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**PROGRESS REPORT ON THE FRAMEWORK FOR THE INTEGRATED CONTROL,  
ELIMINATION AND ERADICATION OF TROPICAL AND VECTOR-BORNE DISEASES  
IN THE AFRICAN REGION 2022–2030**

**Information document**

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## BACKGROUND

1. Tropical and vector-borne diseases (TVDs) contribute significantly to the burden of communicable diseases in the African Region, accounting for 94%<sup>1</sup> and 40%<sup>2</sup> of global malaria and neglected tropical diseases (NTDs)<sup>3</sup>, respectively and vector-borne diseases (VBD).<sup>4</sup> Despite the progress made, the Region is not on track to attain the milestones for 2025. This is because of weak health systems, low coverage of interventions, fragmented and underfunded programmes, and inefficient use of resources.

2. The Seventy-second session of the Regional Committee for Africa adopted the Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030.<sup>5</sup> Its objectives are to **support integrated systems and services, scale up TVD interventions and strengthen outbreak prevention and control**.

3. Cross-cutting milestones were set for 2025, 2028 and 2030, requiring Member States to report on biological threats to malaria, NTDs and other VBDs, and increase access to services. Additionally, disease-specific milestones entail the elimination of TVDs and a reduction in morbidity and mortality rates in the Region.

4. This report takes stock of the progress made and highlights the key challenges and next steps.

## PROGRESS MADE

5. **Progress towards 2025 milestones:** As of 2024, 11 Member States (23%),<sup>6</sup> have eliminated at least one NTD and 42 Member States have been certified free of Guinea worm disease. Both Cabo Verde and Algeria have been certified for malaria elimination. There was a decrease of 5.8% case incidence and 6.8% mortality rate from malaria in 2022 compared to 2015. Consequently, the Region is not on track to achieve the 2025 milestones. In March 2024, the Ministers of Health of the highest malaria burden countries<sup>7</sup> recommitted to accelerating the reduction of malaria mortality.

6. **Strengthening delivery of integrated people-centred health services:** AFRO supported 36 Member States<sup>8</sup> in developing integrated NTD master plans and implementing the integrated skin NTD strategy. Notably, Ghana and the United Republic of Tanzania (specifically Zanzibar) conducted integrated planning for malaria and NTDs.

<sup>1</sup> WHO, World malaria report 2023. Geneva: World Health Organization; 2023

<sup>2</sup> WHO, Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) Annual Report 2022: WHO Regional Office for Africa; 2023

<sup>3</sup> Buruli ulcer, Chagas disease, dengue and chikungunya, dracunculiasis, echinococcosis, foodborne trematodiasis, human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, mycetoma and chromoblastomycosis, onchocerciasis, rabies, scabies and other ectoparasites, schistosomiasis, snakebite envenoming, soil-transmitted helminthiasis, taenia and cysticercosis, trachoma and yaws

<sup>4</sup> Chagas disease, chikungunya, malaria, dengue, schistosomiasis, human African trypanosomiasis, leishmaniasis, lymphatic filariasis, yellow fever, Zika, Japanese encephalitis, onchocerciasis.

<sup>5</sup> WHO, Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030: WHO Regional Office for Africa; 2022

<sup>6</sup> Compared to target of 50–60% by 2025

<sup>7</sup> Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, India, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania

<sup>8</sup> Angola, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

7. **Scaling up TVD interventions:** There was an increase in insecticide-treated bed-net use from 2% (2000) to 56% (2022); intermittent preventive treatment of malaria in pregnancy from 34% (2021) to 42% (2022) and seasonal malaria chemoprevention from 0.2 million (2012) to 49 million (2022) children, while over 2 million children received the RTS, S malaria vaccine by 2023. Also, baseline mapping for lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis was completed in all Member States.

8. **Biological threats:** Resistance of malaria vectors to insecticides has been reported by 23 (49%) countries.<sup>9</sup> Malaria parasite gene (HRP2/3) deletions and antimalarial drug resistance have been documented in less than 30% of countries. Meanwhile, there is insufficient systematic resistance surveillance for NTDs.

9. **Strengthening outbreak prevention and control:** By 2023, 20 Member States<sup>10</sup> had responded to VBD outbreaks. These include dengue,<sup>9</sup> yellow fever,<sup>11</sup> Lassa fever<sup>12</sup> and others.<sup>13</sup> In response to an increase in dengue outbreaks, incident management support teams were established at AFRO and in 15 (52%) Member States.<sup>14</sup>

## ISSUES AND CHALLENGES

10. Challenges include weak coordination across disease control programmes, limited capacity of health systems to deliver integrated people-centred health services, underfunding, inadequate tools to monitor and respond to outbreaks and gaps in data availability to target interventions.

## NEXT STEPS

11. Member States should:

- (a) Set up country coordination and accountability mechanisms involving TVD stakeholders and health-related sectors to facilitate joint planning, resource mobilization, integrated service delivery, monitoring and evaluation.
- (b) Reinforce the mobilization of financial resources to scale up interventions in line with the regional TVD framework.

12. WHO and partners should:

- (a) Provide guidance and technical support to Member States to develop and implement integrated people-centred health programmes and improve the governance of TVD programmes.
- (b) Support Member States to build technical capacity, improve surveillance, integrate and use data analytics for efficient and equitable targeting of interventions.

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<sup>9</sup> Angola, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

<sup>10</sup> Angola, Benin, Burkina Faso, Burundi, Cabo Verde, Chad, Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Mali, Mauritania, Mauritius, Niger, Nigeria, Sao Tome and Principe, Senegal and Togo

<sup>11</sup> Cameroon, Central African Republic and Uganda

<sup>12</sup> Liberia and Nigeria,

<sup>13</sup> Rift valley fever: Mauritania, Niger and Uganda,

<sup>14</sup> Benin, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Ethiopia, Guinea, Mali, Mauritania, Mauritius, Niger, Nigeria, Sao Tome and Principe, Senegal and Togo

- (c) Support research and development on TVDs, including innovative tools for surveillance and timely response to TVD outbreaks.
  - (d) Support Member States to implement political commitments taken by Ministers of Health.
13. The Regional Committee is requested to take note of this first progress report.