

Niger's success in child survival



In *The Lancet* Agbessi Amouzou and colleagues¹ report an in-depth analysis of how Niger has achieved rapid declines in mortality among children younger than 5 years. Their analyses of trends in child mortality and undernutrition bring together 10 years of data on coverage, policies, and programme strategies in the context of broader environmental and socio-demographic conditions to examine not just the extent of this decline in child mortality but what we can say about how it was achieved.

These results are a source of enormous pride on the part of the Government of Niger, and especially the Ministry of Health, for having moved Niger from its position in 1990, when the country had the highest child mortality rate in the world,² to where we are today. Our success provides evidence that it is possible to reduce child mortality substantially in an incredibly hard socioeconomic context. I also have a sense of personal pride, seeing the policies we have struggled to put in place transformed into life-saving programmes that are keeping children alive. I have long been an advocate of translating the Millennium Development Goals into actions that allow even the poorest families to benefit from the health, nutrition, and educational services that are their basic human rights. Amouzou and colleagues' findings point to policies that promote geographic and financial access to health services as a cornerstone of Niger's success.

These results also, however, represent a challenge—indeed, an invitation—for further action. Amouzou and colleagues' country case study shows that there have been only slow improvements in reducing deaths among infants in their first month of life, and that coverage of interventions to reduce maternal and infant mortality is increasing at a much lower rate than those effective for child mortality. In this era of accountability, the Ministry of Health in Niger commits to extending our success and saving the lives of more women and infants, as well as older children. We are in the process of examining our current policies and programme priorities to meet this broader challenge.

Niger's achievements are the result of steadfast and courageous support from partners who were willing to invest in a country where the chances of success were not assured. Our country, and other countries in

west Africa, will continue to progress and to surprise the world with what they can accomplish if, and only if, partners are willing to take such risks. Tragic and recurrent threats to basic nutrition and safety were endured by the population of Niger for too long before they attracted global attention and resources. The positive effects of the global response are evident in the data presented by Amouzou and colleagues; even more lives can be saved if such responses are rapid and timely.

Niger's experience reinforces the importance of collecting regular, high-quality data on the implementation of maternal and child health programmes 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 programmes and policies for women, newborn babies, and children. The experience of working with national and international experts on this case study has advanced knowledge and provided many new insights; the results amply justify the investments in surveys and other forms of monitoring that have been undertaken in Niger. We thank UNICEF and Countdown to 2015 for this opportunity.

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I am Minister of Public Health for the Government of Niger. I declare that I have no conflicts of interest.

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Jorgen Schytte/Still Pictures

- 1 Amouzou A, Habi O, Bensaid K, and the Niger Countdown Case Study Working Group. Reduction in child mortality in Niger: a Countdown to 2015 country case study. *Lancet* 2012; published online Sept 20. [http://dx.doi.org/10.1016/S0140-6736\(12\)61376-2](http://dx.doi.org/10.1016/S0140-6736(12)61376-2).
- 2 Countdown to 2015. Building a future for women and children: the Countdown 2012 report. Geneva: World Health Organization and UNICEF, 2012. <http://www.countdown2015mnch.org/reports-and-articles/2012-report> (accessed July 23, 2012).