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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. About 17% of the global communicable disease burden is attributable to vector-borne diseases (VBDs) that cause over 700 000 deaths annually, particularly in the World Health Organization (WHO) African Region.¹ WHO developed the Global Vector Control Response 2017–2030 (GVCR) in 2017 to curb the increasing burden of VBDs.² In 2019, the Sixty-ninth Regional Committee adopted the Framework for implementation of the GVCR in the WHO African Region.³ The framework milestones and targets include reducing VBD case incidence and mortality rates by at least 25% and 30%, respectively, by 2022 from the 2015 baseline values.

2. The overall objective of the Regional framework is to guide countries in planning and implementing priority actions of the GVCR in the context of their local situations. The framework outlines 11 intervention areas for Member States to prioritize. Implementation of the framework is informed by the Integrated Vector Management (IVM) strategy.⁴ The Global Arbovirus Initiative launched on 31 March 2022 will reinvigorate implementation of the GVCR framework towards reduction of the VBD burden.⁵

3. This first report outlines progress made and actions taken by Member States in implementing the regional framework since 2019. It also outlines the next steps.

PROGRESS MADE/ACTION TAKEN

4. The Region registered limited progress towards the set milestones for 2022 relative to the 2015 baseline. To cite an example, the estimated deaths in thousands from human African trypanosomiasis (HAT) dropped by 36%, and those from schistosomiasis by 12.2%. While there was no reduction in deaths from dengue and malaria,⁶ those from leishmaniasis and yellow fever reduced by 7.5% and 13.2% respectively. Equally, disability-adjusted life years (DALYs), as a measure of overall disease burden, reduced by 36.3% for HAT, 13.7% for schistosomiasis, 6.7% for leishmaniasis, 16.4% for lymphatic filariasis, and 13.1% for yellow fever. However, DALYs increased by 2.8% for onchocerciasis, 4.4% for dengue and 2.1% for trachoma relative to the 2015 baseline.⁷

¹ World Health Organization 2018. Schistosomiasis fact sheet.

(<https://www.who.int/news-room/fact-sheets/detail/schistosomiasis>, accessed 5 March 2019)

² A global brief on vector-borne diseases (WHO, 2014b). World Health Organization, WHO/DCO/WHD/2014.1.

(http://apps.who.int/iris/bitstream/10665/111008/1/WHO_DCO_WHD_2014.1_eng.pdf, accessed 5 February 2022)

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>)

⁴ Global strategic framework for integrated vector management. Geneva: World Health Organization; 2004.

(http://apps.who.int/iris/bitstream/10665/68624/1/WHO_CDS_CPE_PVC_2004_10.pdf, accessed 2 April 2022)

⁵ 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 31 March 2022)

⁶ (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021>, accessed 10 January 2021)

⁷ (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/>, accessed 31 March 2022)

5. From 2019 to date, 19 (43%) Member States⁸ have conducted vector control needs assessments⁹ and 10 (21%) Member States have developed resource mobilization plans. Twenty-nine (62%) Member States¹⁰ have updated their IVM strategies in alignment with the GVCR and 18 (38%) Member States have developed advocacy communication plans.⁹ The AFRO II Research Project on demonstrating the effectiveness of innovative alternative interventions for IVM has been implemented in six Member States.¹¹ In collaboration with WHO, nine Member States¹² responded to VBD outbreaks. The ministry of health (MoH) is the regulating authority for vector control tools in 23 (48%) Member States, with the ministry of agriculture (MoA) playing that role in 11 (23%) Member States and the ministry of environment in three (6%) Member States. In 11 (23%) Member States, the responsibility is split between the MoA and MoH.¹³ In 2021, capacity for arbovirus surveillance and control was assessed in all Member States.¹⁴ Except for Algeria, Lesotho and Mauritius, evidence-based malaria vector control, including innovative approaches,¹⁵ was implemented in all Member States.

6. Despite the efforts to implement the framework, progress is below the set targets and milestones due to technical and institutional challenges at country level. The 2022 milestones were not achieved as indicators showed a 9.3% reduction in the VBD burden and an 8.5% reduction in mortality due to VBDs.⁷ Factors contributing to the slow pace of progress include limited technical support and scientific capacity for VBDs, inadequate integration across diseases and interventions, fragmented regulation of vector control tools, and minimal incorporation of entomological surveillance data into routine health information systems. In addition, the invasive *Anopheles stephensi* remains a challenge in the Region and has diverted attention from other VBDs. Notwithstanding ongoing collaboration on capacity building and surveillance,¹⁶ the regional burden of arboviruses, particularly dengue, is increasing. Equally, widespread insecticide resistance, minimal uptake of innovative tools, limited advocacy strategic plans for communication, and insufficient funding and COVID-19 pandemic disruptions seriously compromised effective health service delivery.

NEXT STEPS

7. Member States should:

- (a) mobilize financial resources for vector control and research, including human resources by 2025;
- (b) strengthen entomological surveillance to monitor and curb residual disease transmission, insecticide resistance and vector behaviour variations, including invasive vector species by 2025;

⁸ Angola, Botswana, Burundi, Burkina Faso, Cabo Verde, Cameroon, Eswatini, Guinea, Liberia, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

⁹ Online survey on the progress of implementation of Global Vector Control Response for 2017-2021, reporting to the 75th World Health Assembly.

¹⁰ Angola, Botswana, Burundi, Cabo Verde, Cameroon, Chad, Côte d'Ivoire, Eswatini, Eritrea, Gambia, Guinea, Kenya, Liberia, Madagascar, Mauritius, Mozambique, Namibia, Niger, Nigeria, Senegal, South Africa, South Sudan, Sierra Leone, Rwanda, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

¹¹ Botswana, Eswatini, Mozambique, Namibia, Zambia and Zimbabwe.

¹² Angola, Burundi, Chad, Congo, Kenya, Mauritania, Nigeria and Niger.

¹³ Optimizing registration of vector control tools. (<https://innovationtoimpact.org/wp-content/uploads/2019/09/Pan-African-Registration-Landscape-for-Vector-Control-Tools.pdf>, accessed 20 September 2019)

¹⁴ Arboviral diseases in the WHO AFRO region: country capacities for surveillance, control and outbreak preparedness.

¹⁵ House screening, winter larviciding, Eave tubes and Lethal house lure.

¹⁶ Member States collaborated with SADC and E8 Secretariate to develop the harmonized training Manual for IRS in Southern Africa; ECOWAS, WAHO and WAASuN collaborated on entomological surveillance for arboviruses in West Africa.

- (c) develop programmes for control and management of arboviral diseases, particularly dengue by 2025;
 - (d) conduct needs assessments and develop vector control strategic plans and deploy innovative tools.
8. WHO and partners should:
- (a) provide guidance and technical support to Member States for integrating existing disease-specific programmes to combat arboviral disease transmission into the Global Arbovirus Initiative.
 - (b) support Member States to build 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.
9. The Regional Committee is requested to note this progress report and endorse the proposed next steps.