

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 16.9**Progress report on the regional framework for integrating essential
noncommunicable disease services in primary health care****Contents****Paragraphs**

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Background

1. Noncommunicable diseases (NCDs) are the leading cause of death worldwide, killing more than 43 million people each year and accounting for 75.0% of all deaths.¹ The most common types of NCDs include cardiovascular disease, cancers, chronic respiratory diseases and diabetes. In the WHO African Region, NCDs are increasing, and accounted for 35.0% of deaths in 2021, rising from 21.0% in 2000.
2. The WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care (PHC) in low-resource settings is a set of interventions for integrating essential NCD services at the PHC level.²
3. In 2017, the Sixty-seventh session of the WHO Regional Committee for Africa adopted the Regional framework for integrating essential NCD services in PHC, with four milestones for 2025, namely: (a) thirty-eight (80.0%) Member States have adapted and are using WHO PEN; (b) 80.0% of human resources for health are trained in managing NCDs at the PHC level; (c) 80.0% of Member States have essential medicines and basic technologies for NCDs in PHC facilities; and (d) 80.0% of Member States have systems for monitoring mortality data on a routine basis.³
4. This is the second progress report describing the implementation status of the Regional framework against the 2025 milestones.

Progress made/actions taken

5. In 2024⁴, thirty⁵ out of 47 (64.0%) Member States had adapted and used WHO PEN for the prevention and control of NCDs in PHC facilities. Of those Member States, five achieved nationwide coverage in all PHC facilities.⁶
6. Eighteen (38.0%) Member States reported having trained human resources for health to manage NCDs at the PHC level.⁷ Among the 30 Member States that have adapted and are using WHO PEN, only 16 (34%) reported having trained health workers to manage NCDs at the PHC level.
7. Thirty out of 47 (63.7%) Member States had essential medicines to manage NCDs in PHC facilities;⁸ among them, all had essential medicines for hypertension and diabetes, 19 for chronic

¹ World Health Organization. Global Health Estimates: Leading Causes of Death. 2021.

(<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>).

² WHO package of essential noncommunicable (PEN) disease interventions for primary health care. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

³ AFR/RC67/12 14 June 2017. Regional Committee for Africa. Framework For Integrating Essential Noncommunicable Disease Services In Primary Health Care, ([AFR-RC67-12 Regional framework to integrate NCDs in PHC.pdf](#)).

⁴ Draft Report on the Assessment of the WHO PEN Implementation in the WHO African Countries, 2025.

⁵ Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Chad, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa (Central Chronic Medicine Dispensing and Distribution (CCMDD)), Togo, Uganda, United Republic of Tanzania and Zimbabwe.

⁶ Benin, Eritrea, Eswatini, Lesotho and Mauritius.

⁷ Benin, Botswana, Burkina Faso, Congo, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa and United Republic of Tanzania.

⁸ Algeria, Benin, Botswana, Burkina Faso, Cabo Verde, Congo, Cameroon, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gambia, Liberia, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania and Zambia.

respiratory diseases, and 13 for palliative care. Basic technologies for diagnosing and monitoring hypertension and diabetes at the PHC level were available in 30 Member States.

8. Only three (6.3%) Member States⁹ had systems for monitoring mortality data on a routine basis.

9. Although progress has been made in the number of countries that have adopted and implemented WHO PEN, which increased from 21 (45%) in 2020 to 30 (65%) in 2024, none of the 2025 milestones has been reached. These findings cause concern and call for strategic actions to both improve the number of Member States adapting and utilizing WHO PEN, and expand its coverage at the national level to meet the WHO PEN Framework targets by 2030.

Issues and challenges

10. The main issues hindering the implementation of WHO PEN interventions at PHC level include low political commitment, inadequate capacity-building strategy, limited availability of health facility infrastructure, limited supplies of essential medicines and basic technologies, and protocols.

Next steps

11. Member States should:

- (a) establish/strengthen existing multisectoral coordinating bodies to expand coverage of WHO PEN to all PHC facilities;
- (b) establish local partnerships for domestic resource mobilization to fund the scale-up of WHO PEN, in addition to increasing the government budget allocated to NCD control;
- (c) provide the necessary administrative, logistical and legal support to ensure the establishment of task-shifting and task-sharing approaches;
- (d) provide adequate funding, personnel, training and equipment for NCD mainstreaming at the PHC level.

12. The WHO Regional Office for Africa and partners should:

- (a) support Member States in capacity-building for restoring and scaling up life-saving screening, early diagnosis and treatment of NCDs, focusing on quality primary care and quality referral systems to help patients get the proper treatment at the right time;
- (b) enhance advocacy to position NCDs among government and donor priorities and increase countries' access to international financing mechanisms;
- (c) strengthen multisectoral collaboration, partnerships and coordination to ensure the adaptation and use of WHO PEN in all Member States by 2030.

13. The Regional Committee is invited to note the report.

⁹ Mauritius, Seychelles and South Africa.