

Stories from the field

A strong health workforce, a strong economy: all working together in Niger

Niger, a West African country with a population of 21.5 million, is setting a strong example to the world. A range of Ministries and sectors are completely engaged and working together in new ways to strengthen the health workforce and improve socio-economic development in general.

They are taking into consideration important issues such as education, employment, finance, nutrition, mother and child health and agriculture.



National and regional authorities at the enrichment and validation workshop of the Diffa Rural Pipeline Project, in Diffa. In the center: the Minister of Employment, Labor and Social Protection. On his right, the Minister in charge of Decentralization. On his left: Governor of Diffa Region. Photo: WHO-Niger, August 2018.

National Action Plan

Over the past year, political actors and technical staff from different sectors in Niger collaborated and produced the 'National Action Plan for investment in health and social sector employment and growth in economic health 2018-2021'.

It focuses on the needs of the population and capitalises on existing national, sub-regional and international initiatives.

Now, Niger is set to implement the plan, starting with a rural pipeline project in the Diffa region.

Diffa rural pipeline project

A 'rural pipeline' is a systemic approach to inclusive community development to promote the resources of a region. In the Diffa region, a pilot project aims to train and provide decent employment opportunities for young people and women. It will also strengthen the resilience of education, health and productive systems by removing socio-cultural barriers.

It focuses on interventions with high inter-sectoral impacts including: investments in infrastructure and human resources in education; vocational training of young people in sectors with decent jobs including health and agriculture; recruitment of trained graduates and support for creation of small and medium enterprises; increased access to and use of maternal and child health care services; investments in irrigation, product processing and the creation of agro-pastoral and fisheries micro-enterprises.

The Diffa rural pipeline project, costing an estimated US \$ 17.8 million, will be piloted for four years from 2018-2021.

At the end of this period, interventions will expand to the seven other regions of Niger, taking into account their specific realities. This scaling up will be linked to the next Economic and Social Development Plan of Niger 2022 - 2026.

For health, it is hoped that the pilot project in the Diffa region pilot will result in:

- 300 health graduates trained and recruited in health facilities in the Diffa region
- 12 mutual health associations to ensure universal health coverage for populations in the 12 communes of Diffa.

Local community members in Diffa are very supportive. Here are some reflections from those involved so far.



Community members near Mainé Soroa in the Diffa region, watching a traditional youth wrestling tournament. Photo: Communal Office of Youth of Diffa, Oct 2018.

“We, the traditional leaders of the Diffa region - having actively participated in the amendment of the document of the Rural Pipeline Project - give our total approval to its ideals. We thank the high national authorities for the special attention they are giving our region.”

Head of the Arab Group of N’Guigma, Diffa

“We are very excited about the high-impact interventions in the Diffa Rural Pipeline Project in favour of school attendance and retention of girls at school and the empowerment of their mothers. We remain all mobilized to ensure a better tomorrow for girls, teenagers and women in the Diffa region.”

Mariama Chipkaou, Director of the Promotion of Girls' Schooling in Niger

“The Rural Pipeline Project covers all 12 communes and key development sectors of the Diffa region: educational, health, agro-forestry-pastoral and fisheries. It offers us the means to bring out an important middle class and to build together a united and prosperous Diffa region.”

Mahirou Malam Ligari, President of the Regional Council of Diffa



Members of the Communal Office of Youth of Diffa after a National Youth Camp. Photo: Communal Office of Youth of Diffa, December 2018.

From global to local

In March 2016, the UN Secretary-General set up a High Level Commission on Health Employment and Economic Growth. Former French President Francois Hollande and former South African President Jacob Zuma co-chaired the Commission and the World Health Organization, the International Labour Organization and the Organization for Economic Cooperation and Development (OECD) served in a vice-chair capacity; this naturally promoted a highly inter-sectoral approach.

The Commission made ten key recommendations for states to stimulate and guide the creation of at least 40 million new jobs in the health and social sector, in order to reduce the announced shortage of 18 million health professionals, mainly in low- and lower-middle-income countries, by 2030.

The West African Economic and Monetary Union (WAEMU) – comprising Benin, Burkina Faso, Cote d'Ivoire, Mali, Niger, Senegal, Togo – was keen to take up the challenge set by the Commission. How could each country develop a national health workforce investment plan?

WHO facilitated national discussions about how to make it happen, and provided technical support to each country to develop its own national health workforce and economic growth strategy.

Importantly, WHO, ILO and OECD also facilitated regional dialogue between countries and drafted a global action plan to support implementation of the Commission's recommendations called 'Working for Health'.

How did it all start?

In Niger, motivation to strengthen the health workforce is strong. The population is growing rapidly in Niger, and there is pressure on the Government to invest in socio-economic projects and create decent jobs, particularly for young people and women.

Niger also has a worryingly high maternal and newborn mortality rate in comparison to other countries in the region. There is a strong economic argument that when a population is healthy, it is more productive and the economy is more likely to flourish.

So improving maternal, newborn and child health and strengthening the resilience of the health system are main priorities of the Action Plan. Furthermore, under this plan women and young people in particular have greater opportunities to enter the health labour market rather than other employment sectors.



Inter-ministerial meeting in Abidjan, Cote D'Ivoire, May 2018

In May 2018, in collaboration with the ILO, an inter-ministerial meeting took place in Abidjan, Cote D'Ivoire to adopt a regional health workforce investment plan. Ministers of Health and Finance (or their representatives) from the WAEMU countries gathered and made a commitment to implement the recommendations of the High-Level Commission, the first region in the world to do so.

The Southern African Development Community (SADC), comprising 16 countries, is now looking to do the same and WHO is supporting them in a similar way to WAEMU.

Niger takes action

Niger was the first country to take up the challenge presented by the Commission. It engaged a range of sectors and Ministries in order to adopt the Commission's recommendations at the highest level of decision-making, translating them into the National Action Plan for investment in health and social sector jobs and economic growth 2018-2021.

“The National Action Plan provides adequate responses to the challenges of health human resources, taking a systemic approach to strengthening the other pillars of the health system. That's where its strength lies! In the long term, we expect a marked improvement in the maternal, neonatal and infant morbidity and mortality indicators for Niger.”

Dr Idi Illiassou Mainassara, Minister of Public Health.

The inter-sectoral nature of the High-Level Commission highly influenced the way Niger approached its National Action Plan. Cabinet Ministers and the Secretaries General of Ministries in charge of employment, health, planning, higher education, civil service and finance led the process.

They facilitated a national workshop to identify priority interventions based on the ten recommendations of the Commission, and adapted them to Niger's realities and policy documents. They then established a small technical working group for operational planning and budgeting of selected interventions, and devised a communication and advocacy strategy for mobilising stakeholders and resources.

The President has now signed a law for the National Action Plan, which has been adopted. Implementation has begun and here are some examples of what the Plan contains:

11,500 permanent and temporary jobs to be created in the health and social sector, including 216 physicians, 1,400 nurses, 864 midwives, and 1,440 other health professionals.

147 health facilities to be built, 50 medical clinics and 10 non-governmental organizations to be part of a public-private partnership for primary health care in underserved areas.

1.8 million additional people in under-served areas (9% of the total population), to be closer than 5km to a health facility, to increase health coverage from 48-58%.



Health worker at a fistula hospital in Niger

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A cross-sectoral committee will monitor the implementation of the Plan, and includes the President, the Prime Minister's Office and 15 departments. It is co-chaired by the Ministries of Employment and Health. Ministers for Budget, Planning, Employment and Health led the first meeting of donors supporting the Plan and further meetings will take place with the Minister of Finance and heads of bi- and multi-lateral agencies.

“The President of the Republic, His Excellency Mr. Mahamadou Issoufou, congratulated us for having provided Niger with a real operational tool allowing significant progress towards the achievement of the SDGs, in particular towards the effectiveness of social protection, at the heart of which is universal health coverage. It also pays particular attention to the success of the Diffa Rural Pipeline Project.”

M. Mohamed BEN OMAR, Minister of Employment, Labor and Social Protection