).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
	NA

Comments/Key elements: Not available

Source: CPA

Date: 22 June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		
Education		
Health		
Military		
Workplace		
Sports		
Others		

Comments/Key elements: Not available

Source: CPA

Date: 22 June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: Under development.

Source: CPA

Date: 22 June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

Existence of budget for implementation of the national strategic plan

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 22 June 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	10 400	UNPOP
Population aged 15–49 (thousands)	1999	4509	UNPOP
Annual population growth (%)	1990–1998	3.3	UNPOP
% of population urbanized	1998	19	UNPOP
Average annual growth rate of urban population (%)	1990–1998	5.3	UNPOP

Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	200	World Bank
GNP per capita average annual growth rate (%)	1996–1997	0.0	World Bank
Human Development Index rank (HDI)	2000	173	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	14	UNESCO
Adult male literacy rate	1995	21	UNESCO
Adult female literacy rate	1995	7	UNESCO
Male secondary school enrolment ratio	1996	8.9	UNESCO
Female secondary school enrolment ratio	1996	4.8	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	48	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	16	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	1200	WHO
Life expectancy at birth	1998	49	UNPOP
Total fertility rate	1998	6.8	UNPOP
Infant mortality rate (per 1000 live births)	1999	112	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	8	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	18	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	22	UNICEF

References

- (1) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (2) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, April 2000.