

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 16.3**Mid-term review of PEN-PLUS—a regional strategy to address severe noncommunicable
diseases at first-level referral health facilities****Information document****Contents****Paragraphs**

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Background

1. Mortality from noncommunicable diseases (NCDs) in the African Region has increased sharply from 21.0% of total deaths in 2000 to 35.4% in 2021.¹ In addition to the growing burden of major NCDs, such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, the Region faces a significant impact from severe NCDs. These include sickle cell disease (SCD), with over 66.0% of the global 120 million cases,² rheumatic heart disease, for which age-standardized prevalence continues to rise,³ and type 1 diabetes, with over 400 000 cases.⁴
2. To address the growing burden of severe NCDs, the Seventy-second Session of the African Regional Committee (RC72) adopted the PEN-Plus regional strategy in 2022. The strategy aims to decentralize care for severe NCDs by integrating the management of conditions like type 1 diabetes, rheumatic heart disease and SCD into first-level referral facilities. This strategy builds on and complements the WHO package of essential NCD interventions for primary health care in low-resource settings (WHO-PEN).
3. The strategy set five milestones for 2025 (see Annex), and this first report summarizes the progress made in implementing the strategy towards the milestones.

Progress made/action taken

4. **About 50% of Member States have adapted and integrated standardized protocol-based management approaches for severe NCDs:** A total of 20 (42.5%) Member States⁵ adapted and integrated standardized protocol-based management approaches for severe NCDs into their health policies and strategies by the end of 2024.
5. **Close to 50% of Member States have formulated national operational plans for protocol-based management of chronic and severe NCDs:** Twenty (42.5%) Member States⁶ formulated national operational plans for the management of chronic and severe NCDs at first referral facility levels, and 17 (36.2%) Member States⁷ have initiated service rollouts in at least one pilot district hospital. In 2023, 92 government officials from the health ministries of all 47 Member States were trained by WHO on standardized protocol-based management, operational planning and integrated service delivery, to accelerate implementation of the PEN-Plus regional strategy. WHO has supported

¹ World Health Organization. Global Health Observatory. Global health estimates: Leading causes of death 2000-2021 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>).

² Aliyu ZY, Kato GJ, Taylor J, Babadoko A, Mamman AI, Gordeuk VR et al. Sickle cell disease and pulmonary hypertension in Africa: A global perspective and review of epidemiology, pathophysiology, and management. *American Journal of Hematology*, 83 (1) (2008), pp. 63-70, 10.1002/ajh.21057 Epub 2007/10/03. PubMed PMID: 17910044.

³ Coates MM, Sliwa K, Watkins DA, Zühlke L, Perel P, Berteletti F et al. An investment case for the prevention and management of rheumatic heart disease in the African Union 2021–30: a modelling study. *Lancet Global Heal* 2021; 9: 957-66.

⁴ Institute for Health Metrics and Evaluation. Global Burden of Disease 2017 Data Visualizations. (<http://viz.healthmetricsandevaluation.org/gbd-compare/>).

⁵ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁶ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁷ Benin, Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

20 Member States⁸ to conduct baseline assessments, which are critical for the development of national operational plans. In 2023, 14 Member States⁹ were supported to organize national stakeholder engagement meetings, a key step towards the development of national operational plans.

6. **About 50% of Member States have established national training programmes for mid-level health care workers on the management of chronic and severe NCDs.** Sixteen Member States (34.0%)¹⁰ have successfully established training programmes that incorporate standardized protocols for the management of severe NCDs within mid-level health care curricula, thereby ensuring that health-care providers are equipped with the necessary skills and knowledge to deliver quality care.

7. **About 50% of Member States have essential medicines and basic technologies for the management of severe NCDs.** To enhance the availability of essential medicines and technologies for managing severe NCDs, WHO has trained NCD programme managers from 20 Member States (42.5%)¹¹ on critical aspects of supply chain management, forecasting and procurement, with the aim to reduce gaps in access.

8. **At least 60% of Member States have systems for collecting mortality data on a routine basis.** WHO has initiated the development of global monitoring frameworks by incorporating programme-level and facility-based indicators into District Health Information System 2 (DHIS2), a powerful digital tracker system that enhances real-time data collection, monitoring and reporting. This integration is designed to support data-driven decision-making, improve the tracking of NCD service delivery, and ensure seamless incorporation into national health information systems (HIS) for effective policy and programme management.

Issues and challenges

9. While progress has been made, none of the 2025 milestones was fully achieved by the end of 2024.¹² This shortfall was due to limited financial resources, insufficient political commitment, weak health systems and a lack of engagement to invest in scaling up efforts. Progress was primarily seen in 20 Member States¹³ which are part of the Regional PEN-Plus project.¹⁴

Next steps

10. Member States should:

- (a) commit and allocate sufficient financial and technical resources for sustainable NCD programmes;

⁸ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁹ Benin, Burkina Faso, Cameroon, Congo, Ghana, Kenya, Liberia, Malawi, Mozambique, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania and Zimbabwe.

¹⁰ Benin, Burkina Faso, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹¹ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹² The assessment was conducted in 2024.

¹³ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Lesotho, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁴ WHO Regional Office for Africa (2025). Understanding the PEN-Plus approach to care: expanding access to care for severe noncommunicable diseases in the WHO African Region (<https://www.afro.who.int/publications/understanding-pen-plus-approach-care-expanding-access-care-severe-noncommunicable>).

- (b) ensure the availability of essential medicines and medical technologies by updating medicines lists, streamlining approvals, strengthening supply chains, for instance, by introducing pooled procurement, and integrating NCD care into UHC;
 - (c) ensure a well-trained health workforce to effectively manage severe NCDs;
 - (d) integrate NCD-related indicators and data into national HIS for improved monitoring and decision-making;
 - (e) engage key stakeholders to mobilize additional resources and foster multisectoral collaboration.
11. WHO and partners are called upon to:
- (a) support Member States to incorporate standardized protocols for managing severe NCDs into national policies and health systems;
 - (b) mobilize financial resources to address existing funding gaps in NCD prevention, treatment and care;
 - (c) strengthen national HIS to ensure regular data collection, and monitoring and evaluation of progress toward NCD control goals.
12. The Regional Committee is requested to take note of this progress report.

Annex. Indicators and milestones of the regional strategy 2022–2030

	Milestone	2025	2028	2030
1	Standardized protocol-based management approaches for severe NCDs integrated into health policies and strategies.	50.0%	60.0%	75.0%
2	National operational plans for severe NCD management formulated and services rolled out to district hospitals.	50.0%	65.0%	70.0%
3	National training programmes for managing severe NCDs established in mid-level health workers' curricula.	50.0%	65.0%	70.0%
4	Essential medicines and basic technologies for severe NCD management available in district hospitals.	50.0%	60.0%	70.0%
5	Routine systems for collecting mortality data established.	60.0%	60.0%	100.0%