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Committee on Economic, Social and Cultural Rights

Information received from the Niger on follow-up to the concluding observations on its initial report*

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* The present document is being issued without formal editing.



I. Introduction

1. On 13 and 14 March 2018, the Committee on Economic, Social and Cultural Rights considered the initial report of the Niger on the implementation of the International Covenant on Economic, Social and Cultural Rights in Geneva. The delegation of the Niger was led by the Minister for Employment, Labour and Social Protection and included specialists from several ministries, and parliamentarians.
2. On 29 March 2018, following the constructive dialogue with the State party, the Committee adopted its concluding observations (E/C.12/NER/CO/1), which contained a list of 67 comments and recommendations. The Committee requested the Niger to submit an interim report concerning three priority recommendations before its next periodic report, due by 31 March 2023.
3. The Niger was requested to provide, within 18 months, written information on the steps taken to follow up on the recommendations contained in paragraphs 41, 45 and 52 (c) of the concluding observations.
4. The three priority recommendations relate to:
 - Labour inspection
 - Early marriage
 - The right to health.
5. The interministerial committee responsible for drafting reports for submission to the treaty bodies and under the universal periodic review procedure has prepared this document in response to the Committee's request.

II. Status of implementation of each priority recommendation

A. Labour inspection

Reply to paragraph 41 of the concluding observations

6. The informal sector continues to dominate the economy of the Niger and is estimated to account for over 60 per cent of the country's gross domestic product. Article 267 of Act No. 2012-45 of 25 September 2012 on the Labour Code of the Republic of the Niger provides that: "The implementation of labour legislation and regulations shall be monitored by labour inspectors and controllers. Labour inspectorates shall have at their disposal at all times the staff and equipment necessary for their operations."
7. Measures are being taken to ease the transition from the informal to the formal economy, including building the capacity of labour inspectors to enhance their role in the informal sector. In its activity report for the 2017 financial year, the National Social Security Fund noted that approximately 70,000 informal workers were enrolled in the Fund.
8. The table below gives an overview of the businesses created in the city of Niamey alone, which accounts for more than 90 per cent of the formalities completed by the Centre for Business Procedures.

<i>Type of business</i>	<i>First quarter 2018</i>	<i>Second quarter 2018</i>	<i>Third quarter 2018</i>	<i>Fourth quarter 2018</i>	<i>First quarter 2019</i>	<i>Second quarter 2019</i>	<i>Third quarter 2019</i>	<i>Fourth quarter 2019</i>	<i>First quarter 2020</i>	<i>Second quarter 2020</i>
Sole proprietorships	1 145	736	957	1 370	1 137	976	957	1 076	1 323	905
Companies	291	236	240	351	340	201	260	98	349	223
Total	1 436	972	1 197	1 721	1 477	1 177	1 217	1 174	1 672	1 128

9. The State currently employs 70 labour inspectors. These include 30 lead labour inspectors, 21 labour inspectors employed by central ministerial services and 19 labour controllers. The material resources available for their operations have not changed significantly since the submission of the country's initial report.

10. Labour inspectors attend diploma and capacity-building courses, including on International Labour Organization (ILO) standards and social protection. This training takes place at the National School of Administration in Niamey, the African Regional Labour Administration Centre in Yaoundé or the ILO International Training Centre in Turin, Italy.

B. Early marriage

Reply to paragraph 45 of the concluding observations

11. In the Niger, marriage is governed by both written and customary law. Article 72 of Act No. 2018-37 of 1 June 2018 on the organization and jurisdiction of the courts of the Republic of the Niger provides that: "Subject to duly ratified international conventions, legislative provisions and fundamental rules concerning public order or personal freedom, the courts shall apply the custom of the parties in matters pertaining to their capacity to enter into a contract and to bring legal proceedings, civil status, family, marriage, divorce, descent, succession, gifts and wills."

12. Unlike customary law, the Civil Code establishes a minimum age for marriage for men and women and requires their consent. Article 144 states that men under the age of 18 years and women under the age of 15 years cannot marry, while article 147 stipulates that there can be no marriage without consent. Both of these provisions are observed in civil marriages, largely thanks to the registrar, who is responsible for enforcing them. A bill to raise the age of marriage to 18 years for both sexes is currently being drafted.

13. Numerous measures and actions have been taken and continue to be taken in order to prevent and combat child marriage and to promote marriage after the age of 18 years, including:

- The adoption of Decree No. 2019-369/PRN/MPF/PE of 19 July 2019 on the establishment of the child protection committees provided for in the National Strategic Plan to End Child Marriage 2019–2021, and its implementing order.
- The adoption of Decree No. 2017-935/PRN/MEP/A/PLN/EC/MES of 5 December 2017 on protection, assistance and support for girls attending school, and its implementing orders.
- The organization of a high-level meeting of child protection experts during the summit of first ladies of the Economic Community of West African States in Niamey in July 2019.
- The 2018 survey on child marriage in the Niger.
- The preparation in 2017 of a guide to social dialogue on child marriage for use by social workers.
- The implementation of the community-based approach to child protection, which is underpinned by:
 - The meaningful participation of families, parents, children and other members of the community in child protection, in view of the fundamental roles that they play in social and community life.
 - The consideration of local communities' positive traditional social and cultural norms when defining child protection approaches and strategies.
 - The mobilization and empowerment of communities in respect of child protection issues.

- The building of communities' capacity and knowledge so that they are capable of developing appropriate mechanisms and approaches to prevent and address violence and abuse committed against children, including child marriage.
 - Advocacy among local authorities, social leaders and decision makers to ensure that child protection issues are taken into account in local development policies and strategies.
 - The adoption of the National Strategic Plan to End Child Marriage 2019–2021, which has four main lines of action: (i) empowering girls with skills and support networks; (ii) enabling capacity-building for parents and members of the community; (iii) improving the accessibility and quality of education services, protection and other social services for girls; and (iv) creating new platforms for social dialogue that will lead to the collective abandonment of the practice of child marriage.
 - The holding of a national forum on child marriage in June 2019 in Maradi under the aegis of the Office of the Ombudsman, with a view to strengthening synergies among the actions undertaken by partners, communities and the State to effectively eradicate child marriage.
 - The launch in December 2014 of a national campaign against early marriage, following the launch of the African Union campaign.
14. The implementation of these measures has yielded qualitative and quantitative outcomes, including:
- The commitment of regional and local administrative and customary authorities to join the fight against child marriage
 - The establishment of community (village) child protection committees
 - The development of action plans by the villages participating in the initiative
 - The postponement or cancellation of 1,922 child marriages between 2013 and 2018, further to decisions taken by communities themselves.
15. In addition to the above-mentioned measures, the Government launched an initiative for the adolescent girls of the Niger, known as Illimin, whose aim is to reduce the prevalence of adolescent marriage and early pregnancy. The initiative targets married and unmarried girls aged between 10 and 19 years who have either never attended or have dropped out of school. Between 2013 and 2018, it achieved the following outcomes:
- 132,715 adolescent girls attended modules and literacy classes (the target is to reach 248,000, or one eighth of adolescent girls, by 2021)
 - 421 girls returned to school
 - 1,471 child marriages were cancelled or postponed
 - 540,607 (or 41.15 per cent) of adolescent girls engaged in income-generating activities
 - 1,800 girls received vocational training in professions such as photography, motorcycle repair, cellular phone repair and plumbing.
16. The Government is applying the community-based approach to child protection in four regions (Maradi, Tahoua, Tillabéri and Zinder). Intended to empower local communities in the area of child protection, it is implemented in a holistic manner and is based on human rights in general and children's rights in particular.
17. It is termed a "community-based" approach because it is implemented by members of the community for the community. It empowers the community to identify its own problems and find consensual solutions. Its aim is to change collective behaviour by means of an information-sharing mechanism that includes all members of the community.
18. Under this approach, each community chooses a group comprising 30 men, 30 women, 30 adolescent girls and 30 adolescent boys, which then follows modules in which they study and discuss various rights. A community facilitator, who resides in the village for the six-

month duration of the programme, organizes the debates and helps the community to put forward solutions to problems that they themselves identify during the discussions.

19. Five modules are studied in each host locality, including one on anatomy, physiology of the genitalia and sexuality, in which the community is sensitized to the risks that girls who marry at a young age face because their bodies are not ready for pregnancy.

20. The results of the community-based approach speak for themselves. A total of 1,084 villages have set up a village child protection committee; 235 adolescent girls aged between 14 and 18 years have participated directly in the programme, strengthening their knowledge of human rights and their life skills; direct participants, known as “protection correspondents”, have been trained and equipped to continue awareness-raising activities in the villages and on community radio stations; and 52 per cent of the 854 target villages have publicly stated their intention to promote a protective environment for children. As a symbol of their abandonment of harmful practices, several villages have hung white flags on palaver trees and trees at village entrances; 451 child marriages have been cancelled or postponed, of which 229 were cancelled or postponed as a result of the community programme; and 614 children, including 243 girls, have returned to school thanks to the efforts of the committees, supported by community facilitators.

21. Awareness-raising activities have also been carried out by the Association of Traditional Chiefs of the Niger. Thus, some canton chiefs, notably those of Illéla in the Tahoua region and Chadakori in the Maradi region, have issued “circulars” prohibiting early marriage in their territories. Many marriages of school-age girls have been postponed or cancelled by these traditional chiefs, with the assent of their communities.

C. The right to health

Reply to paragraph 52 (c) of the concluding observations

22. The State continues to apply its policy of providing free health care for vulnerable population groups, including pregnant women and children under the age of 5, and free treatment for women’s cancers.

23. The Niger has made considerable efforts to improve the quality of and access to health services for persons with disabilities, including by implementing specific strategies to deliver free health care.

24. According to the country’s social welfare services, as at 31 January 2019, more than 4,000 persons with disabilities and their family members had benefited from this medical care.

25. Children with disabilities under the age of 5 and women with disabilities also receive free health care, including, in the latter case, antenatal consultations, caesarean sections, family planning, screening and treatment for women’s cancers and obstetric fistula.

26. The regulations that provide for free health care for vulnerable persons are:

- Decree No. 2005-316/PRN/MSP/LCE of 11 November 2005 providing free medical care at public health establishments for women who give birth by caesarean section.
- Decree No. 2007-261/PRN/MSP of 19 July 2007 providing for free treatment of women’s cancers at public health establishments, amended by Decree No. 2007-410/PRN/MSP of 1 October 2007.
- Order No. 015/MSP/LCE/DGSP of 27 January 2006 on the implementation of Decree No. 2005-316/PRN/MSP/LCE of 11 November 2005 providing free medical care at public health establishments for women who give birth by caesarean section.
- Order No. 65/MSP/LCE/DPHL/MT of 7 April 2006 providing for free distribution of contraceptives and condoms at public health establishments.
- Order No. 79/MSP/LCE/ME/F providing for free antenatal consultations and under-5 childcare.

27. Since 2004, the Niger has applied a policy of free access to antiretroviral drugs, known as the Niger Initiative for Access to Antiretroviral Drugs, under which antiretroviral and other treatments are offered free of charge to all patients. Moreover, since 2011, the Niger has regularly included a budget line on antiretroviral drugs, which is now entitled “support for HIV response”, in its budgetary legislation. In addition to antiretroviral drugs, this budget allocation allows for the purchase of reagents and other biomedical equipment related to HIV care.

28. In order to improve the way in which free health-care services are organized, the Government has issued guidelines on the decentralization of free health care for local authorities.

29. The State also plans to establish a social fund for health, which should eventually cover the cost of providing health care free of charge.

30. Several actions are envisaged to extend the coverage of financial risk protection mechanisms. These are: (i) to build on the achievements of the free health-care policy by making financial resources available to local authorities to allow them to fulfil their new responsibilities, with powers and resources transferred from the State; (ii) to promote mutual health plans, particularly for people who make a living from the informal economy; (iii) to revitalize the health sector social fund to make health services and care more affordable for impoverished persons and certain specific groups; and (iv) to set up a compulsory universal health insurance scheme.

31. The establishment of a compulsory universal health insurance scheme is necessary, as the experience of several countries with non-compulsory schemes has shown the limitations of that approach. Once the universal health insurance scheme is up and running, it will be the main mechanism that protects people against financial risk, incorporating all other existing mechanisms. Funding for free health care will be one of the Government’s contributions to the universal health insurance scheme, alongside the care of impoverished persons through the social fund.

32. The Government has drawn up a road map to better coordinate its efforts to deliver universal health coverage within the framework of the social protection policy adopted in 2011. This road map ensures consistency between the goal of improving the coverage of essential prevention, promotion and curative services and that of protecting the population against financial risk. It was developed and implemented by means of a cross-sectoral approach involving, inter alia, the Ministry of Health, the Ministry of Finance, the ministries responsible for social protection and local authorities.

33. One of the activities included in the road map is the drafting and adoption of a legal framework (legislation and regulations) to support the implementation of universal health coverage. Draft legislation and regulations have been prepared and are expected to be adopted this year.

34. Results-based financing is a health service funding strategy aimed at achieving quantitative and qualitative improvements in the delivery of care, on the one hand, and at increasing demand through the use of contracts, on the other.

35. This strategy essentially entails the conclusion of a performance contract between the purchaser and service provider specifying the monies that will be paid to the latter based on the quantity and quality of the services provided.

36. The Ministry of Health intends to use results-based financing and the provision of free health care to support the strategy of universal health coverage, with a view to providing the population with better protection.