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**PROGRESS REPORT ON THE FRAMEWORK FOR THE IMPLEMENTATION OF THE
GLOBAL VECTOR CONTROL RESPONSE (GVCR) IN THE WHO AFRICAN REGION**

Information Document

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BACKGROUND

1. The World Health Organization (WHO) developed the Global vector control response 2017–2030 (GVCR)¹ to curtail the increasing burden of vector-borne diseases (VBDs), which account for 17% of the communicable disease burden.² In 2019, the Sixty-ninth session of the WHO Regional Committee for Africa adopted the Framework to guide Member States in planning and implementing priority actions of the GVCR in the context of their local situations.³ The milestones for 2025 include reducing VBD case incidence and mortality rates by at least 40% and 50%, respectively, and preventing outbreaks.
2. The first progress report on the implementation of the GVCR framework⁴ was presented to the Seventy-second session of the WHO Regional Committee for Africa in 2022. Recommended priority actions for Member States in the first progress report included mobilizing resources for vector control and research, strengthening entomological surveillance, developing programmes for control and management of arboviral diseases, conducting needs assessments and developing vector control strategic plans.
3. This second report takes stock of the progress made by Member States in implementing the regional framework since 2022. The report highlights key challenges and next steps.

PROGRESS MADE/ACTION TAKEN

4. While there was no reduction in deaths from dengue and malaria,⁵ the overall reduction in disease burden as measured by disability-adjusted life years was as follows: human African trypanosomiasis (36%), leishmaniasis (7%), lymphatic filariasis (16%), schistosomiasis (14%), and yellow fever (13%).⁶ Twenty-three Member States⁷ responded to VBD outbreaks and prevented further spread by the end of 2023. Most of these responded to dengue (Benin, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Ethiopia, Guinea, Mali, Mauritania, Mauritius, Niger, Sao Tome and Principe, Senegal, and Togo), and fewer responded to yellow fever (Uganda, Central African Republic, Cameroon), Crimean Congo haemorrhagic fever (Uganda), Lassa fever (Nigeria, Liberia), and Rift Valley fever (Uganda, Niger, Mauritania).
5. The WHO Regional Office for Africa (WHO AFRO) collaborated with the Drugs for Neglected Diseases initiative (DNDi) and Imperial College London to mobilize £2 072 800 (US\$ 2 646 209) for

¹ A global brief on vector-borne diseases (WHO, 2014b). World Health Organization, WHO/DCO/WHO/2014.1. (http://apps.who.int/iris/bitstream/10665/111008/1/WHO_DCO_WHD_2014.1_eng.pdf, accessed 5 February 2022)

² World Health Organization 2018. Schistosomiasis fact sheet. (<https://www.who.int/news-room/fact-sheets/detail/schistosomiasis>, accessed 5 March 2024)

³ Framework for the implementation of the Global vector control response in the WHO African Region. (<https://www.afro.who.int/sites/default/files/2019-09/AFR-RC69-9%20Framework%20for%20the%20implementation%20of%20the%20Global%20Vector%20Control%20Response%20-%20Post-RC.PDF>, accessed 5 March 2024)

⁴ AFR-RC72-INF-DOC-5 Progress report on the Framework for the implementation of the global vector control response in the WHO African Region.

⁵ WHO World malaria report 2023. (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2023>, accessed 5 March 2024)

⁶ Mortality and global health estimates. (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/>, accessed 5 March 2024)

⁷ Angola, Benin, Burkina Faso, Burundi, Cameroun, Central African Republic, Chad, Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mali, Mauritania, Mauritius, Nigeria, Cabo Verde, Sao Tome and Principe, Uganda, Senegal, Togo and Niger.

a Wellcome Trust-funded project on transmission intensity of arboviruses across Africa. The project, which became effective on 17 April 2024, has a network of regional collaborators from Burkina Faso, Congo, the Democratic Republic of the Congo, Gambia, Mali, Senegal, United Republic of Tanzania, and Uganda.

6. In 2023, capacity was built for surveillance, control and management of dengue in 18 Member States.⁸ All Member States have adopted the WHO manual for monitoring insecticide resistance in mosquito vectors and selecting appropriate interventions.⁹ To stop the spread of the invasive *Anopheles stephensi* across the Region, WHO has established an initiative to stop its spread, developed a regional strategy, and provided technical support to five Member States¹⁰ in identifying the species.

7. A programme to combat arboviruses has been established in the WHO African Region and an operational framework for the implementation of the Global Arbovirus Initiative has been drafted. WHO AFRO collaborated with the London School of Hygiene and Tropical Medicine (LSTM), the Resilience Against Future Threats through Vector Control (RAFT) research programme consortium and Malaria Consortium in building capacity for arbovirus surveillance and establishing arbovirus networks in Africa.^{11,12} Further to the declaration of dengue as a Grade 3 global epidemic, incident management support teams were established at WHO AFRO and in 15 Member States.¹³

8. The AFRO II Research Project on demonstrating the effectiveness of innovative alternative interventions for integrated vector management (IVM) was implemented in six Member States.¹⁴ In 2023, Kenya conducted a national vector control needs assessment¹⁵ that informed the development of the IVM strategy. Cabo Verde, Gambia and Mauritius also updated their IVM strategies in line with the GVCRC.

ISSUES AND CHALLENGES

9. Progress remains minimal due to limited technical support to Member States and scientific capacity, inadequate integration, insecticide resistance, and minimal entomological surveillance data. Other challenges include the increasing spread of *Anopheles stephensi* and the growing burden of arboviruses; minimal innovative tools; limited strategic communication and advocacy plans; and insufficient funding and mobilization of financial resources.

⁸ Cameroon, Comoros, Cabo Verde, Eritrea, Ethiopia, Gambia, Liberia, Malawi, Niger, Nigeria, Rwanda, Zimbabwe, Côte d'Ivoire, Namibia, Ghana, Mozambique and South Sudan.

⁹ Manual for monitoring insecticide resistance in mosquito vectors and selecting appropriate interventions. (<https://iris.who.int/bitstream/handle/10665/356964/9789240051089-eng.pdf?sequence=1>, accessed 17 April 2024)

¹⁰ Ethiopia, Eritrea, Kenya, Nigeria and Ghana.

¹¹ Workshop on "Developing African research networks and training opportunities for capacity strengthening in arbovirus surveillance and response" – 21 September 2021.

¹² Workshop: Capacity strengthening in Africa for arbovirus preparedness through regional networking, 14 June 2023.

¹³ Benin, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Ethiopia, Guinea, Mali, Mauritania, Mauritius, Niger, Nigeria, Sao Tome and Principe, Senegal and Togo.

¹⁴ Botswana, Eswatini, Mozambique, Namibia, Zambia and Zimbabwe.

¹⁵ Kenya Vector control needs assessment report.

NEXT STEPS

10. Member States should:
 - a. reinforce the mobilization of financial and human resources for vector control and research;
 - b. enhance entomological surveillance to monitor and manage insecticide resistance, vector behaviour variations, residual disease transmission, and invasive vector species;
 - c. develop functional programmes for control and management of dengue and other arboviral diseases;
 - d. assess vector control needs, develop integrated strategic plans and deploy effective innovative tools.

11. WHO and partners should:
 - a. guide and technically support Member States to set up integrated arboviral disease programmes and implement key actions of the Global Arbovirus Initiative;
 - b. support Member States to mobilize financial resources, build their technical capacity, improve surveillance and monitoring, integrate and use analytics-based decision-making, and develop/align strategic plans for vector control as well as advocacy and communication.

12. The Regional Committee is requested to note this progress report.