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

Report of the Secretariat

EXECUTIVE SUMMARY

1. Tropical and vector-borne diseases contribute significantly to the global burden of communicable diseases. The WHO African Region bears a heavy burden of these diseases, with 228 million malaria cases including 602 020 deaths, 38 million lymphatic filariasis cases, 15 million onchocerciasis cases, 12 million schistosomiasis cases; 220 897 dengue fever cases, and 25 064 Rift Valley fever cases among arboviruses or vector-borne diseases reported in 2020. To attain Sustainable Development Goal target 3.3 on combating tropical and vector-borne diseases among others, the World Health Assembly adopted the following relevant strategic documents operationalized through regional implementation frameworks: Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation 2014–2020; Global vector control response 2017–2030; and Global technical strategy for malaria 2016–2030.
2. By the end of 2020, progress towards the 2030 targets had stalled and the neglected tropical disease road map targets for 2020 were not achieved. The Health Assembly subsequently adopted the new neglected tropical disease road map (2021–2030). A mid-term review of the Global technical strategy for malaria revealed that burden reduction milestones for 2020 were unmet. In June 2021, the Health Assembly adopted the updated Global technical strategy which, inter alia, mainstreamed problem-solving approaches, stratification by malaria burden and tailoring of interventions.
3. This consolidated regional framework harmonizes the implementation frameworks for the neglected tropical disease road map, the Global vector control response 2017–2030 (AFR/RC69/9) and the updated Global technical strategy for malaria 2016–2030 (AFR/RC66/14) in the WHO African Region. The integrated framework builds on progress made in the last two decades in the control, elimination and/or eradication of tropical and vector-borne diseases and addresses major programme deficiencies that drive the persistently high burden of these diseases and the lost momentum towards the 2030 targets. These deficiencies and challenges particularly relate to: limited capacity of health systems and low population coverage with interventions for at-risk populations; low per capita investment and programmatic underfunding; programme fragmentation and inequity; inadequate research and imperfect or failing tools; gaps in data availability and completeness; lack of a multisectoral approach and collaboration; narrow framing of tropical and vector-borne diseases as health problems rather than socioeconomic challenges; and fragmented programmes which limit consolidated progress.

4. With a focus on driving accelerated programmatic action and intensified cross-cutting approaches, the framework and guiding principles constitute an agenda for enhancing investment efficiency gains, equity and impact. The vision is “An African Region free of tropical and vector-borne diseases”, while the goal is “To reduce the burden and threat of tropical and vector-borne diseases that affect humans by 2030”, and the objectives are: to develop and implement national integrated and strategic plans to control tropical and vector-borne diseases; eliminate at least seven tropical and vector-borne diseases including malaria in all endemic Member States by 2030; and strengthen prevention of tropical and vector-borne disease outbreaks in epidemic-prone Member States by 2030.

5. Priority investments will focus on: strengthening delivery of integrated people-centred health services; strengthening analytics capacities for guiding evidence-based TVD agenda setting, and precision targeting of TVD interventions; building “TVD-free communities” through integrated deployment of targeted interventions; enhancing the development of human resource capacity for TVDs; mainstreaming research and innovation in TVD programming; strengthening governance and leadership for impact; strengthening operational research and management of data; aligning TVD programmes with human behaviour; enabling joint monitoring and evaluation of priority interventions; and facilitating establishment of integrated TVD programmes.

6. The Regional Committee is invited to consider the document and endorse the actions proposed.

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ABBREVIATIONS

AFRO	WHO Regional Office for Africa
ANC	antenatal care
EPI	Expanded Programme on Immunization
GEHR	gender, equity and human rights
CM-NTDs	case management NTDs
GPW 13	WHO Thirteenth General Programme of Work, 2019–2023
GTS	Global technical strategy for malaria
GVCR	Global vector control response
HMIS	health information management system
IDSR	Integrated Diseases Surveillance and Response
IPD	inpatient department
ITN	insecticide-treated net
IRS	indoor residual spraying
IPTp	intermittent preventive treatment in pregnancy
IPTi	intermittent preventive treatment in infants
MDA	mass drug administration
MMA	mass medicine administration
NTDs	neglected tropical diseases
OPD	outpatient department
PC-NTDs	NTDs amenable to preventive chemotherapy
pfHRP2/3	Plasmodium falciparum histidine-rich protein 2 and 3
RDTs	rapid diagnostic tests
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
SMC	seasonal malaria chemoprevention
T&T	testing and treatment
TVDs	tropical and vector-borne diseases
VBDs	vector-borne diseases
WHA	World Health Assembly
WHO	World Health Organization

INTRODUCTION

1. Tropical and vector-borne diseases (TVDs) contribute significantly to the global burden of communicable diseases. To attain Sustainable Development Goal (SDG) target 3.3 on combating TVDs among others,¹ the World Health Assembly (WHA) adopted the following relevant strategies: Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation (2014–2020);² Global vector control response 2017–2030 (GVCR);³ and Global technical strategy for malaria 2016–2030 (GTS).⁴ The strategies were operationalized through regional implementation frameworks.⁵
2. In 2020, the WHA adopted the NTD roadmap (2021–2030) that places people and communities at the centre of health and welfare improvement efforts.⁶ The WHA also adopted the updated GTS in 2021, that mainstreamed problem-solving approaches in malaria programming.
3. By the end of 2020, the global evaluation of the NTD roadmap (2014–2020) and the mid-term review of the GTS indicated unachieved 2020 targets and milestones due to technical and operational constraints.⁷ The situation was compounded by the COVID-19 pandemic that caused moderate disruptions of routine health services and depressed the economies of most Member States.⁸
4. While TVDs primarily affect the most vulnerable populations with the least access to essential health services, they are preventable through protective measures and community mobilization. Reducing the negative impacts of TVDs on the health, social and economic well-being of the people requires integrated and multi-disease approaches with harmonized multisectoral action, and cost-effective interventions. However, implementation frameworks for TVD programmes have been vertical and not very effective.
5. The “Framework for integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region” is intended to harmonize the separate regional implementation frameworks for malaria (AFR/RC66/14), NTDs and vector-borne diseases (VBDs) (AFR/RC69/9). It is designed to guide renewed momentum towards achieving the 2030 target to end epidemics of NTDs and VBDs including malaria, using the existing funding modalities and implementation arrangements. The framework builds on the progress made in the last two decades in the control, elimination and/or eradication of TVDs.

¹ SDG target 3.3: End the epidemics of HIV/AIDS, tuberculosis, malaria and NTDs and combat hepatitis, waterborne and other communicable diseases. (https://www.who.int/data/gho/data/themes/topics/sdg-target-3_3-communicable-diseases, accessed 28 February 2022).

² Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. WHO/HTM/NTD/2012.1F. (<https://apps.who.int/iris/handle/10665/70809>, accessed 22 February 2022)

³ Global vector control response 2017–2030. (<https://www.who.int/vector-control/publications/global-control-response/en/>, accessed 28 February 2022)

⁴ Global technical strategy for malaria. (https://www.who.int/malaria/areas/global_technical_strategy/en/, accessed 28 February 2022)

⁵ The regional strategy and strategic plan for neglected tropical diseases 2014–2020 in the Africa region (Resolution AFR/RC63/R6), Framework for implementing the global technical strategy for malaria 2016–2030 in the African Region (AFR/RC66/14), and Framework for the implementation of the Global Vector Control Response in the WHO African Region (AFR/RC69/9).

⁶ Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030
⁷ World malaria report 2020: 20 years of global progress and challenges. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240015791>, accessed 28 February 2022).

⁸ The impact of COVID-19 on HIV, TB and malaria services and systems for health (https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf, accessed 28 February 2022).

CURRENT SITUATION

6. The WHO African Region bears a heavy burden of TVDs including malaria, arbovirus diseases and 19 NTDs.⁹ Among VBDs, there were 228 million cases of malaria with 602 020 deaths, 38 million lymphatic filariasis cases, 15 million onchocerciasis cases, 12 million schistosomiasis cases, 220 897 dengue fever cases, and 25 064 Rift Valley fever cases reported in 2020. While many Member States are on track to eliminating one or more NTDs, six Member States¹⁰ are yet to be certified free of dracunculiasis (guinea-worm disease). All Member States except Comoros have achieved the elimination of leprosy as a public health problem.¹¹ This achievement is partly ascribed to the scale-up of access to interventions and treatment, system capacity building including deployment of mass medicine administration (MMA) for NTDs amenable to preventive chemotherapy (PC-NTDs); and enhanced planning and resource mobilization.

7. While the high burden of malaria persists, with the Region accounting for 95% (228 million) of global cases and 96% (602 020) of global deaths in 2020, extraordinary progress has been made in the fight against malaria.¹² Malaria case incidence declined by 39% from 368 per 1000 population at risk in the year 2000 to 222 in 2019. Also, mortality rates reduced from 150 per 100 000 population at risk in the year 2000 to 56 in 2019 – a 63% decline. This resulted from the scaled-up use of prevention and treatment interventions, leading to 1.4 billion cases prevented, and 10 million deaths averted between 2000 and 2020. However, malaria case incidence increased from 222 in 2019 to 233 in 2020, along with mortality rates from 56 in 2019 to 62 in 2020.¹⁰

8. Predictive modelling indicates that current intervention coverage trends will not result in the attainment of the 2030 malaria burden reduction targets. A paradigm shift is needed beyond focusing on expansion of coverage with current interventions to 80%, introducing and scaling up new interventions,¹³ and enhancing deployment of seasonal malaria chemoprevention (SMC) through expansion of eligible geographical areas.

9. Moreover, frequent outbreaks of arboviruses and NTDs like yellow fever, chikungunya, dengue fever, Zika and leishmaniasis, Crimean-Congo haemorrhagic fever, Rift Valley fever, West Nile fever, plague and Lassa fever still occur. Furthermore, with increasing climate change, a rise in the incidence and frequency of outbreaks of dengue fever and malaria is expected. Changes in climatic factors like temperature, humidity, and precipitation support the growth, breeding, and fecundity of arthropod vectors transmitting arboviral diseases. It is estimated that by 2100, average global temperatures will have risen by 1.0-3.5° C, increasing the likelihood of the presence of many vector-borne diseases in new areas. Responses to arboviruses and other epidemic-prone diseases have been reactive, requiring the need for functional national VBD control programmes within the

⁹ Buruli ulcer, dengue and chikungunya, dracunculiasis (guinea-worm disease), echinococcosis, foodborne trematodiasis, human African trypanosomiasis (sleeping sickness), leishmaniasis, lymphatic filariasis, leprosy, onchocerciasis, rabies, scabies and other ectoparasites, schistosomiasis, soil-transmitted helminthiasis, snakebite envenoming, taeniasis and cysticercosis, trachoma and yaws; mycetoma, chromoblastomycosis and other deep mycoses.

¹⁰ Angola, Chad, Democratic Republic of the Congo, Ethiopia, Mali and South Africa

¹¹ Sixty-ninth Regional Committee for Africa: Progress report on the implementation of the Regional strategy on Neglected Tropical Diseases; AFR/RC69/INF.DOC/4

¹² World malaria report 2021. (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021>, accessed 2 March 2022)

¹³ The most promising scenario assumed that: trends of increasing pyrethroid resistance in mosquitoes continue in the future, reducing effectiveness of ITNs and assumed replacement of current ITNs with pyrethroid-PBO nets from 2025 onwards; nil impact of other insecticide resistance to chemicals used for IRS due to rotation of products in individual countries; effective coverage of interventions increased to 80%; SMC scale-up to eligible countries in SSA outside of the Sahel region; IPTi in all non-SMC settings in SSA with doses every three months from three to 24 months of age starting in 2023; RTS,S introduced in a phased manner to all areas where PfPR at baseline is >10% with scale-up of location and introduction years informed by Gavi projections; and pyrethroid-chlorfenapyr ITNs replaces pyrethroid-PBO ITNs in SSA from 2025 onwards.

One health approach. Also, noma, a severe gangrenous and disfiguring disease of the mouth and face, remains a major problem in the Region.¹⁴ Noma shares similar characteristics with some NTDs and both can be controlled through common approaches.¹⁵ Noma was declared a public health problem in the Region in 1994. Due to lack of quality-assured information, the latest available global noma incidence dates back to 1998 and was estimated to be over 140 000 cases per year.¹⁶ An updated burden estimate is required for noma, as is the development of appropriate response systems.

10. However, COVID-19-related disruptions in the delivery of routine health services in the Region resulted in reversals in the gains made against malaria. The lack of a programme to deal with arboviruses and other epidemic-prone VBDs has led to a negligible response. The Global arboviral initiative will reinvigorate effective control and response efforts in the Region.¹⁷

ISSUES AND CHALLENGES

11. **Limited capacity of health systems and low coverage with interventions for at-risk populations** due to limited capacity of national health systems to reach all at-risk populations, recurrent stock-outs of appropriate commodities, and humanitarian crises. In 2020, over 20% of pregnant women at their first antenatal care visit did not receive the required malaria IPTp, and 61% of under-fives with fever were not tested for malaria (up from 31% in 2019).¹⁸ Additionally, the required rounds of MMAs for PCT-NTDs are not always implemented.

12. **Low per capita investment and programmatic underfunding:** Domestic financing is inadequate, donor funding for specific diseases has stagnated, and per capita investment remains low. Economic evaluations of diagnosis and treatment strategies for neglected tropical diseases have provided heterogeneous results.¹⁹ Dengue screening at health facility level has shown cost-savings and cost-effectiveness of 70% and population coverage of 10%, respectively.²⁰ A cost-benefit analysis of IVM has demonstrated savings of US\$ 6.46 per capita for dengue.²¹ While model studies indicate that a level of aid of between US\$ 25 and US\$30 per capita would be needed to reach malaria elimination, US\$ 20 is estimated for elimination to be possible in Africa, and between US\$ 6 and US\$ 9 for the Asia-Pacific area.²² In 2020, malaria per capita investment was US\$ 2.30, against the needed US\$ 3.90. Leveraging of private sector financing is low, and TVDs remain outside mainstream health sector planning and budgeting.

¹⁴ Information brochure for early detection and management of noma. [website]. Brazzaville: WHO Regional Office for Africa; 2017 (<https://www.afro.who.int/publications/information-brochure-early-detection-and-management-noma>, accessed 15 April 2021).

¹⁵ A step-by-step guide to develop national action plans for noma prevention and control in priority countries. [website]. Brazzaville: WHO Regional Office for Africa; 2020 (<https://apps.who.int/iris/handle/10665/337203>, accessed 15 April 2021).

¹⁶ World Health Report, 1998. [website]. Geneva: World Health Organization; 1998 (<https://www.who.int/whr/1998/en>, accessed 15 April 2021).

¹⁷ Global arbovirus initiative: Preparing for the next Pandemic: tackling Mosquito-borne Viruses with epidemic and pandemic potential, 2022-2025. (<https://www.who.int/news-room/events/detail/2022/03/31/default-calendar/global-arbovirus-initiative>, accessed 15 April 2021).

¹⁸ WHO. World Malaria Report 2021. (<https://www.who.int/publications-detail-redirect/9789240040496>, accessed 28 February 2022).

¹⁹ Assis TM, Rabello A, Cota G. Economic evaluations addressing diagnosis and treatment strategies for neglected tropical diseases: an overview. *Rev Inst Med Trop Sao Paulo*. 2021 May 24;63:e41. doi: 10.1590/S1678-9946202163041. PMID: 34037157; PMCID: PMC8149103.

²⁰ Muniyandi M, Karikalan N, Ravi K, et al, An economic evaluation of implementing a decentralized dengue screening intervention under the National Vector Borne Disease Control Programme in Tamil Nadu, South India, *International Health*, Volume 14, Issue 3, May 2022, Pages 295–308, <https://doi.org/10.1093/inthealth/ihab045>

²¹ Orellano PW, Pedroni E. Cost-benefit analysis of vector control in areas of potential dengue transmission. *Rev Panam Salud Publica*. 2008;24(2):113–9.(in Spanish)

²² Maskin E, Monga C, Thuilliez J & Berthélemy J. (2019). The economics of malaria control in an age of declining aid. *Nature Communications* | 10:2269 | <https://doi.org/10.1038/s41467-019-09991-4>

13. **Programme fragmentation and inequity which limit consolidated progress:** Governance deficits encompass the fragmented organization of TVDs as separate programmes and the exclusive focus of programmes on delivering medical commodities while neglecting the efficacy of multisectoral action. Additionally, vertical delivery of TVD services are considered a panacea for weak health systems; inequity is perpetuated through one-size-fits-all investment models; there is limited collaboration between TVD programmes and stewards of priority health service delivery platforms; and there is no VBD programme dedicated to combating arboviruses, despite their increase in the Region.

14. **Inadequate research and imperfect or failing tools:** There is limited domestic investment in research and development (R&D) of new tools. This challenge persists despite prevalent biological threats to existing interventions – genetic mutations that mask detection of malaria parasites using RDTs; evolving parasite resistance to some antimalarials; identification of an efficient urban malaria vector (*An. stephensi*); and worsening insecticide resistance.

15. **Gaps in data availability and completeness:** Timely responses have been hampered by gaps in data availability including lack of data needed for a functional epidemic early warning system. Many TVDs are not being reported through national HMIS, and if reported, they are often incomplete and with limited variables.

16. **Lack of a multisectoral approach and collaboration:** There is limited investment in managing determinants of health due to the exclusion of critical stakeholders. While TVD-endemic communities are nominally involved, non-health sector organizations whose core businesses contribute to vector breeding and/or serve as parasite reservoirs are often excluded. The sectors include agriculture, environment, roads and works, mining, education, tourism, and correctional services. Cross-border disease control initiatives and collaborations have been minimal and only restricted to specific diseases like malaria and guinea-worm eradication.

17. **Narrow framing of TVDs as health problems rather than socioeconomic challenges** needing whole-of-society action. This negates the knowledge that “NTDs cost developing communities the equivalent of billions of United States dollars each year in indirect health costs, loss of productivity and reduced socioeconomic and educational attainment...”,²³ and undermines the socioeconomic costs of malaria – an annual reduction of 1.3% in Africa’s economic growth, an annual loss of 170 million working days and 11% of school days in Kenya, for instance. The narrow framing of TVDs as health problems rather than socioeconomic challenges is also a major driver of the perennial deficit of attention to TVDs by the public and decision-makers, and it also drives the acceptance of tropical and vector-borne diseases including malaria as normal and acceptable.

VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS

18. **Vision:** An African Region free of tropical and vector-borne diseases.

19. **Goal:** To reduce the burden and threat of tropical and vector-borne diseases that affect human health.

²³ Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030, ISBN 978-92-4-001035-2. (<https://www.who.int/publications/i/item/9789240015791>, accessed 28 February 2022).

20. **Objectives:**²⁴

- (a) Support strengthening of health systems needed by Member States to deliver integrated services for tropical and vector-borne disease .
- (b) Support the scaling up of implementation of targeted, integrated tropical and vector-borne disease interventions.
- (c) Strengthen the prevention and control of tropical and vector-borne disease outbreaks in epidemic-prone Member States.

21. Targets by 2030:

Cross-cutting targets

- (a) All Member States apply appropriate technologies and analytics for integrated malaria, NTD and VBD decision-making to maximize the impact of interventions.
- (b) All Member States deliver integrated people-centred and context-specific health services towards achieving the set targets.
- (c) At least one NTD and malaria eliminated in six endemic Member States.

Disease-specific targets

NTDs

- (a) All Member States that were NTD-endemic in 2020 eliminate at least one disease.
- (b) All Member States that were guinea-worm disease-endemic in 2020 are certified guinea-worm-free.
- (c) All Member States have mapped PCT-NTDs.

VBDs

- (a) 75% reduction of mortality due to VBDs,²⁵ compared with 2016.
- (b) 60% reduction in the incidence of VBDs, compared with 2016.
- (c) VBD outbreaks prevented in epidemic-prone areas including their further spread to more locations and beyond borders.

Malaria

- (a) 90% reduction of malaria mortality rates, compared with 2015.
- (b) 90% reduction of malaria case incidence, compared with 2015.
- (c) Six Member States which were malaria-endemic in 2015 eliminate malaria.
- (d) All Member States that are malaria-free prevent re-establishment of transmission.

22. Milestones by 2028:

Cross-cutting milestones

- (a) All Member States to report on biological threats to malaria, NTDs and VBDs.
- (b) 90% of people with malaria, NTDs and VBDs have access to services.

²⁴ The objectives, milestones and targets are adopted/adapted from the global NTD, malaria and VBD programme-specific strategies or roadmap; this is so as to remain aligned with the respective global strategies or roadmaps.

²⁵ Human African Trypanosomiasis, Schistosomiasis, Leishmaniasis, Dengue, Yellow fever, Chikungunya, Zika, Crimean Congo Hemorrhagic fever, Rift Valley fever, West Nile fever, Plague and Lassa fever

Disease-specific milestones

NTDs

- (a) 70–80% of Member States that were NTD-endemic in 2020 eliminate at least one disease.
- (b) 44 Member States certified free of guinea-worm disease compared with 2020.
- (c) 44 Member States fully mapped for PCT-NTDs compared with 2020.

VBDs

- (a) 65% reduction of mortality due to VBDs compared with 2016.
- (b) 50% reduction in the incidence of VBDs compared with 2016.
- (c) VBD outbreaks prevented in epidemic-prone areas including their spread to more places and beyond borders.

Malaria

- (a) 80% reduction in malaria mortality rates compared with 2015.
- (b) 80% reduction in malaria case incidence compared with 2015.
- (c) Four Member States which were endemic in 2015 eliminate malaria.
- (d) All Member States that are malaria-free prevent re-establishment of transmission.

23. Milestones by 2025:

Cross-cutting milestones

- (a) 90% of Member States to report on biological threats to malaria, NTDs and VBDs.
- (b) 75% of people with malaria, NTDs and VBDs have access to services.

Disease-specific milestones

NTDs

- (a) 50–60% of Member States that were NTD-endemic in 2020 eliminate at least one disease.
- (b) 42 Member States certified free of guinea-worm disease compared with 2020.
- (c) 42 Member States fully mapped for PC-NTDs compared with 2020.

VBDs

- (a) 50% reduction of mortality due to VBDs compared with 2016.
- (b) 40% reduction in the incidence of VBDs compared with 2016.
- (c) VBD outbreaks prevented in epidemic-prone areas including their spread to more places and beyond borders.

Malaria

- (a) 75% reduction in malaria mortality rates compared with 2015.
- (b) 75% reduction in malaria case incidence compared with 2015.
- (c) Two Member States which were endemic in 2015 eliminate malaria.
- (d) All Member States that are malaria-free prevent re-establishment of transmission.

GUIDING PRINCIPLES

24. **Country leadership and ownership:** Governments will provide leadership, define national objectives and strategies, mobilize requisite resources and galvanize stakeholders to pursue an inclusive and participatory approach for planning, implementation, performance monitoring and accountability.
25. **Community ownership and community engagement:** Given advances in analytics and geographical information system (GIS) technologies, stratification mapping of subdistricts and communities based on triangulated data on disease occurrence, intervention coverage and health service access will enable focused attention on prioritized communities. These interventions will also enhance health promotion and empower communities to take charge of their own disease control responsibilities, including addressing determinants of health.
26. **Multisectoral collaboration:** Engagement and coordination between the health sector and non-health sectors in the context of the One Health approach to harmonize multisectoral planning and implementation actions including mainstreaming actions in national policies and plans for sustainable progress towards elimination of TVDs.
27. **Health services strengthening:** Deploying appropriate technologies and analytics to guide stratification of risks and integrated packages of interventions, strengthening capacity and improving access, coverage, quality and impact.
28. **Whole-of-society approach:** Engaging multisectoral stakeholders and facilitating their active participation in the decision-making process to take appropriate measures together. The government engages all stakeholders including civil society, communities, academia, media, the private sector, NGOs, other voluntary associations, families, and individuals to strengthen the resilience of communities and society as a whole.
29. **People-centred approach:** Health services that are managed and delivered so that people receive a continuum of care, holistic care coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.

PRIORITY INTERVENTIONS AND ACTIONS

30. **Strengthening delivery of integrated people-centred health services:** Member States should enhance district health system capacities to optimally deliver life-course health services and interventions for TVDs. The focus should be on individual users of each priority health service delivery platform, such as antenatal and immunization clinics, outpatient and inpatient clinics, laboratory services and community health services. Member States should integrate TVD interventions using people-centred frameworks/approaches through collaboration and should agree upon: (i) malaria, NTD and VBD diagnostic, curative, preventive interventions²⁶ and services by platform area; (ii) definition and division of roles including: responsibility for delivering interventions; responsibility for providing technical products, appropriate human resources, commodities and funds; (iii) co-implementation processes and mechanisms with each party delivering on agreed targets. In addition, Member States should aim to empower the stewards and enhance optimal delivery of interventions.

²⁶ Including preventive treatment, vector control, vaccines, quality assurance and control.

31. Strengthening analytics capacities for guiding evidence-based TVD agenda setting, and precision targeting of TVD interventions: Member States should aim to enhance investment efficiencies, equity and impact to achieve more with available resources through stratification mapping and appropriate tailoring and targeting of TVD interventions. Member States should invest in: (i) deployment of e-platforms with technology-enabled data repositories including data visualization and GIS capacities for routine data triangulation, geo-precision, and generation of other knowledge products to inform identification of TVD high-risk districts and underserved communities; (ii) deployment of technology-enabled platforms for evidence-based and high-quality TVD programme elimination and/or eradication agenda setting including TVD programme reviews and planning; and (iii) conduct of economic evaluations of TVDs at programme level with the aim of providing evidence for investment as well as useful information supporting advocacy for financing of programmes.

32. Building “TVD-free communities” through integrated deployment of targeted interventions: Member States should drive subnational elimination of TVDs and mobilize, harmonize and align private sector and non-health sector resources with those of the health sector, including resources from priority communities. Malaria and NTD programmes in Member States should undertake joint planning with all stakeholders in each priority community– relevant non-health sectors, private sector organizations, and community-based organizations – to pool resources towards a whole-of-society and integrated approach to “TVD-free communities”. This will reinvigorate community participation and involvement through saturation of targeted areas with comprehensive transmission-interrupting TVD interventions.²⁷ Member States should establish purposeful in-country collaborations, initiatives and strategic investments to mobilize resources. Available resources should be deployed towards: (i) mainstreaming management of the determinants of TVDs through action-focused engagement with community leaders; (ii) engendering enhanced access and coverage of TVD services by empowering community actors to engage with and demand for TVD investment accountability from local political leaders and stewards of the district health system; and (iii) enhancing engagement of relevant stakeholders operating in a prioritized community.

33. Enhancing the development of human resource capacity for TVDs: TVD programmes need a sustainable supply of specific disease experts, epidemiologists, entomologists and entomological assistants. Member States should invest in pre-service institutions to ensure quality and sustainable production. Also, investment should be made in the development of in-service training programmes – including online training – for regular updating of TVD professionals.

34. Mainstreaming research and innovation in TVD programming: Member States should make strategic investments in: (i) the generation and use of evidence for guiding TVD strategies, such as information for forecasting epidemics, protecting available tools from biological threats, and guiding precision targeting of interventions; (ii) facilitating inclusion of research centres and innovation hubs in programming, as sources of subject matter expertise; (iii) the development and financing of operational and implementation research and innovation agendas; and (iv) strengthening surveillance and monitoring systems, such as early warning and response systems for outbreak monitoring, preparedness and response, national HMIS and disease and vector

²⁷ Current TVDs investment models in Africa focus on the protecting individuals or households rather than protecting whole communities or attainment of community effect. *Community effect can be optimized for malaria for example* if malaria prevention interventions like ITNs or IRS are deployed at recommended operational coverage of over 80%: at such coverage levels, they produce a community effect that protects even community members that do not sleep in a net or a sprayed house. Indeed, large-scale field trials and transmission models suggest that absolute coverage of $\geq 50\%$ with effectively treated nets is expected to result in community-wide protection of non-users in most settings and that, within these, further gains are realized as coverage increases – *protecting even community members who do not sleep in a net*. In providing a ‘community effect’ ITNs enable even community members who do not sleep under a net to gain some protection due to the effect of the treated nets on mosquito longevity and vectorial capacity.

surveillance systems, systems for monitoring the efficacy of diagnostics, medicines, insecticides and resistance levels.

35. Strengthening governance and leadership for impact: The COVID-19 response demonstrated the efficacy of political leadership in advancing coherent multisectoral responses to priority diseases. While each sector implemented its own response plans, governance was left to a national taskforce mandated to direct policies and strategies, mobilize and manage resources, and monitor and account for performance. COVID-19 also revealed the power of domestic data governance in driving country-owned disease response agendas. Given the need for comprehensive and whole-of-society approaches to TVD elimination and/or eradication, and urgent implementation of coherent transformational TVD strategies focused on efficiency gains, reduction of inequity and enhancing impact on priority diseases, Member States should strengthen capacities for evidence-informed planning, timely generation of knowledge products, and monitoring and evaluation for enhanced performance management. Member States should also streamline all TVD programmes under a single structure and leadership, and/or adopt appropriate frameworks and mechanisms to enhance cross-programme coordination and collaboration.

36. Strengthening operational research and management of data: Promote generation of good quality data through operational research. Provide better management of reliable data to inform appropriate actions. Member States should develop robust Integrated Diseases Surveillance and Response (IDSR) systems and strengthen their use by providing modalities to enable other disease programmes to benefit from the system.

37. Aligning TVD programmes with human behaviour: Member States should develop and implement information, education and communication (IEC)/behavioural change communication (BCC) approaches and integrate them into all economic and industrial activities such as product processing, deforestation and mining that potentiate disease transmission. Member States should determine the mass and print media, and interpersonal communication channels to be used to disseminate advocacy, behavioural change and information, education and communication. Design the community sensitization and mobilization IEC/BCC campaign including considerations for meetings, intersectoral collaboration, and disseminating the necessary information via pertinent platforms.

38. Enabling joint monitoring and evaluation of priority interventions: Member States should establish national integrated frameworks for joint monitoring and evaluation of priority interventions. A progress report on the implementation of this Framework should be presented by the Secretariate to the Regional Committee session every three years starting in 2025.

39. Facilitating establishment of integrated TVD programmes. WHO and other partners should provide Member States with technical assistance to establish well-capacitated and integrated TVD programmes. Priority strategic investments including engagement of donors, stakeholders, and communities to accelerate progress towards elimination and eradication of TVDs should be identified.

ACTIONS PROPOSED

40. The Regional Committee is invited to consider the document and adopt the actions proposed.

Annex 1: Programme-specific goals, objectives and strategic pillars

Programme	Vision	Programme-specific Goals/Objectives	Programme-specific Strategic Pillars
NTDs	A Region free of neglected tropical diseases	<p>Goal: Accelerate the control, elimination and eradication of targeted NTDs in the African Region and ultimately contribute to the achievement of the GPW 13 “Triple Billion targets” and the Sustainable Development Goals</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Eradicate guinea-worm disease and yaws from all countries in the African Region 2. Eliminate human African trypanosomiasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma and visceral leishmaniasis 3. Control morbidity due to Buruli ulcer, cutaneous leishmaniasis, mycetoma and other deep mycoses, soil-transmitted helminthiasis, rabies, snakebite envenoming, scabies, dengue and other ectoparasites, as well as newly added or to be added NTDs. 4. Prevent disabilities due to Buruli ulcer, cutaneous leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, snakebite envenoming and trachoma. 5. Prevent human rabies 6. Promote the One Health approach in countries for the control of zoonoses, in particular rabies 	<ol style="list-style-type: none"> 1. Pillar 1: Accelerating programmatic action 2. Pillar 2: Intensifying cross-cutting approaches 3. Pillar 3: Operating models and culture to facilitate country ownership 4. Pillar 4: Strengthening resource mobilization, coordination and communication for the elimination of NTDs
VBDs	A Region free of vector-borne diseases	<p>Goal: Ultimately reduce the burden and threat of vector-borne diseases in the African Region through effective, locally adapted and sustainable vector control.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. To strengthen institutional, infrastructural and human capacity, including basic and applied research for entomology and vector control 2. To strengthen collaboration, community participation, integration of tools and approaches across diseases, and to enhance vector surveillance and monitoring and evaluation of interventions 3. To strengthen national policy formulation, leadership; advocacy, resource mobilization and partner coordination. 	<ol style="list-style-type: none"> 1. Establishing normative support for vector control; implementing evidence-based vector control 2. Updating or revising regulatory and legislative frameworks 3. Assessing vector control needs 4. Developing/updating vector control strategic plans 5. Setting the agenda for basic and applied research on entomology; Integrating vector surveillance systems with health information systems; Improving collaboration and coordination 6. Enhancing vector control and intersectoral workforce 7. Establishing interministerial and multisectoral task forces 8. Developing advocacy strategic plans for effective communication 9. Resource mobilization
MAL	African Region free of malaria	<p>Objectives</p> <ol style="list-style-type: none"> 1. To reduce malaria mortality rates compared with 2015 2. To reduce malaria case incidence compared with 2015 3. To eliminate malaria from countries in which malaria was transmitted in 2015 4. To prevent re-establishment of malaria in all countries in Africa that are malaria-free 	<ol style="list-style-type: none"> 1. Pillar 1. Ensure access to malaria prevention, diagnosis and treatment as part of universal health coverage 2. Pillar 2. Accelerate efforts towards elimination and attainment of malaria-free status 3. Pillar 3. Transform malaria surveillance into a key intervention 4. Supporting element 1 – Harnessing innovation and expanding research (basic research to foster innovation and the development of new and improved tools; Implementing research to optimize impact and cost-effectiveness of existing tools and strategies; Action to facilitate rapid uptake of new tools, interventions and strategies) 5. Supporting element 2 – Strengthening the enabling environment for sustainable and equitable results (Strong political and financial commitment; multisectoral approaches, and cross-border and regional collaboration; stewardship of entire health system including the private sector, with strong regulatory support; capacity development for both effective programme management and research)