

# Healthcare in Niger

Mindi Guptill, MD, FACEP  
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Thank you for the opportunity to speak at the first RECA conference. The first of many conferences to come, I am sure.

**Today I want to talk to you about:**

my experience working as a doctor in Niger and the limited emergency care there

I want to show you pictures of my experience so you can have an idea about the people and some of the challenges of the country.

Then we will briefly talk about methods to improve healthcare in developing countries.

# The Republic of Niger

- largest country in West Africa
- land-locked
- 80% covered by the Sahara Desert



# The Republic of Niger

- One of the world's poorest countries
- 2/3rds of the population lives below the poverty line



Niger is a stark but picturesque country with beautiful people...The country has several different tribal groups including the Fulani, Tuareg, Hausa, Manga, Djerma to name a few.

It is also one of the poorest countries in the world with 2/3rds of the population living below the poverty line.

# The Republic of Niger

- United Nation's Human  
Development Index

188/188



Niger is the very last country on the UN's Human Development Index for 2015. **The HDI is a summary measure of average achievement in key dimensions of human development:** a long and healthy life, being knowledgeable and have a decent standard of living. So one could say that people in Niger:  
do not have a long and healthy life  
are not knowledgeable  
and do not have a decent standard of living

# The Republic of Niger

- malaria
- malnutrition
- tuberculosis
- schistosomiasis
- helminth infections
- trachoma
- lymphatic filariasis



The health situation in Niger is characterized by the predominance of communicable diseases with emerging noncommunicable diseases.

**malaria, tuberculosis, schistosomiasis**

**helminth infections, trachoma, lymphatic filariasis, malnutrition**

malaria and malnutrition are the biggest killers of children with:

50% of mortality under 5 years (malaria)

44% of children suffer from chronic malnutrition

low rate of HIV, less than 1%



- health centers
- district hospitals
- 6 regional hospitals
- 3 national hospitals
- private hospitals

The healthcare system in Niger is organized similarly to Rwanda...

The problems include:

affordability of healthcare

obsolete buildings and facilities

poor quality of services

**Fewer than 300 doctors in Niger from 2000-2010 for a population over 20 million.**



- I had the privilege of working as the medical director at a District Hospital in Niger during the year 2010
- I saw all sorts of amazing pathology and learned many things from working alongside the local doctors
- The hospital resources were very limited with no ability to provide critical care
- The hospital did not have any radiology and had very limited lab testing
- Essentially I did not practice emergency medicine as we think of it here in Rwanda



I very quickly came to realize that there was no standard emergency care at the hospital. Emergent patients were usually seen by nursing staff. There was a WIDE variability in how the patients were cared for.

I realized I could not sustainably change much about the hospital's organization, lack of supplies and other difficulties....but the only thing I could provide was education regarding basic emergency care.





On top of my clinical duties, I chose to focus on educating the hospital staff (nurses and GPs) about emergency care. I helped them improve their basic physical exam skills and triage treatment protocols.

An estimate of the number of lives  
that could be saved through  
improvements in trauma care  
globally.

Mock C1, Joshipura M, Arreola-Risa C, Quansah R.  
World J Surg. 2012 May;36(5):959-63.

34-38% deaths could be prevented

Why are improvements in emergency and trauma care important?

34-38% of deaths could be prevented in low income and middle income countries **with improvements in emergency and trauma care globally**



- Emergency Care System Framework
- Emergency Care System Assessment Tool
- Basic Emergency Care course
- Trauma Care Checklist
- Minimum Data Set for Injury

—I am not the only person who has recently realized that we need to have an over arching global standardization in basic emergency care.

—For the past few years the WHO has collaborated with a group of trauma and emergency care specialists in order to address trauma and emergency care issues. The main objective has been to:

**provide guidance** at a global level that is suited to the needs of low- and middle-income countries

**support implementation** of this guidance at country level.



## Emergency Care System Framework

- Defines a set of key functions of emergency systems to facilitate system planning and development activities
- Guides ministries, policy-makers and health system administrators

This is the WHO's definition of an emergency care system framework...

I think this has been done in Rwanda with SIDHARTE

This emergency care system framework is very important as appropriate emergent care



Because I do not like unnecessary death and I want all people, whether in Niger or Rwanda to live long, healthy and productive lives I feel it is a privilege to contribute to the development of emergency care in this country.

And in conclusion, standardized and improved emergency and trauma care will save lives. Even if you don't have a lot of resources, very small changes can save lives (like IVF, source control, checking blood sugar).

I am excited there is so much global movement to start and standardize emergency care in developing countries.

Thank you for giving me the opportunity to share my experience in Niger and to speak at the first RECA Conference.

- [http://www.who.int/countryfocus/cooperation\\_strategy/ccsbrief\\_ner\\_en.pdf](http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ner_en.pdf)
- <http://www.our-africa.org/niger/poverty-healthcare>
- <http://who.int/emergencycare/activities/en/>
- [hdr.undp.org/en/countries/profiles/NER](http://hdr.undp.org/en/countries/profiles/NER)
- <http://www.ncbi.nlm.nih.gov/pubmed/22419411>