



Noncommunicable diseases and mental health in the WHO African Region

Progress report 2024

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Abbreviations

ADHD	attention-deficit/hyperactivity disorder
Africa CDC	Africa Centres for Disease Control and Prevention
CCEI	Cervical Cancer Elimination Initiative
CRD	chronic respiratory diseases
CRFA	common risk factor approach
CVD	cardiovascular disease
DALYs	disability-adjusted life years
EML	essential medicines list
GEF7	Global Environment Facility Trust Fund, seventh round/replenishment
mhGAP	WHO Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
MoH	Ministry of Health
NCDs	noncommunicable diseases
NSA	non-State actors
WHO PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care
PEN-Plus	The regional strategy to address severe noncommunicable diseases at first-level referral health facilities.
SCD	sickle cell disease
SDGs	Sustainable Development Goals
UNEP	United Nations Environment Programme
WCO	WHO country office
WDF	World Diabetes Federation
WHO CC	World Health Organization Collaborating Centre

Executive summary



Noncommunicable diseases (NCDs) are the leading cause of death worldwide, posing a major challenge to public health and hindering economic development. NCDs are a group of chronic diseases and conditions that result from a combination of genetic, metabolic, environmental and behavioural factors. The most prevalent NCDs - cardiovascular diseases (CVD), diabetes, cancers and chronic respiratory diseases (CRDs) - collectively represent over 80% of the global NCD burden.

In the African Region, CVD has emerged as the leading cause of NCD deaths, followed by cancers, diabetes and CRDs. These four NCDs contribute significantly to mortality rates, with substantial regional variations. An estimated 1.6 million people between the ages of 30 and 70 die prematurely each year from one of the major NCDs, accounting for 63% of all NCD-related deaths. Cancers, CRDs, CVDs and diabetes account for over 70% of premature deaths.

The drivers of NCD mortality in the WHO African Region are varied and multifaceted. Increased exposure to lifestyle risk factors, coupled with low awareness of these conditions, treatment options and risk factors at both individual and community

levels, can prevent affected individuals from recognizing when and how to seek appropriate care. Structural drivers include limited access to health services, medications and technologies needed for the successful management of NCDs. Additionally, insufficient resources hinder the scaling up of NCD services across the Region. Addressing these structural challenges through targeted investments offers an opportunity to achieve significant progress in controlling NCDs.

When evaluating progress across the African Region against key NCD control indicators, outcomes varied. Setting timebound national targets based on WHO guidance has been fully achieved by 25 countries (53.2%). However, reliable cause-specific mortality data systems remain a major gap across the Region, with 44 countries (93.6%) not meeting standards. While almost half the countries in the Region have updated NCD action plans, many of these plans require further revision and enhancement to effectively address evolving challenges.

In 2024, the Noncommunicable Diseases management programme continued to provide regional leadership and guidance in policy development and reform, coordinating with countries, other regional organizations and

stakeholders to control and manage NCDs in the African Region. Furthermore, the Regional Office continued to provide technical support to Member States in the Region, facilitating the acceleration of key regional and global NCD frameworks and strategies.

The major challenges to containing the NCD epidemic in the WHO African Region are limited political commitment, a narrow focus on the clinical management of NCDs, and a lack of appropriate data. The proposed public health response for 2025 will focus on accelerating national efforts, based on an understanding of NCD epidemiology, risk factors and the identified barriers and enablers in countries. This approach emphasizes prioritizing and scaling up the implementation of the most impactful and feasible interventions within the national context. Additionally, it underscores the importance of ensuring timely, reliable and sustained collection of national data on NCD risk factors, diseases and mortality for data-driven actions and to strengthen accountability.

This report discusses the progress made for NCDs in the African Region in 2024, providing an overview of the current state in the Region, followed by a summary of WHO's role in:

- (i) leadership, coordination and partnerships;
- (ii) development of technical, information and knowledge products; and
- (iii) technical support to Member States for each NCD of focus.



In 2024, **WHO** advanced **NCD progress** by **supporting Member States** with leadership, technical guidance and data-driven actions, **while addressing key challenges** of **limited political commitment**, **clinical focus** and **lack of data**.



2024 NCDs in Africa



Leadership



Technical guidance



Data-driven actions



Addressing challenges

Key partners in 2024

The progress made by the Regional Office in NCD control and management, as described in this report, would not have been possible without the generous support of our partners. The Regional Office extends its sincere gratitude to:

1. **The Leona M. and Harry B. Helmsley Charitable Trust**, for supporting the PEN-Plus scale-up in the African Region.
2. **The Women Integrated Cancer Services in Africa (WICS)**, supported by Roche, which aims to improve access to cancer services for women in the Region.
3. **The World Diabetic Foundation**, for supporting cardiometabolic and diabetic care.
4. **The Global Initiative for Childhood Cancer (GICC)**, for supporting childhood cancer work in the Region.
5. **The International Atomic Energy Agency (IAEA)**, for supporting cancer control work in the Region.
6. **Hilfsaktion Noma e.V.**, for supporting country capacities for preventing and controlling noma.
7. **The Borrow Foundation**, for supporting the formulation and implementation of integrated national oral health policies and strategies in the Region.
8. **The World Diabetes Federation**, for supporting diabetes initiatives in the Region.
9. **Resolve to Save Lives (RTSL)**, for supporting the implementation of the WHO HEARTS package in the Region.
10. **The Director-General's Special Initiative for Mental Health (SIMH)**, for supporting mental health work in the Region.
11. **The Norwegian Agency for Development Cooperation (NORAD)**, for supporting the integration of the WHO PEN in the Region.





1

Introduction

1. Introduction



Noncommunicable diseases are a group of chronic diseases and conditions that stem from a combination of genetic, metabolic, environmental and behavioural factors (1). Cardiovascular diseases, diabetes, cancers and chronic respiratory diseases collectively represent over 80% of the global NCD burden (2). As the leading cause of death worldwide, NCDs pose a major challenge to public health and hinder economic development.

CVD has emerged as the leading cause of NCD deaths in the WHO African Region, followed by cancers, diabetes and CRD. These four NCDs contribute significantly to deaths, with substantial variations across the Region (3). Furthermore, an estimated 1.6 million people between the ages of 30 and 70 die prematurely each year from one of the major NCDs, accounting for 63% of all NCD-related deaths. Cancers, CRDs, CVDs and diabetes account for over 70% of premature deaths.

NCDs in Africa

 **1.6 million**
premature deaths
annually



Cardiovascular
diseases



Cancers



Diabetes



Chronic
respiratory
diseases

Over 70% of premature
NCD deaths

The burden of noncommunicable diseases in the African Region has been increasing in recent years. The prevalence of hypertension rose from 19.7% in 1990 to 30.8% in 2010,(4) And by 2023, it had reached an estimated 36% as among adults aged 30–79 years. In sub-Saharan Africa, the NCD burden surged by 67% between 1990 and 2017, driving an increase in the proportion of total disability-adjusted life years (DALYs) attributable to NCDs from 18% to 30% (5). Additionally, an estimated 82% of adults with elevated blood pressure are either not aware of their BP status or not on treatment (6).

The prevalence of diabetes in Africa is currently estimated at 4.5% among adults (1 in 22 adults), representing 24 million people across the Region. Concerningly, this number is projected to increase to 54 million by 2045, representing the highest anticipated rise across all WHO regions (7). It is further estimated that about 54% of people living with diabetes are undiagnosed, with Sub-Saharan Africa having the highest percentage of people living with undiagnosed type 2 diabetes cases globally (8). This poses serious dangers, including an increased risk of developing severe complications like heart disease, renal failure, blindness, neuropathy and lower extremity amputations. Undiagnosed diabetes also comes at a significant cost to the health care system, as undiagnosed cases can lead to higher treatment costs and increased hospitalizations.

Furthermore, the burden of cancer is increasing across the African Region, with incidence and mortality rates projected to rise faster than anywhere else in the world (9). In 2020, there were an estimated 1.1 million new cases and 711 429 cancer-related deaths recorded in the African Region. These estimates are projected to rise to 2.1 million new cases and 1.4 million deaths in 2040. Additionally, the burden of the five major cancers – breast, cervical, prostate, liver and colorectal – is expected to double by 2040. Most cancer cases in Africa are diagnosed at advanced stages due to poor awareness, limited access to screening for major cancers, and poor health-seeking behaviour among the population (10, 11, 12).

Sickle Cell Disease (SCD) is the most prevalent genetic disease in the African Region, with about 80% of the global burden. In 2021, the estimated number of SCD cases was about 5.68 million, accounting for 265 000 deaths, approximately 71% of global SCD-related deaths (13). Despite significant morbidity and mortality in adults, SCD can be effectively managed with access to comprehensive care (14). However, 80–90% of

children born with SCD in Africa die before their fifth birthday (15), compared to just 2% in Europe and other high-income countries (16). This high mortality rate is driven by the lack of newborn screening and limited access to comprehensive care services across the continent.

Oral diseases, such as dental caries and periodontal diseases, are largely preventable through the common risk factor approach (CRFA). The CRFA recognizes that certain behaviours and exposures contribute, not only to oral diseases, but also to other NCDs. By targeting these shared risk factors, oral and overall health can be improved through a coordinated approach(18). Despite the potential for prevention, oral diseases are the most common diseases globally and regionally, affecting more than 485 million people (41.6%) in the African Region in 2021 (18). Among WHO's six regions, the African Region has experienced the largest increase in the number of major oral disease cases over the past 30 years (19).

Mental, neurological, and substance use (MNS) conditions affect approximately one in eight people worldwide and constitute 6% of the total disease burden in Africa (20), affecting 167 million people in the Region (21). Common mental health challenges in the Region include depression (affecting 55 million people) (22), anxiety disorders (53 million people) (23), alcohol use disorders (10 million people (24), with deaths from alcohol use disorders estimated at 1.6 deaths per 100 000 population) (25) and substance use disorders (affecting over 4 million people) (26, 27). Additionally, schizophrenia, bipolar disorder and neurodevelopmental disorders, including autism spectrum disorder, intellectual disability and attention deficit hyperactivity disorders (ADHD), are also of concern. The suicide rate remains unacceptably high in the African Region, at 11.2 per 100 000 population, the highest among all world regions (28). These challenges are compounded by limited investment in mental health, with per capita spending on mental health in the African Region at US\$ 0.5 against a global average of US\$ 7.5 and critical shortages in human resources for mental health care. The Region has only 1.6 mental health workers per 100 000 population (29). Alzheimer's and other dementias are a leading cause of neurological disease burden in the African Region. As access to health care improves and life expectancy increases, a rapid rise in dementia prevalence is expected between 2015 and 2050. The cost of dementia in Africa is estimated at US\$ 6.2 billion a year.

The major drivers of NCD mortality in the WHO African Region are multifaceted. Low awareness of conditions, treatment options and risk factors at both the individual and community levels can prevent affected individuals from knowing when and how to seek care. Additionally, the Region's population endures increased exposure to the main NCD risk factors, including unhealthy diets, physical inactivity, tobacco use and excessive alcohol use. Structural drivers of NCD mortality include limited access to health services, medications and technologies needed for successful management of NCDs, as well as a lack of resources for scaling up NCD services. These challenges highlight the need to prioritize structural investments by engaging bilateral and multilateral partners and donors. This offers an opportunity to achieve a significant impact in controlling NCDs (30).

The WHO Regional Office for Africa remains committed to working towards the Sustainable Development Goals (SDGs). SDG targets for noncommunicable diseases and their risk factors include: by 2030, reducing premature mortality from NCDs by one third, through prevention and treatment; promoting mental health and well-being (SDG 3.4); strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (SDG 3.5); and strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate (3.a) (31).

Work on NCDs in the Region is guided by several key WHO guidelines and strategies, including:



General NCD service implementation:

- “The best buys” as outlined in the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (extended to 2030)
- Regional framework for integrating essential noncommunicable disease services into primary health care (32).
- Pen-Plus – a regional strategy to address severe noncommunicable diseases at first-level referral health facilities (33).



Cancers

- The Framework for monitoring the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region (34) guides work in cervical cancer in the Region.



Diabetes

- The Framework for the implementation of the global diabetes compact in the WHO African Region (35) aims to support the implementation of localized, cost-effective programmes for the prevention and control of diabetes.



Mental health

- The Framework to strengthen the implementation of the Comprehensive Mental Health Action Plan 2013–2030 in the WHO African Region guides mental health work in the Region (36).



Oral health

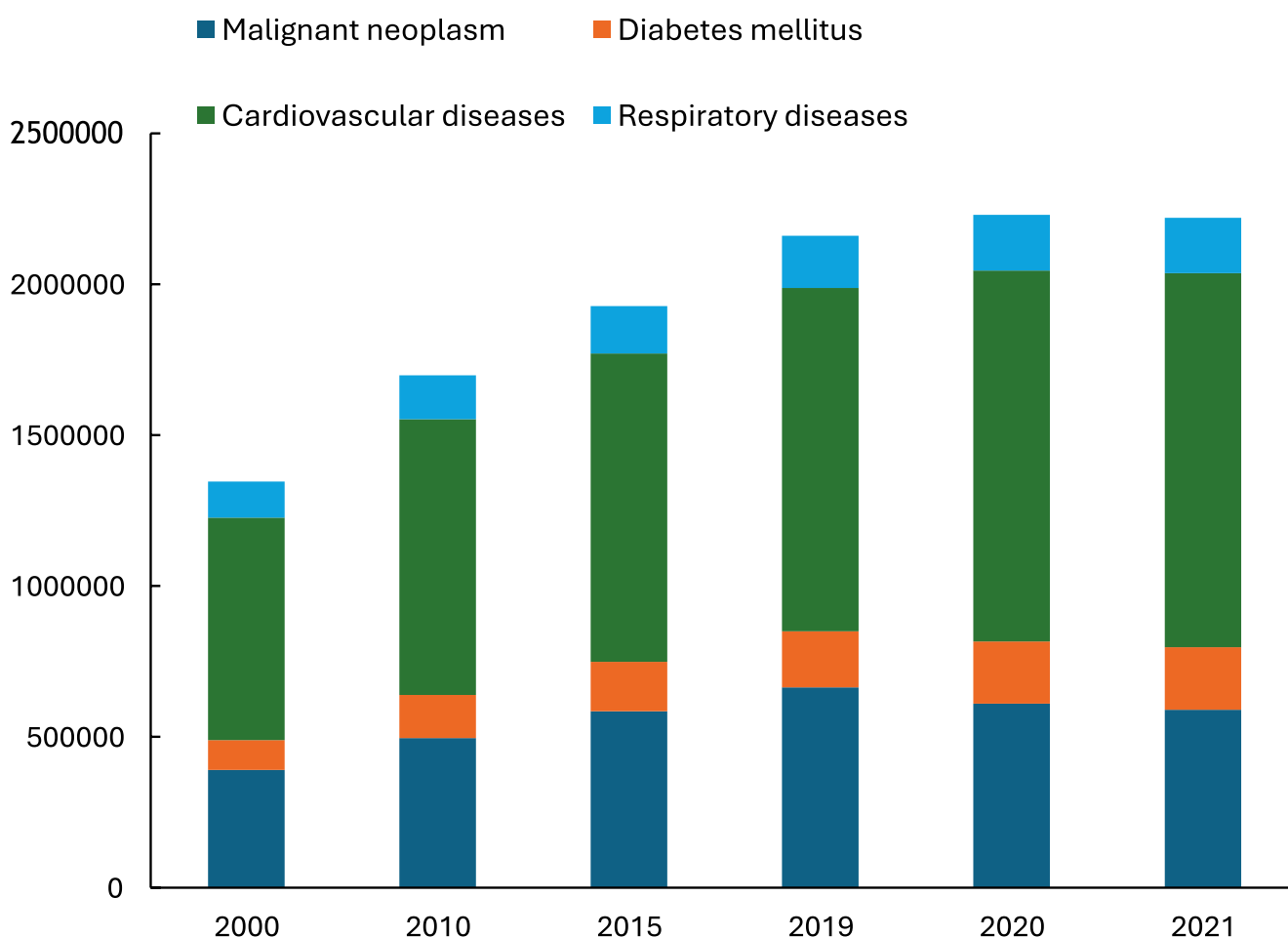
- The Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases (37) has been guiding oral health work in the Region.

Despite the availability of these strategies and packages, awareness of these resources is low, and their implementation in the Member States is often limited. In 2024, the Regional Office intensified efforts to raise awareness about NCDs, providing leadership in NCD management across the Region, coordinating, collaborating, building partnerships and mobilizing resources to implement regional strategies and frameworks. Additionally, the Regional Office produced several information products and evidence-based resources, and provided technical support to countries across the Region in the various NCD programme areas.

NCD mortality

The burden of mortality attributable to NCDs showed a consistent upward trend in the WHO African Region between 2000 and 2019, followed by a plateau between 2019 and 2021. As illustrated in Fig. 1, the total number of NCD-related deaths increased markedly over the past two decades, reflecting the growing impact of NCDs on population health in the Region. Cardiovascular disease (CVD) remained the leading cause of NCD-related deaths in the WHO African Region, showing a steady and substantial increase over time. Deaths from cancers also rose consistently, while deaths due to diabetes mellitus increased more from 2010 onwards, reflecting both the rising prevalence and ongoing challenges in disease management. Although CRD contributed the smallest share of NCD mortality, it demonstrated a gradual upward trend, indicating the need for sustained attention across all four major NCD categories.

Fig. 1. Cause-specific NCD mortality in the WHO African Region (2000–2021)



Monitoring NCD response and progress by country (2024)

The 2024 NCD Progress Monitor for the WHO African Region presents a detailed evaluation of the implementation of 22 priority indicators aimed at preventing and controlling NCDs across all 47 Member States. These indicators are based on the World Health Organization's "Best buys", (38) a set of cost-effective interventions covering key areas including the strength of NCD surveillance systems, the presence and execution of national NCD strategies, the enforcement of policies targeting risk factors such as tobacco use, alcohol consumption, unhealthy diets, physical inactivity, and the availability of essential guidelines, medicines and technologies within primary health care settings, as shown in Table 1.

Setting time-bound national targets based on WHO guidance has been fully achieved by 25 countries (53.2%). However, reliable cause-specific mortality data systems remain a major gap across the Region, with 44 countries (93.6%) not meeting standards. No country has fully met the target for conducting a STEPwise approach to NCD risk factor surveillance (STEPS) (39) or an equivalent survey every five years, although 28 countries (59.6%) have made partial progress. Similarly, while almost half the countries in the Region have updated NCD action plans, many of them require revision and enhancement to effectively address evolving challenges.

Progress in tobacco control policies is uneven and generally weak, with very few countries meeting all recommended measures. Alcohol harm reduction policies also lag, with limited adoption of comprehensive strategies. Efforts to promote healthy diets show some progress but remain inconsistent, with low full implementation rates across most policy areas. Promotion of physical activity is notably underdeveloped, with most countries lacking substantial programmes.

In terms of treatment and management, about 38.3% of countries have fully established national NCD guidelines or protocols. However, the availability of essential medicines, particularly for chronic respiratory diseases, is very limited. Human papillomavirus (HPV) vaccination coverage is also insufficient, despite its formal introduction in some countries.

Compared to the 2022 edition of the Progress Monitor, 20 countries have made overall progress by improving their performance on NCD monitoring indicators. In contrast, 15 countries have experienced a general decline in the achievement of these indicators, reflecting a setback in efforts to effectively track and address noncommunicable diseases

2024 NCD Progress Monitor shows uneven progress in Africa, moderate achievements in set timebound national targets based on WHO guidance but major gaps in data, policies, and access to care.



53.2%

Set national targets



93.6%

Gaps in mortality data



59.6%

Conducted STEPS surveys
Essential medicines

Table 1. 2024 NCD progress indicators for the WHO African Region

NCDs Progress indicators 2024 - African Region

● Fully achieved ● Partially achieved ○ Not achieved NR No response DK Don't Know

Country	TOBACCO											ALCOHOL			HEALTHY DIETS											% of Fully achieved	Progress vs. 2022	Premature mortality
	Targets	Mortality	Survey	Integrations	Taxes	Smoke-free environments	Packaging	Advertisements	Media campaign	Availability	Advertising restrictions	Taxes	Reform Policies	Front-of-pack labelling	Food Procurement	Diet Campaign	Children marketing	Breastmilk substitute	Physical activity	NCD Guidelines	Medicines and Technologies	HPV						
	1	2	3	4	5a	5b	5c	5d	5e	6a	6b	6c	7a	7b	7c	7d	7e	7f	8	9	10	11						
Algeria																							27	-2	13			
Angola																							0	-2	25			
Benin																							32	2	21			
Botswana																							23	0	19			
Burkina Faso																							27	1	23			
Burundi																							18	1	25			
Cabo Verde																							41	3	17			
Cameroon																							9	2	24			
Central African Republic																							5	-1	31			
Chad																							27	0	23			
Comoros																							5	-1	20			
Congo																							9	0	21			
Côte d'Ivoire																							23	3	23			
Democratic Republic of the Congo																							14	1	25			
Equatorial Guinea																							0	0	20			
Eritrea																							5	0	27			
Eswatini																							14	0	32			
Ethiopia																							36	-1	17			
Gabon																							5	1	18			
Gambia																							32	3	22			
Ghana																							36	3	22			
Guinea																							18	0	24			
Guinea-Bissau																							0	0	25			
Kenya																							32	2	18			
Lesotho																							5	-1	36			
Liberia																							9	-3	22			
Madagascar																												





2

**Progress made in
noncommunicable
diseases and mental
health in 2024**

2. Progress made in noncommunicable diseases and mental health in 2024



The SDGs guide the efforts and priorities of WHO in the African Region. The overall goal of the WHO Regional Office NCDs management team is to achieve SDG 3.4: By 2030, reduce by one third, premature mortality from NCDs through prevention and treatment, and promote mental health and well-being.

The NCD team works towards this goal through four main approaches:

- Embracing a leadership and coordination role in the area of NCD control in the Region.
- Building strategic partnerships with key stakeholders and donors to mobilize resources and enable effective collaborations in NCD management in the Region.
- Developing strategic technical information and knowledge products, adding to the knowledge and understanding of NCD management in the Region.
- Facilitating technical support to country-level NCD control programmes in the Region.

This report describes the work done by the WHO Regional Office for Africa NCD management team in 2024, detailing the approaches used to achieve the progress documented in the 2024 NCD indicators.



WHO's NCD team advances **SDG 3.4** by **2030** through leadership, partnerships, knowledge, and country support **to reduce premature NCD mortality** and **promote mental health.**



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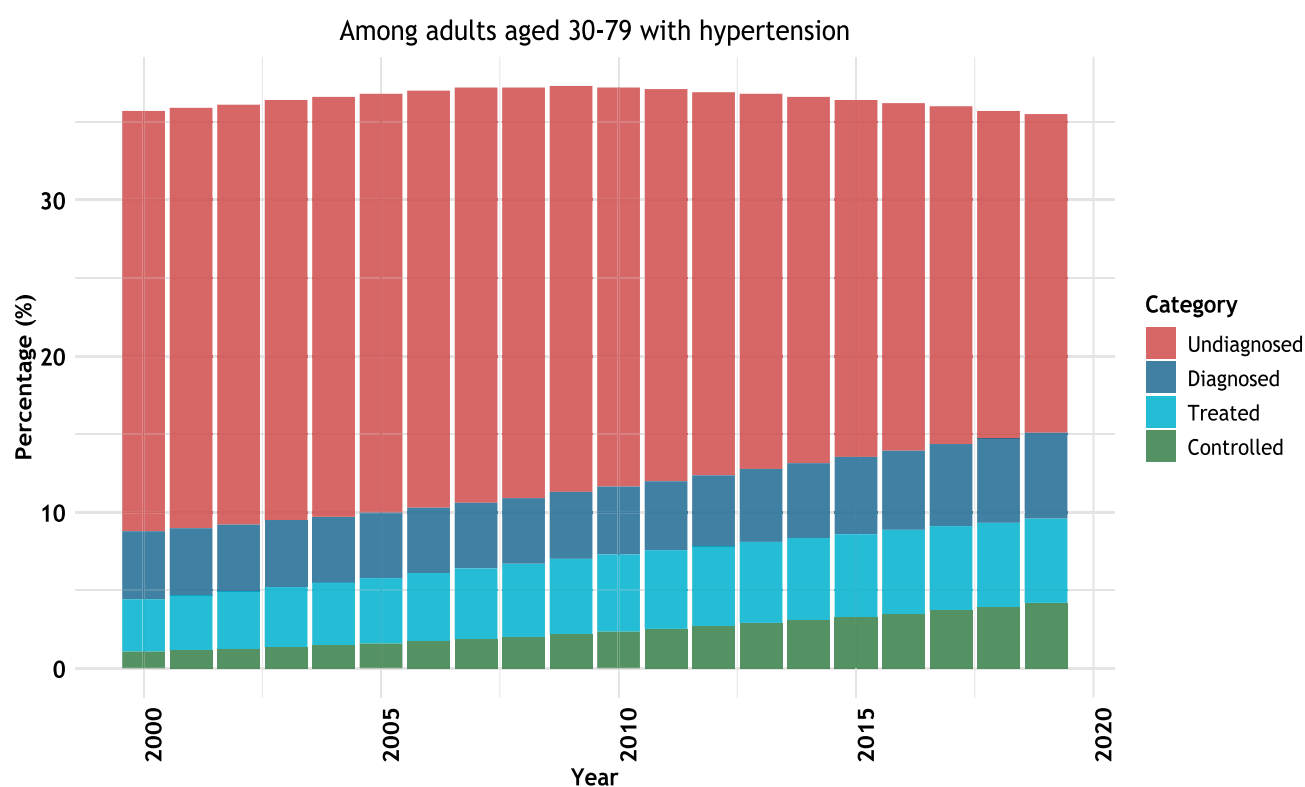
2.1 Cardiovascular diseases



State in the Region

The average prevalence of hypertension over the period 2000–2019 was approximately 36.0%, as shown in Fig. 2. A slight decline was observed during the 2010–2019 timeframe. However, continued challenges with accessing care for testing and treatment suggest that this should be interpreted with caution. Encouragingly, the prevalence of controlled hypertension increased during this period. Despite this progress, in 2019, 57.5% of individuals with hypertension remained undiagnosed, posing a risk for individual complications and cost to the health care system.

Fig. 2. Prevalence of hypertension among adults aged 30–79 in the WHO African Region (2000–2019)



Source: The Global Health Observatory (GHO).
<https://www.who.int/data/gho/data/themes/topics/noncommunicable-diseases-risk-factors>

Leadership, coordination and partnerships

Rheumatic heart disease is covered by the PEN-Plus strategy and supported by the Helmsley Charitable Trust. (See section 4.8. Integrated NCD approach). Furthermore, the Regional Office has collaborated with Resolve to Save Lives (RTSL) to strengthen cardiovascular health in Africa.

Development of technical, information and knowledge products

In an effort to improve understanding about ongoing work on rheumatic heart disease in the Region, the Regional Office developed and published a comprehensive [mapping report on Rheumatic heart disease and rheumatic fever programmes in the WHO African Region](#). This initiative aligns with the 2018 World Health

Assembly resolution on rheumatic fever and rheumatic heart disease. The Regional Office also supported the development of the Hypertension status report, which includes country profiles highlighting prevalence, controlled rates, gaps and projects.

Technical support to Member States

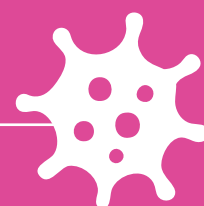
With the support of RTSL, the Regional Office organized a regional hybrid leadership training course for 128 policy-makers and national

NCD programme managers in all 47 Member States. The training focused on hypertension management. Additionally, the Regional Office supported 31 Member States (40) in drafting national work plans for the implementation of the WHO HEARTS.

Furthermore, the Regional Office procured 50 tablets to support the pilot of real-time data collection, using the WHO DHIS2 e-Tracker for NCDs at the PHC level in five initial pilot countries (Cameroon, Congo, Gabon, Mozambique and Namibia).



© WHO



2.2 Cancers

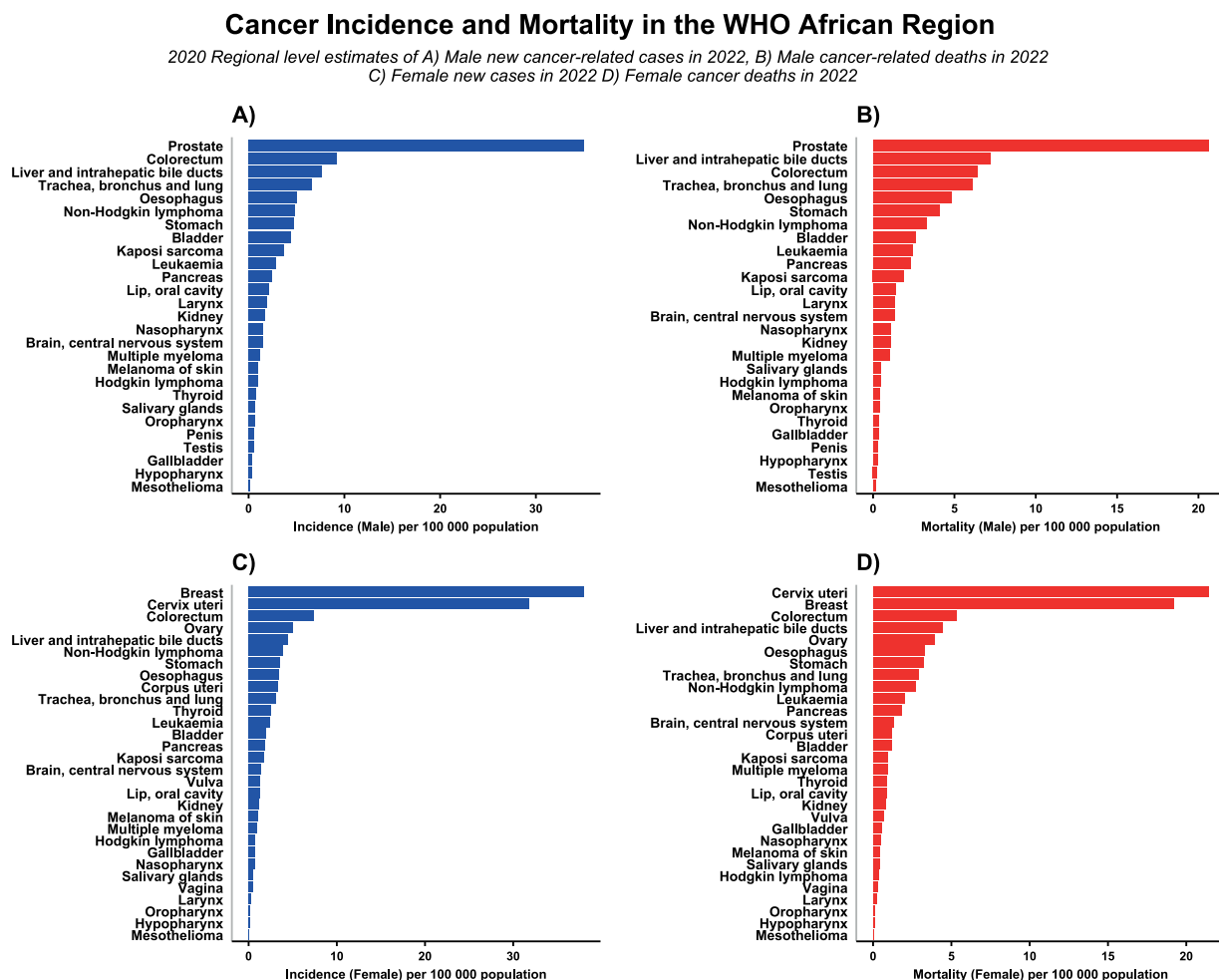
State in the Region

Cancer poses a growing public health threat in the WHO African Region, with 901 201 new cases and 586 046 deaths reported in 2022. Prostate, breast and uterine cervical cancers are the most common in men and women, respectively (as shown in Fig. 3), followed by colorectal cancer across both genders. High mortality is largely driven by the most common cancers, but also by liver and intrahepatic bile duct cancers, often due to late diagnosis and limited access to treatment options. Cervical cancer, though largely preventable, remains the leading cause of cancer deaths among women, highlighting gaps in HPV vaccination and screening. Many cancers, such as those of the respiratory tract, are linked to modifiable risk factors, underscoring the urgent



Cancer caused **900 000 new cases** and **586 000 deaths** in **Africa** in **2022**, calling for **urgent action** on **prevention, HPV vaccination, screening** and **care**.

Fig. 3. Gender-specific incidence and mortality rates for cancers (per 100 000 population) in the WHO African Region (2022)



Cancer TODAY | IARC 2022
 (https://gco.iarc.who.int/today)

Leadership, coordination and partnerships

In the African Region, more than 80% of breast cancer cases are diagnosed at a late stage. Indeed, only five countries in the Region have a systematic breast cancer screening and early detection programme (41).

The Regional Office has continued to lead and guide cancer control efforts across the Region. In March 2024, the Regional Office supported the participation of delegations from 15 African countries (with 10 ministers/deputy ministers) at the [Global Forum for Cervical Cancer Elimination](#) in Colombia to accelerate the implementation of the Cervical Cancer Elimination Initiative (CCEI) in Africa. This event provided an opportunity to network with key partners capable of supporting existing gaps in the Region regarding the implementation of the CCEI, particularly in terms of vaccination and screening capacity.

Following this, as part of efforts to advocate for action on cancer in the Region, the Regional Office supported first ladies at [the High-level regional seminar on promoting cancer awareness and advocacy programme for the Member States of the Organisation of Islamic Cooperation \(OIC\)](#) on 16 May 2024 in Abuja, hosted by H.E. Sen Oluremi Tinubu First Lady, Federal Republic of Nigeria. The Regional Office facilitated discussions on cancer advocacy with the First Ladies and their respective Ministry of Health technical teams.

As part of its efforts to raise awareness and accelerate progress in combating cervical cancer in the Region, Dr Matshidiso Moeti, then WHO Regional Director for Africa, hosted a side event on cervical cancer during the Seventy-fourth Regional Committee held in 2024. The event was held under the theme, “Accelerating the elimination of cervical cancer in Africa: strategies and partnerships for integrated person-centred

prevention and care”. Following this, Côte d’Ivoire [officially launched the Women’s Integrated Cancer Services project \(WICS\)](#) on 8 October 2024, targeting three countries - Zimbabwe, Kenya and Côte d’Ivoire. The launch was supported by the WHO Regional Office for Africa and attended by Koffi Charles Aka, the Ivorian Deputy Minister of Health, and representatives from the three participating countries and local authorities of Agboville. Shortly after, on 15 October 2024, the Cabinet Secretary of Kenya’s Ministry of Health, Deborah Mlondo Barasa, [officially launched the Women’s Integrated Cancer Services Initiative in Kenya](#). During the event, Kenya also unveiled its National Screening and Early Diagnosis Guidelines, developed with technical and financial support from the WHO Regional Office for Africa.

In November 2024, to commemorate Cervical cancer elimination action day, the Regional Director for the WHO African Region joined the Government of the Democratic Republic of the Congo and partners for a [National forum on the elimination of cervical cancer](#), in Kinshasa. WHO is offering technical and financial support to the Democratic Republic of the Congo as they develop their cervical cancer elimination strategy, together with the National cancer control strategic plan.

Development of technical, information and knowledge products

The Regional Office produced several key reports and information materials in 2024 to provide stakeholders throughout the Region with updates on service capacity and progress made in cancer control.

To facilitate regional information on access to breast cancer diagnosis and care, assist countries and technical and financial partners in better understanding and addressing challenges and gaps in cancer care, and support the development of specific intervention plans, the Regional Office launched [the Regional breast cancer assessment report](#) and accompanying [website](#) in 2024.

A [progress report on the regional framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem](#) was developed and presented to the Seventy-fourth session of the Regional Committee for Africa. An investment pack on eliminating cervical cancer and an information note on the regional situation regarding implementation of the three pillars of the CCEI were also developed in 2024.

The Regional Office developed childhood cancer awareness information materials, including a campaign video in English: [Long version](#), [short version](#), informative videos: [long version](#); French: [Hero video](#), [short video](#), [informative video](#) and Portuguese: [Hero video](#), [short video](#), [informative video](#), as well as informational materials for:

- [Leukaemia](#), [lymphoma](#), [retinoblastoma](#), [nephroblastoma](#), [bone or muscle cancers](#), [brain cancer](#) in English
- [Cancers des os ou des muscles](#), [cancers du cerveau](#), [leucémie](#), [lymphome](#), [néphroblastome](#), [rétinoblastome](#) in French
- [Cancros ósseos ou musculares](#), [cancro do cérebro](#), [leucemia](#), [linfoma](#), [nefroblastoma](#), [retinoblastoma](#) in Portuguese

Additional materials developed for information and advocacy include: brochures, digital banners, kakemono, key visuals, leaflets, social media posts, all in [English](#), [French](#) and [Portuguese](#).

The information conference on childhood cancer for REMAPSEN (Réseau des Médias Africains pour la Promotion de la Santé et de l’Environnement) in April 2024 led to the production of 41 press articles and stories in countries across the Region.

The Regional Office additionally published several academic papers in collaboration with partners, including the University of Navarra, Pamplona, Spain, MD Anderson Cancer Centre, Houston, Texas, and the University of Benin, Benin:

- Kouessi Anthelme Agbodande et al. (2024). Palliative care progress in Benin: a situation analysis using the WHO development indicators. *BMC Palliative Care*, 23(1). [doi: 10.1186/s12904-024-01473-9](#).
- Joel Fokom Domgue et al. (2024). HPV vaccination in Africa in the COVID-19 era: a cross-sectional survey of health care providers’ knowledge, training and recommendation practices. *Frontiers in Public Health*, 12. [doi: 10.3389/fpubh.2024.1343064](#).
- Joel Fokom Domgue et al. (2024). Utility of colposcopy for the screening and management of cervical cancer in Africa: a cross-sectional analysis of providers’ training and practices. *BMC Health Services Research*. 24(1): 11619. [doi: 10.1186/s12913-024-11982-1](#).

Technical support to Member States

The Regional Office supported Côte d'Ivoire in developing national strategies for Cervical Cancer Elimination Initiative (CCEI). Similarly, the Democratic Republic of Congo received assistance in formulating both a CCEI national strategy and organizing a CCEI national forum. Nigeria was supported in conducting an impACT review as part of crucial cancer control efforts. Additionally, the Republic of Congo was supported in the development of national guidelines for cancer. The Regional Office continued to support Côte d'Ivoire, Kenya and Zimbabwe in implementing the Women Integrated Cancer Services initiative, which supports screening for breast and cervical cancer. Additionally, Burundi, Côte d'Ivoire and Guinea received support to accelerate HPV testing.

The Multi-country Assignment Team Officer in Kenya supported the development of cervical cancer screening guidelines for Seychelles. The new guidelines prioritize HPV screening as the main screening method and will contribute to scaling up the number of women screened from 5641 in 2023 towards the country target of 20 143 per year.



WHO's NCD team advances SDG 3.4 by 2030 through leadership, partnerships, knowledge, and country support to reduce premature NCD mortality and promote mental health.



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2.3 Diabetes



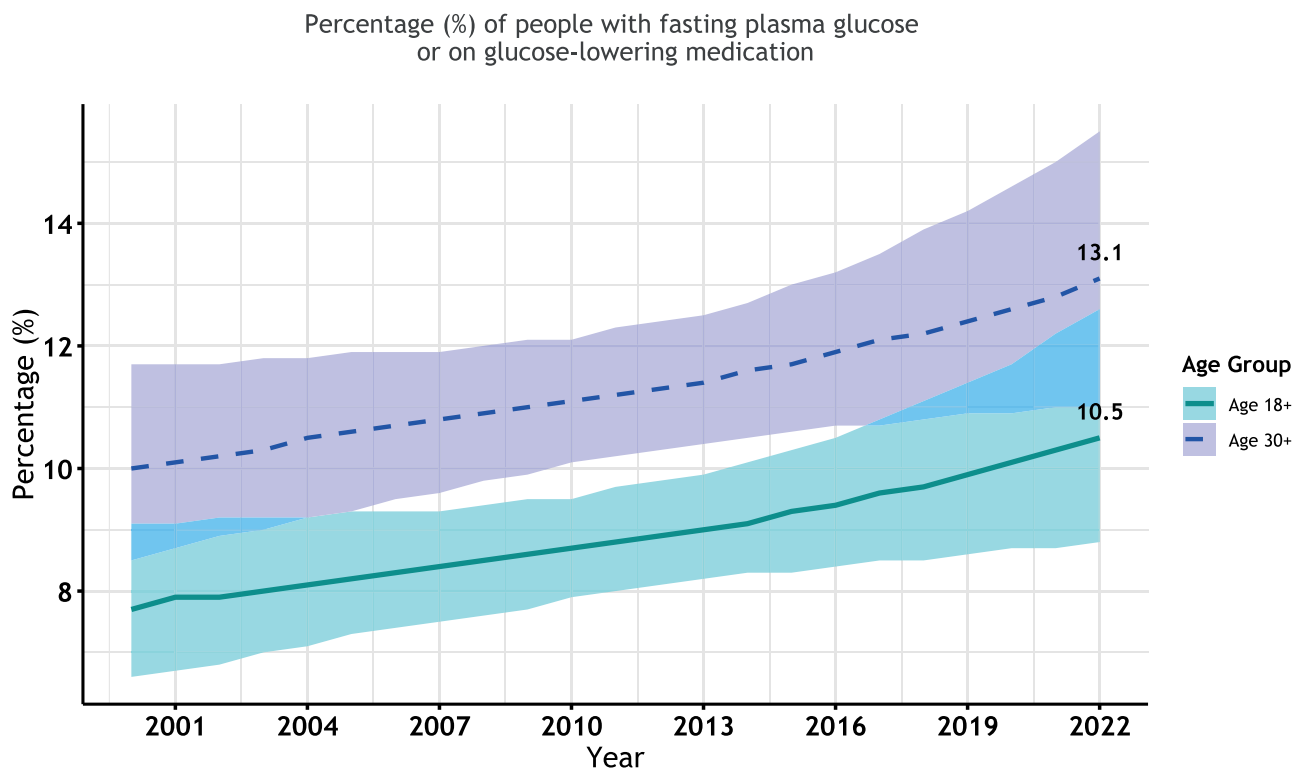
State in the Region

The prevalence of diabetes has risen over the past decade across the age spectrum. When stratified by age (as shown in Fig. 4), the data shows the prevalence of diabetes increasing among both adults aged 18 years and above and among those 30 years and above. Diabetes prevalence reached 10.5% among adults aged 18 and older and 13.1% among those aged 30 and above in 2022, compared to less than 8% and around 10%, respectively, in 2000.



Diabetes prevalence in Africa has increased over the past decade, **reaching 10.5%** among **adults 18+** and **13.1%** among those **30+** in **2022**

Fig. 4. Prevalence of diabetes among people aged 18 years and over and those aged 30 years and over in the WHO African Region (2000–2022)



Source: The Global Health Observatory (GHO).
Available from <https://www.who.int/data/gho/data/themes/topics/noncommunicable-diseases-risk-factors>

Leadership, coordination and partnerships

In the Region, the number of diagnosed and untreated cases alike continues to increase, further straining health care systems. The Regional Office for Africa is working to raise awareness and provide regional guidance in addressing the increasing burden of diabetes in the Region.

The Regional Office developed the [Regional Framework for the implementation of the Global Diabetes Compact in the WHO African Region](#), which was presented to and unanimously endorsed by all Member States at the Seventy-fourth Regional Committee in August 2024. This Regional framework was developed as a follow-up to the 2007 Regional strategy for diabetes prevention and control to facilitate and strengthen the implementation of the Global Diabetes Compact in the Region. The framework supports the implementation of localized, cost-effective programmes for diabetes prevention and control by focusing on reducing diabetes risk

factors through multisectoral, population-based health policies. It also emphasizes strengthening primary health care systems for timely diagnosis and treatment, and prioritizing vulnerable populations living with diabetes.

In November 2024, the Regional Office supported an African spotlight event at the Seventh WHO Global Diabetes Compact Forum, which gathered over 500 participants, including 70 nongovernmental organizations, civil society organizations from the Region, partners and funders, and Ministry of Health representatives in a hybrid format. Additionally, the Regional Office commemorated [World Diabetes Day](#) 2024 in Congo by facilitating three days of free screening for people living in Brazzaville, during which over 2000 people were screened for diabetes.

Development of technical, information and knowledge products

With financial support from the World Diabetes Foundation (WDF), the Regional Office began to develop a regional diabetes report. It is also undertaking a systematic review of access and affordability of essential medicines in the Region, supported by WDF (42).

Technical support to Member States

The D-Card project has supported Uganda and Ghana to improve the management of CVDs and diabetes by building the capacities of health care workers, improving service provision and availability of medical devices, strengthening surveillance, monitoring and evaluation, as well as promoting research and knowledge generation.

For example, in Ghana, initial training sessions were held for 201 health care providers on the management of diabetes mellitus (DM) and hypertension.



With **WDF support**, WHO is developing a **regional diabetes report** and reviewing **medicine access**, while the **D-Card project** in **Uganda** and **Ghana** is strengthening **CVD** and **diabetes care** through **training, service provision** and **research**.



2.4 Mental health



State in the Region

Depression has seen a sharp rise in DALYs, reflecting deepening mental health challenges, and bipolar disorder continues to contribute significantly to the regional burden, amid gaps in treatment access. Suicide remains a major public health concern in the Region, particularly among men. Autism and bipolar disorder are on the rise in the WHO African Region. While increased awareness may explain the increase in autism diagnoses, limited access to care and treatment persists.



Mental health challenges are rising in **Africa**, with **depression, bipolar disorder, autism** and high **suicide rates** especially among **men** driven by limited **access to care** and **social barriers**.

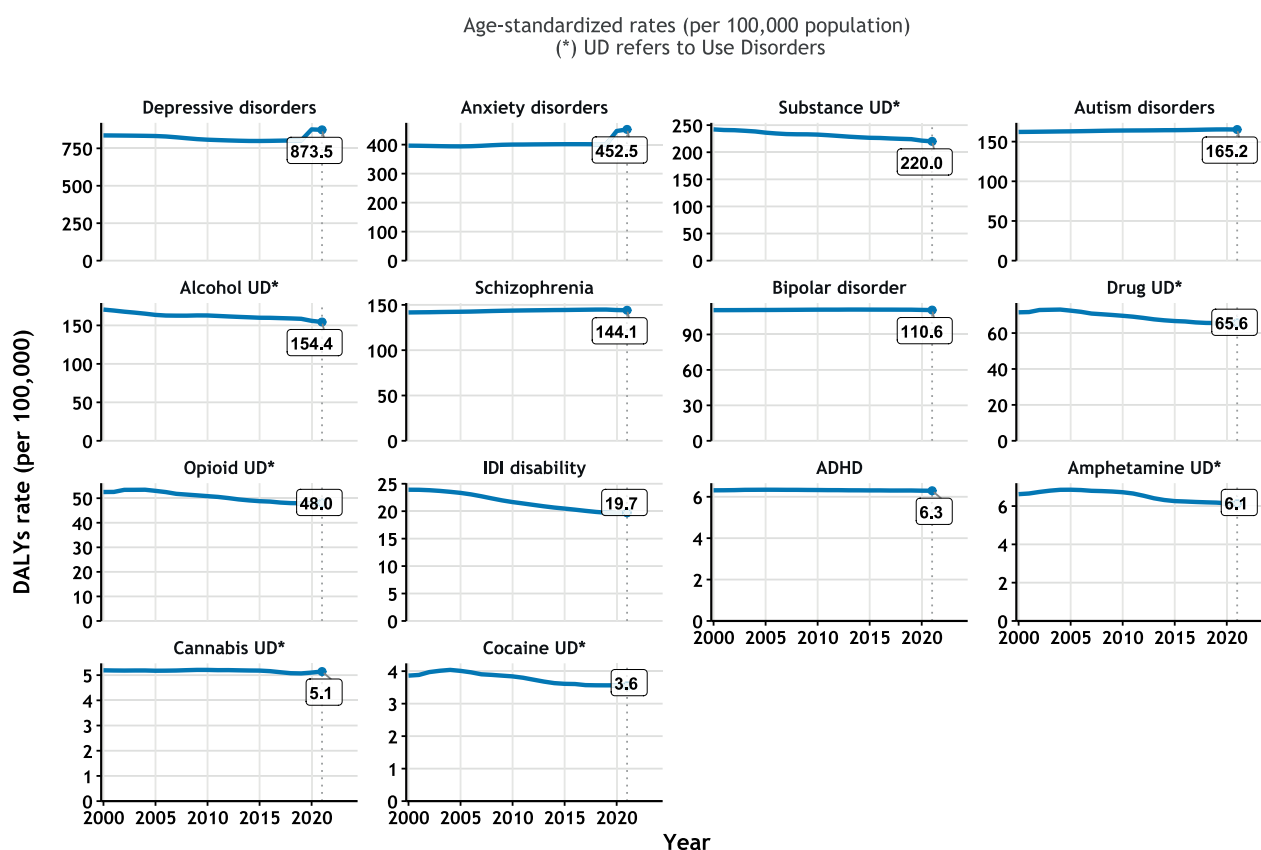
Globally, over 500 million men live with a mental health disorder (43). Men consume nearly four times more pure alcohol per capita than women and have substantially higher rates of substance use disorders compared to women (44, 45). More than twice as many males die due to suicide as females (12.6 per 100 000 males compared to 5.4 per 100 000 females) globally (46), with the rate of suicide among men in Africa being the highest in all regions, at 18 per 100 000 population, compared to the global average of 12.4 per 100 000 population in males (47). Men are less likely to engage with health services and to access preventive services than women and are more likely to drop out of care (48). Men are less likely than women to seek help for mental health issues and this has been linked to traditional masculinity norms, cultural stereotypes and gender roles that may inhibit men from seeking help for psychological problems (49).

In 2021, the Seventy-fourth World Health Assembly endorsed the Intersectoral Global Action Plan for epilepsy and other neurological disorders (IGAP), 2022 to 2031. The plan aims to: (i) raise policy prioritization and strategic

governance; (ii) provide effective, timely and responsive diagnosis, treatment and care; (iii) implement promotion and prevention strategies; (iv) foster research and innovation and strengthen information systems and (v) strengthen the public health approach to epilepsy (50). The Regional Framework for strengthening the implementation of the Comprehensive Mental Health Action Plan (2013–2030) in the WHO African Region supports this approach. However, the uptake and domestication of the IGAP by countries has been slow.

Substance use disorders, including those related to alcohol, amphetamines, cannabis, cocaine, opioids, and other drugs, also remain a major public health concern in the Region (Fig. 5). Alcohol use disorder is the most prevalent, although its burden is slightly declining, while other drug use-related disorders remain stable. Although millions are affected, access to harm reduction and treatment services remains extremely limited. Additionally, intellectual disability linked to substance use is underreported despite significantly affecting cognitive and social functioning.

Fig. 5. Disability-adjusted life years attributable to mental health and substance use disorders in the WHO African Region (2000–2021)



Global Burden of Disease Study 2021 (GBD 2021). IHME, 2022.
<https://vizhub.healthdata.org/gbd-results/>

Leadership, coordination and partnerships

In 2022, African countries endorsed the regional Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region, which called for investment in multisectoral coordination, collaboration and partnerships for mental health. As part of efforts to build partnerships and collaborations for mental health throughout the Region, the Regional Office participated in the following events:

- Global mental health forum and meeting with non-State actors (NSAs), in Geneva, Switzerland, 6 to 13 October 2024.
- Mental health and psychosocial support global simulation exercise, 28 to 31 October 2024, in Ankara, Turkey
- “The future of dementia in Africa”: Regional conference on dementia in Africa, including a presentation on dementia in the African Region, and participation in a closed-door meeting on catalysing investment in dementia in Africa, held in Nairobi, from 10 to 13 September 2024.
- Continued participation in the regular Global mental health technical experts meetings
- Continued co-hosting the regional mental health consortium
- “Mental health in diverse regions”: A webinar on mental health challenges in the African Region and South-East Asia held on 7 November 2024, featuring a discussion panel. The meeting recording can be accessed [here](#).

Additionally, the Regional Office serves as a thought leader in the area of mental health across the Region, creating platforms to stimulate discussion on key areas in mental and neurological disorders, and substance use in Africa. The Regional Office facilitated and participated in several regional webinars and online events, with mental health stakeholders, Ministry of Health representatives and the public in this regard, including:

- “Conversations about suicide”. On 16 September 2024, the Regional Office hosted a regional public awareness webinar on suicide prevention, as part of the World Suicide Prevention Day 2024 commemorations. The event, held under the theme “Changing the narrative on suicide”, brought together participants from across the Region. The meeting recording can be accessed [here](#). (Passcode: ykr!Uab1)

- “Prioritizing mental health in the workplace” was the theme for World Mental Health Day 2024. The Regional Office, in the spirit of prioritizing staff mental health, hosted a “Mental health at work” awareness hybrid meeting on workplace mental wellbeing with over 700 staff members in attendance from WHO country offices across the Region on 9 October 2024. This meeting was recorded and can be accessed [here](#): (Passcode: 48u!adxA)
- As a follow-up to the staff webinar, the Regional Office then hosted a “Mental health at work” World Mental Health Day regional public awareness webinar on workplace mental well-being on 16 October 2024 with 350 stakeholders from across the Region, to raise awareness and showcase best practices in workplace mental well-being. The meeting recording can be accessed [here](#).
- On 12 November 2024, in collaboration with the International Bureau for Epilepsy in Africa, the Regional Office hosted the African Region intercountry learning webinar titled “Implementing IGAP: lessons from Africa”. The webinar focused on the implementation of the Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders (IGAP). The webinar was attended by 150 stakeholders from 24 Member States (51) in the Region, including IGAP survey designated focal persons, MOH mental health focal persons, epilepsy civil society organizations and nongovernmental organizations, neurologists, paediatricians, psychologists and psychiatrists. The meeting recording can be accessed [here](#): (Passcode: *J0m@bN7)
- The Regional Office hosted a regional public awareness webinar titled “Conversations about men’s mental health in Africa”, in collaboration with Global Action on Men’s Health and the International Association for Suicide Prevention (IASP). The event was attended by 160 participants and featured a keynote presentation by Professor Derek Griffith, Chairperson of the Global Action on Men’s Health, focusing on creating systems to improve men’s mental well-being. The meeting recording can be accessed [here](#): (Passcode: CSe.^0J&)

- The Regional Office also participated in a podcast to raise awareness about the mental health of men in Africa titled “Are men more vulnerable to chronic stress?” with the BBC World Service Africa Daily Podcast. The podcast recording can be found [here](#).

As part of World Mental Health Day commemorations, the Regional Office conducted a week-long social media campaign to raise awareness about the critical role work environments play in safeguarding mental health and the impact of poorly managed mental health challenges on the capacity to work and overall productivity. The Regional Office also published a feature story on the WHO official website titled “[Urgent action needed to accelerate mental health progress in the African Region](#),” drawing attention to the need for increased focus on and investment in mental health and well-being.

Development of technical, information and knowledge products

The Regional Office has been facilitating the collection of crucial data from countries in the African Region through several global surveys on mental, neurological and substance use disorders:

- **Progress with attainment of SDG health target 3.5: Prevention and treatment of substance use disorders survey:** The data collected through this survey will inform the next edition of the Global status report on alcohol and health and the treatment of substance use disorders. The survey has been ongoing since 2023, and currently, 32 countries in the African Region have nominated national focal persons to complete the survey; however, only 12 countries have successfully completed their responses to date. The Regional Office and WHO country offices continue to support countries in following up on the completion of this crucial survey.

- **Intersectoral global action plan on epilepsy and other neurological disorders survey and the Global Dementia Observatory Survey 2024.** The IGAP global status monitoring questionnaire, a key part of the global monitoring mechanism for IGAP, is being disseminated to Member States to collect baseline aggregated, national data on brain health and neurological disorders. The survey has been ongoing since May 2004. To support its implementation, the Regional Office conducted an online regional orientation and training for designated focal persons and WHO country office mental health focal persons on 30 April 2024. A recording of this training can be accessed [here](#): (Passcode: kt.hjRd8). 25 countries in the African Region participated in the survey.
- **Mental Health Atlas 2024 Survey.** The Mental Health Atlas is a periodic survey by the World Health Organization to map mental health resources globally, providing an up-to-date overview of mental health system profiles in different countries and regions. This periodic survey collects data on the existence of mental health services and resources worldwide, including mental health policies, legislation, financing, service availability and utilization of mental health services, human resources and information collection systems. The most recent data collection cycle took place in 2024, with the Regional Office conducting an online regional orientation and training for designated focal persons and WHO country office mental health focal persons on 26 June 2024. A recording of this training can be accessed [here](#): (Passcode: @MentalH24)

Thirty-four countries in the African Region participated in the survey (53).



In **2024, WHO** supported over **30 African countries** to collect key data on **mental, neurological and substance use disorders**.



Technical support to Member States

The Regional Office has helped build capacity in mental health advocacy and mental health service provision, and provided technical support for mental health policy development and mental health systems strengthening in the Region.

Of note:

- Ghana and Zimbabwe, through the WHO Director-General's Special Initiative for Mental Health (SIMH), continue to make strides in mental health system reform. Support has been provided in mhGAP and EQUIP training as well as training in the QualityRights rights-based approach to mental health care. The two priority countries are currently being supported to conduct the SIMH sentinel surveillance surveys to help document the impact of the SIMH work on service user outcomes.
- Child and adolescent mental health services are being improved in Côte d'Ivoire and Mozambique through the WHO/UNICEF Joint Programme for Child and Adolescent Mental Health.
- Kenya received support to improve access to neurology medicines and epilepsy advocacy through a stakeholder consultation meeting to support the adoption of the Intersectoral global action plan for epilepsy and other neurological disorders.
- WHO continues to support MHPSS efforts in humanitarian crises in the Democratic Republic of the Congo, South Sudan and Chad, with support from the Interagency Standing Committee Surge Support Mechanism. A regional mental health and psychosocial support for Mpox online training for WCO MTs and mental health focal persons was conducted by the Regional Office in collaboration with Africa CDC, UNICEF and IFRC in September 2024. This training was attended by 120 participants from various WHO country offices. The training recording can be accessed [here](#): (Passcode: rObj=3Vi)

- As part of the 2024 World Suicide Prevention Day commemorations, the Regional Office hosted a Regional online media training on safe reporting on suicide. WHO recommends four key effective and evidence-based multisectoral interventions as part of the LIVE LIFE public health approach to suicide prevention, these include: (i) limiting access to the means of suicide; (ii) interacting with the media for responsible reporting of suicide; (iii) fostering socio-emotional life-skills in young people; and (iv) early identification and support to everyone affected by suicide and self-harm (55). Supporting the media in responsible reporting of suicide and mental health is key in national, regional and global efforts to prevent suicide. Responsible reporting on mental health and suicide in the media can help reduce imitative suicidal behaviour in populations at risk, help fight stigma, provide useful mental health information to the public, discourage misinformation and encourage potentially life-saving health-seeking behaviour. Over 100 journalists from across the Region participated in the online training and discussed best practices for safer reporting on suicide prevention. A self-monitoring scorecard on responsible reporting on suicide for journalists and media houses was introduced to help participants to monitor and evaluate progress made in responsible reporting. The meeting recording can be accessed [here](#):



In 2024, WHO supported mental health reforms, child and adolescent services, epilepsy advocacy, MHPSS in crises, and suicide prevention training across the Region.



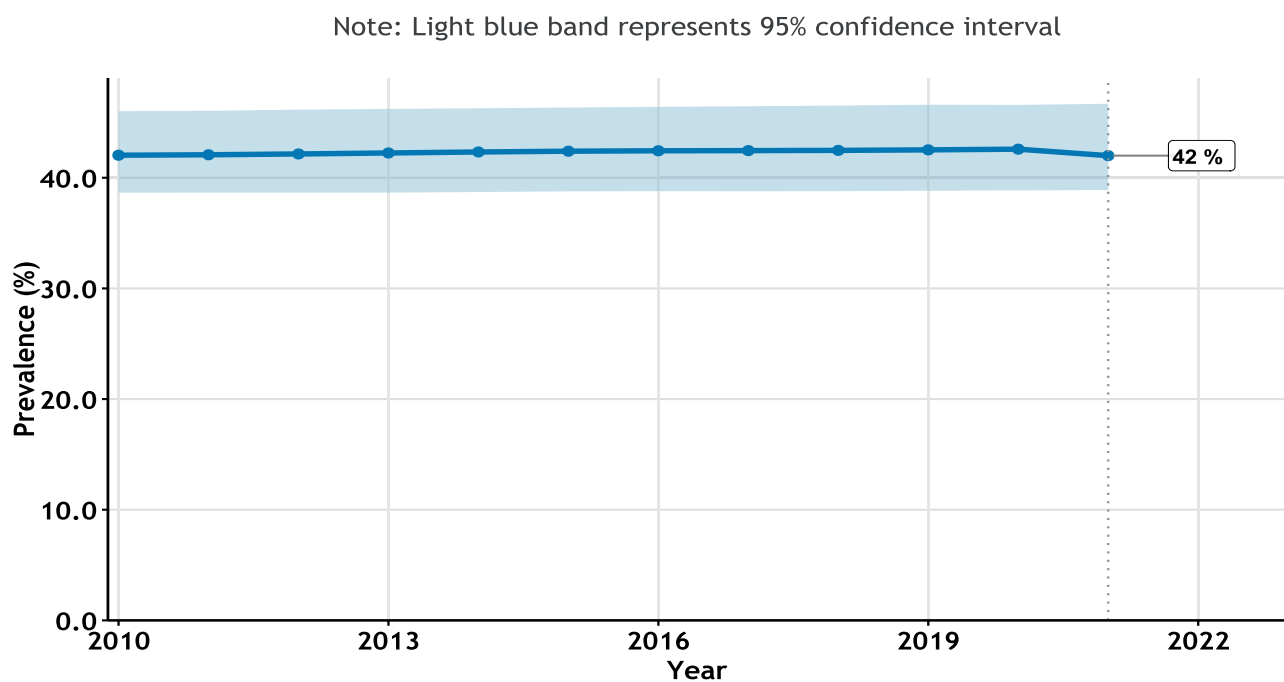
2.5 Oral health



State in the Region

Oral health is essential to overall health and well-being but remains largely overlooked. Although mostly preventable, oral diseases affect about half of the global population. Fig. 6 shows the prevalence of major oral diseases in the WHO African Region in 2021. The prevalence of major oral diseases has remained relatively consistent over the past decade, increasing slightly from 2010 to 42% in 2021. Furthermore, among WHO's six regions, the African Region has experienced the largest increase in the number of major oral disease cases in the past 30 years, mainly due to population evolution (56).

Fig. 6. Prevalence of major oral diseases in the WHO African Region (2010–2021)



Global Burden of Disease Study 2021 (GBD 2021). IHME, 2022.
<https://vizhub.healthdata.org/gbd-results/>

Leadership, coordination and partnerships

The Regional Office, as part of commemorations for World Oral Health Day on 20 March 2024, published [a key message from the Regional Director](#), conducted a social media campaign, developed a [field story from the United Republic of Tanzania](#), and produced a [brochure](#) and [promotional video](#) on oral health. Additionally, the Regional Office facilitated a staff webinar under the theme “Why oral health matters” to: 1) raise awareness about oral health; 2) maintain good oral health among Regional Office/WHO country office staff; and 3) provide the staff with health insurance information on oral health services. There were more than 50 participants from the different levels of WHO in attendance. The Regional Office also supported the first oral health screening on its campus, in collaboration with the international clinic, on 20 March 2024, screening a total of 105 people.

Development of technical, information and knowledge products

The Regional Office developed several key information documents, online information platforms, and publications on oral health in the Region including:

- The [oral health workforce factsheet](#), in collaboration with the African Region health workforce team, describes the critical shortage of oral health workers, including dentists, dental assistants/therapists as well as training facilities for oral health care;
- Integration of noma into the [WHO Global NTD Annual Reporting Form \(GNARF\)](#);
- Publication of academic papers in collaboration with partners, including the University of Nairobi, University of Pennsylvania and King’s College London:
 - Health workforce for oral health inequity: opportunity for action (57)
 - Oral health policy and research capacity: perspectives from dental schools in Africa (58)
 - Oral health research in the WHO African Region between 2011 and 2022: a scoping review (59)
 - Executive summary of a Regional meeting to accelerate oral health policies in the WHO African Region (60)

Technical support to Member States

Noma control

The [WHO Regional Office for Africa and WHO Ethiopia](#) supported Ethiopia’s Ministry of Health [to provide training on noma and skin-NTDs](#). This training reached NTD managers in regional health offices, 177 primary care workers and 408 community extension workers in five regions.

Furthermore, active case surveillance for noma was conducted during the mass drug administration of ivermectin for onchocerciasis in Ethiopia. In December 2024, 238 community health extension workers, supported by 2380 oriented volunteer community members, reached 1 213 544 individuals, while doing noma active case surveillance. This effort led to the identification of three previously undiagnosed noma cases in the community (two cases of stage 1 and one case of stage 2). This integrated activity was documented on film, and WHO Ethiopia and the Regional Office produced a human-interest video titled: [Ethiopia spreading awareness of noma among communities](#).

The Regional Office supported Benin and Senegal in accelerating noma control through workshops held on 13 and 14 November 2024, in Benin, with 35 participants, and on 23 and 24 December 2024, in Senegal, with about 40 participants. Attendees included dentists and senior dental technicians, focal points of NTDs, heads of the public health service and response units, as well as representatives of communicable diseases programmes and WHO. The specific objectives of this workshop were to improve collaboration between the oral health teams and the NTD teams, and to improve the noma surveillance system in line with the Global NTD Annual Reporting Form (GNARF), especially following the integration of noma into the WHO NTD list in December 2023. These workshops were technically and financially supported by WHO Regional Office for Africa and the WHO headquarters.

Policy development and situation analysis

Nigeria and Sierra Leone have launched their national oral health strategic action plan. Sierra Leone’s plan has since been [published](#). Furthermore, Republic of Congo conducted a [national oral health assessment](#) to better understand the country’s oral health situation within the framework of the Global oral health action plan.

During the first-ever WHO Global oral health meeting in November 2024 (61), the WHO Regional Office for Africa organized a regional workshop to support countries in developing the national roadmaps to implement the Global oral health action plan. At the end of the three half-day sessions, delegates from 29 Member States in the Region drafted their roadmaps. At the same time, the network of UHC and oral health leads was established and strengthened in the Region. This included the development of the informal WhatsApp group to facilitate ongoing communication among stakeholders.

Senegal, in collaboration with the United Nations Environment Programme (UNEP), received support to implement the GEF7 phase-down use of dental amalgam as part of the GEF7 project (62), including completion of the situation analysis on policy and waste management related to dental amalgam.

Capacity-building

Kenya, in collaboration with the University of Nairobi, the Harvard School of Dental Medicine, the WHO Regional Office for Africa and WHO Kenya, financially supported by Hilfsaktion Noma e.V., the Ministry of Health in Kenya trained 750 community health workers, 59 community health assistants (supervisors of

community health workers) and 35 designated trainers (community oral health workers) from four counties in Kenya, namely Kiambu, Nairobi, Kakamega and Tharaka – Nithi by using the [“Oral Health Training Course for Community Health Workers in Africa”](#).

From April 2024 to March 2025 Kenya, the United Republic of Tanzania and Zambia, in collaboration with the National Center for Global Health and Medicine (NCGM) and Niigata University in Japan – both WHO Collaborating Centres (CC) for health systems development and oral health respectively – initiated a new capacity-building project to promote the integration of oral health services into UHC. The project seeks to contribute to reducing the prevalence of dental caries through the dissemination and deployment of the three essential dental materials. This project is financially supported by the Ministry of Health (MoH) of Japan. As part of this project, chief dental officers and pharmacists from the ministries of health of the three countries participated in a training session in Japan from 29 July to 6 August 2024. The training focused on developing national action plans to increase access to oral health services by strengthening the availability and affordability of essential dental materials as part of the WHO Essential Medicines List (EML) (63).

In 2024–2025, Kenya, Tanzania and Zambia advanced oral health capacity-building



community
health worker
training



integration
into UHC



access to
essential
dental materials

with WHO and partners



2.6 Eye, ear, and hearing health

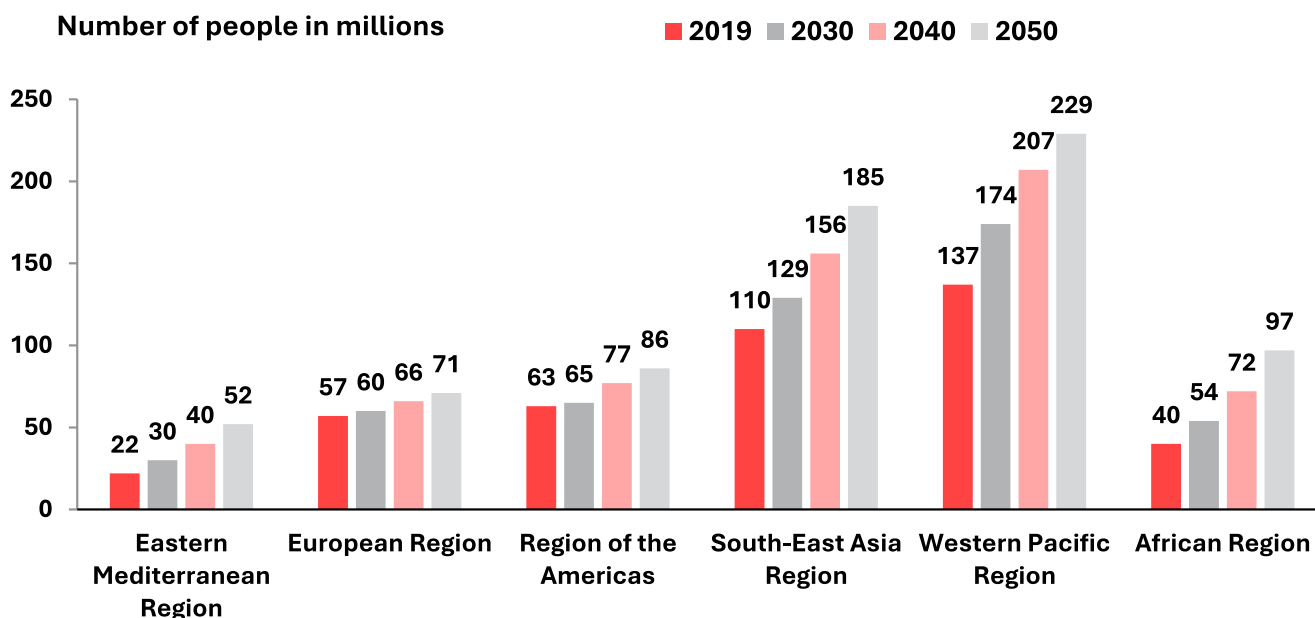
State in the Region

The WHO African Region is facing a growing burden of sensory impairments. In 2019, an estimated 40 million people in the Region (64) were living with hearing loss (Fig. 7), while approximately 140 million people had vision impairment (65). Good sensory function is essential for overall well-being, education, employment and economic productivity. Conversely, sensory impairments contribute significantly to losses in all these areas. For example, the estimated annual productivity losses due to vision and hearing impairments were US\$ 9.7 billion (66) and US\$ 27.1 billion (67), respectively in 2019.



In 2019, 40 million people in Africa lived with hearing loss and 140 million with vision impairment, causing productivity losses of over US\$36 billion.

Fig. 7. Projected increase in prevalence of moderate or higher grade of hearing loss in WHO regions (68)



Leadership, coordination and partnerships

The Regional Office commemorated World Hearing Day in March 2024, under the theme, *Changing mindsets: Let's make ear and hearing care a reality for all*, with [a key message from the Regional Director](#). Additionally, from 1 to 3 March 2024, ear and hearing screening camps were held both on the WHO Regional Office Campus and within the Brazzaville community. Furthermore, on 1 March 2024, a webinar on ear and hearing care was hosted to strengthen the capacity of NCD programme managers and NCD focal points at WHO country offices. The webinar attracted 141 people who received up-to-date information on the prevalence and causes of hearing loss, its management and WHO interventions towards addressing this condition. Lastly, the Regional Office commemorated World Sight Day on 10 October 2024, with [a key message from the Regional Director to highlight the importance of eye health](#).

To raise awareness about and encourage the integration of eye, ear and oral health into NCD care, a side event on oral, eye and ear diseases was held during the First [international conference on PEN-Plus in Africa, held 23–25 April 2025 in Dar es Salaam, United Republic of Tanzania](#), under the theme, “Prioritizing a person-centred approach to chronic and severe NCDs”.

The Regional Office also supported the [African Summit on hearing impairment](#) and the Africa strategic dialogue on ear and hearing care, held in Nairobi, from 7 to 9 October 2024. The summit brought together experts from different disciplines to develop strategies for the systematic management of hearing impairment across the continent. During the summit, the Regional Office launched the [Status report on ear and hearing care in the WHO African Region](#). This situational analysis report outlines the status of ear and hearing care services. The report assesses health system capacities with respect to the H.E.A.R.I.N.G interventions – covering hearing screening and intervention, ear disease prevention and management, access to technologies, rehabilitation services, improved communication, noise reduction and greater community engagement. The report also provides specific country profiles.

To expand the reach of educational and capacity-building content, the Regional Office promoted a series of webinars designed to increase awareness about and build capacity among NCD programme managers on ear and hearing care in the Region:

- 1 March 2024 - Changing mindsets: Let's make ear and hearing care a reality for all
- 23 May 2024 - Eye care in health systems: guide for action and related technical tools
- 17 July 2024 - Hearing loss and deafness in the WHO African Region: Causes and WHO interventions to address
- 31 July 2024 - Hearing screening across the life course: an integrated approach
- 13 December 2024 - Raising awareness on routine reporting for eye and hearing care services: the WHO toolkit.

Development of technical, information and knowledge products

In addition to the development and launch of the [Status report on ear and hearing care in the WHO African Region](#) in October 2024, the Regional Office has developed a regional ear and hearing care dashboard, which is currently under review prior to publication. Primary care ear and hearing care modules have also been developed and launched, alongside regional ear and hearing care infographics. A regional strategy and action plan for the prevention and control of hearing loss and deafness have also been drafted and are now awaiting a consultative meeting for validation and adoption.

Technical support to Member States

As part of efforts to improve the integration of ear and hearing care (EHC) into primary health care (PHC), the Regional Office provided financial and technical support to Guinea for integrating EHC services in two districts. Although the evaluation of the training is underway, preliminary results indicate a significant impact of the training on community awareness and care-seeking behaviour. Additionally, the United Republic of Tanzania received support to integrate ear and hearing care indicators into their Health management information systems (HMIS), while Kenya received support to conduct a STEPS survey in 2025, that will include the sensory module.

The Regional Office conducted regional webinars on eye, ear and hearing care, covering the following topics:

- Hearing loss and deafness in the WHO African Region. Causes and WHO interventions to address them.
- Hearing screening across the life course: an integrated approach.
- These webinars aimed to raise awareness about EHC and to present available tools and support for addressing EHC within available resources.
- Routine reporting for eye and hearing care services: the WHO DHIS2 sensory functions meetings were attended by WHO country office NCD focal points, country office HMIS focal points, National Eye Care Coordinators (NECC), National Ear Health Focal Persons, National DHIS2 focal persons and Eye/Ear health nongovernmental organizations, among others.



WHO held regional **webinars** on **eye, ear and hearing care** to **raise awareness, share tools,** and **strengthen routine reporting** with **national** and **country office focal points.**



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2.7 Sickle cell disease



State in the Region

About 80% of newborns with SCD globally are found in Africa. In 2000, there were 318 000 newborns with SCD, which rose to 405 000 in 2021(69). Between 50% and 80% of children born with SCD in Africa die before the age of five (70). In 2019, there were 38 403 deaths from sickle cell disease in the African Region. This represents a 26% increase from the previous year (71). The major cause of high mortality of SCD in Africa is associated with the lack of newborn screening and comprehensive care.

Africa bears
80%
 of the global
sickle cell burden,
 with rising
newborn cases
AND UP TO
80%
 dying before
 age five
 due to lack of
screening and
care.

Leadership, coordination and partnerships

On 19 June 2024, as part of commemorations for World Sickle Cell Disease Day, the Regional Office released [new guidance to help strengthen efforts to address the growing threat of sickle cell disease in the Region](#). The guidance encourages a holistic and integrated approach to managing sickle cell disease, ensuring access to necessary interventions, promoting education and advocacy, enhancing the quality of care, and empowering patients and communities. A [key message from the Regional Director](#) highlighted the value of the regional guidance, tailored to the African reality, where a multi-faceted approach is key.

Development of technical, information, and knowledge products

WHO Regional Office for Africa developed and published the WHO SICKLE package of interventions in 2024 to improve access and quality of care, and overall health outcomes for individuals with SCD. The Regional Office is implementing the PEN Plus project in 20 WHO Member States for severe NCDs, including SCD.

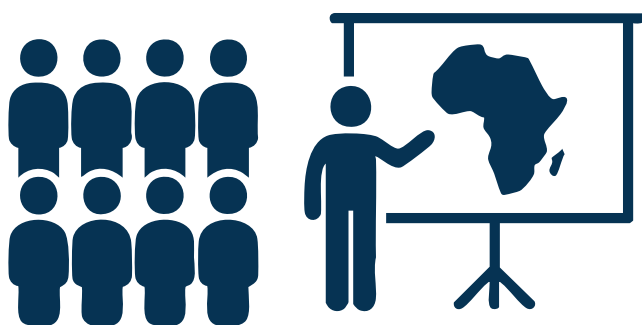
Technical support to Member States

Through the PEN-Plus implementation in 20 countries, the NCD programme has supported these countries in developing their SCD treatment manuals and building capacity for SCD management at first-level referral facilities.



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In **April 2024**, WHO hosted the **First International PEN-Plus Conference** in **Tanzania**, uniting **480 participants**



to strengthen **person-centred care** for **severe and chronic NCDs** in Africa.

2.8 Integrated NCD approaches

State in the Region

In 2024, the Regional Office's Noncommunicable Diseases team continued to provide leadership and build and strengthen partnerships with key stakeholders at the global and regional levels. The NCD team provided regional leadership and guidance in policy development and reform, coordinating with Member States, regional organizations and other stakeholders to control and manage NCDs in the African Region. Additionally, the Regional Office NCD team developed key strategic technical information and knowledge products to help inform stakeholders and provide guidance on NCD control and management in the Region. Lastly, in 2024, the Regional Office sustained its technical support to Member States, facilitating the accelerated implementation of key regional and global NCD frameworks and strategies.

Leadership, coordination, and partnerships

First International Conference on PEN-Plus in Africa

The highlight of 2024 was the [First International Conference on PEN-Plus in Africa \(ICPPA\)](#), held in Dar es Salaam, United Republic of Tanzania, 23–25 April 2024, in collaboration with the Helmsley Charitable Trust and the NCDI Poverty Network. The PEN-Plus model complements the WHO Package of Essential Noncommunicable Disease (PEN) interventions (72). PEN-Plus focuses on severe noncommunicable diseases. The conference was held under the theme “Prioritizing a person-centred approach to chronic and severe NCDs” and aimed at strengthening the implementation of the PEN-Plus regional strategy towards an integrated approach to prevention and control of severe and chronic NCDs in the African Region. The meeting was attended by 480 participants, including health ministers from Cabo Verde, Gabon and the United Republic of Tanzania, representatives of international and civil society partners, people with lived experience of NCDs, and several WHO country representatives.

The conference featured a mix of plenary sessions, with keynote presentations and panel discussions, as well as scientific presentations. The sessions were based on five thematic areas: (1) Ending the neglect of NCDs across the life course in Africa; (2) Policy frameworks and strategies for integrating NCD interventions into primary health care: from WHO PEN to PEN-Plus; (3) PEN-Plus unveiled: pioneering regional strategies, opportunities and frontiers; (4) Engage, empower, excel: community-centric and person-centred NCD care for all; and (5) Rising to the challenge of NCD financing in Africa. The scientific session of the conference consisted of 10 oral and 26 poster presentations.

Seven major conclusions emerged from the conference:

1. Ending the neglect of NCDs is possible through the accelerated implementation of the Global NCD Compact to achieve SDG target 3.4.
2. Implementing available policy frameworks is the path to prioritized actions for the accelerated implementation of the Global action plan for NCDs.
3. Deploying an operational framework for the integration of NCDs into national health care systems is central to success.
4. Mainstreaming the meaningful engagement of people living with NCDs (PLWNCDs) to improve health systems and health outcomes is vital.
5. Data analytics and innovative approaches can be utilized in addressing NCDs at the PHC level.
6. Optimal financing sources for NCDs must be institutionalized.
7. WHO's convening authority can be leveraged to foster policy and implementation coherence between policy-makers, partners, donors and implementers.

Following these conclusions, specific recommended actions were outlined for Member States, partners, the private sector and WHO. Member States were encouraged to recognize the significant burden of NCDs and adopt a whole-of-government, whole-of-society, decentralized multisectoral approach. Additionally, Member States were urged to: deploy cost-effective public health measures to address risk factors; mainstream NCD screening and early detection; integrate NCD prevention and control into primary health care; adopt and implement the WHO PEN and PEN-Plus strategies at the primary health care level; enhance national capacities to use available data to develop investment cases that support effective engagement with key stakeholders; enhance NCD financing by embedding NCDs within the broader health financing process and health system budgets; and prioritize domestic resource mobilization through broad-based participation of bilateral and multilateral agencies, non-health sectors, the private sector and civil society.

Partners and the private sector were encouraged to: support the transitioning of global health initiatives into financing sources; increase investments for key NCD intervention implementation through an integrated person-centred approach; increase funding for research and innovation; support the local manufacture of essential medicines and medical devices for NCD care; support capacity-building for data production and metrics in countries to improve the efficiency and impact of investments in NCDs; and support institutional capacity-building targeting national public health and research institutes.

The **2024 PEN-Plus Conference in Tanzania** concluded that ending **NCD neglect** requires



stronger
policies



integration
into primary
health care



meaningful
community
engagement



data-driven
approaches



sustainable
financing



WHO's
convening
power

Recommendations for WHO emphasized the need for continued and intensified advocacy and deployment of its convening role and capacities to ensure that NCDs remain a focus within the political and development agenda. This includes mobilizing country working groups in line with the UN Interagency Task Force on NCDs, and ensuring increased allocation of WCO budgets to NCD-related activities. Additional recommendations for WHO included providing technical and logistical assistance to countries in developing investment cases for the enhanced mobilization of resources for NCDs, developing and facilitating the deployment of an implementation framework for the integration of NCDs into national health systems in the context of person-centred care, guiding Member States to develop or adopt country-specific service delivery models for the implementation of the WHO PEN package and PEN-Plus strategy, and using the WHO investment round as an opportunity to present a compelling investment case to partners and funders to support the fight against NCDs in the African Region.

The full conference report can be accessed [here](#) and the book of abstracts can be accessed [here](#) (73). The Second ICPPA conference was held in Abuja, Nigeria from 8 to 10 July 2025.

Preparation for the Fourth UN High-level meeting on NCDs and mental health in September 2025

The Regional Office facilitated a Regional online stakeholders consultation in preparation for the Fourth UN High-level meeting on NCDs and mental health. The consultation was held on 11 July 2024, with the process continuing online until 25 July 2024. Close to 100 stakeholders participated in the online consultation meeting, representing ministries of health and other government institutions, persons with lived experience, civil society, academia, researchers, regional partners, and members of the public. Additionally, 22 online submissions were received which contributed to the consultation report. The report highlighted key priority areas and helped shape the NCD agenda towards 2030 and 2050, with the goal to reduce the burden of NCDs and mental health conditions across the Region.

Development of technical, information and knowledge products

The Regional Office developed key papers on integrated NCD care that are under publication. They include:

- *Best practices for integrating NCD in PHC and assessment of the implementation of WHO in African countries*
- *The assessment of the implementation of WHO PEN in WHO African countries, 2024*
- *Integrating NCD in HIV services in Africa: countries' experiences and lessons learnt*
- *Mainstreaming high-performance (HPV-based) testing for cervical cancer screening as part of the comprehensive cervical cancer elimination strategy at the WHO Regional Office for Africa*
- *Best practices and innovations in prevention and control of cervical cancer: community engagement, technological advances, policy and advocacy.*



In **July 2024**, **WHO African Region** convened nearly 100 stakeholders and received **22 submissions** to shape the **Regional agenda** for the **2025 UN High-level Meeting on NCDs and mental health**, identifying **priorities** towards **2030** and **2050**.

Technical support to Member States

Integrated NCD management

The Regional Office supported the scale-up of the WHO Package of essential noncommunicable (PEN) disease interventions into two additional districts within each of the eight priority countries (74), providing critical equipment for NCD care.

The Regional Office supported Angola to develop and finalize its National NCD multisectoral action plan, while Namibia, Equatorial Guinea, Sao Tome and Principe and Eswatini are currently receiving support to develop their respective plans.

In February 2024, Ethiopia, Uganda and Zimbabwe participated in a joint mission in Ethiopia with support from WHO, focused on sharing experiences and best practices for integrating NCDs into primary health care. Ethiopia's successful strategies to strengthen decentralized NCD service delivery at the primary health care level, were shared with NCD focal points from the MoH and WHO country offices of the participating countries.

The Regional Office also supported capacity-building for the integration of NCDs and mental health into HIV programmes through projects funded by the Global Fund in Côte d'Ivoire, Mozambique, Uganda, the United Republic of Tanzania, Kenya, Zimbabwe and South Africa. Additionally, a regional training for HIV and NCD programme managers was conducted in October 2024 in Kampala, Uganda.

Surveillance

In 2024, the WHO African Region made significant strides in enhancing the surveillance programme through robust technical support and capacity-building initiatives, including:

- Successful implementation of the STEPS survey in Botswana, Eswatini, Ethiopia, Mozambique and Senegal. This initiative was bolstered by targeted one-week data training sessions before the commencement of data collection, ensuring optimal readiness and adherence to quality standards across all countries. A robust R-based programme was utilized for monitoring and supporting data collection processes.

- STEPS survey data cleaning, weighting and analysis in six countries. In 2024, the WHO Regional Office provided substantial technical assistance to Benin, Ghana, Eswatini, Ethiopia, Mozambique and Senegal in the processing and analysis of their STEPS survey data. This support included the production of comprehensive data analyses, along with the production of data books and fact sheets, all facilitated through the use of a specialized R programme for STEPS data analysis.
- GSHS and G-SHPPS surveys across 28 countries. UNESCO is implementing a project across 28 WHO African countries, where data from the Global school-based student health survey (GSHS) will serve as a baseline for future impact evaluation. To ensure high-quality data collection, WHO (Regional Office for Africa and headquarters), is coordinating the GSHS and Global school health policies and practices survey (G-SHPPS) in 26 countries:
 - **West and Central Africa (10 countries):** Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Mali, Nigeria, Senegal.
 - **East and Southern Africa (16 countries):** Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Namibia, Seychelles, South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.



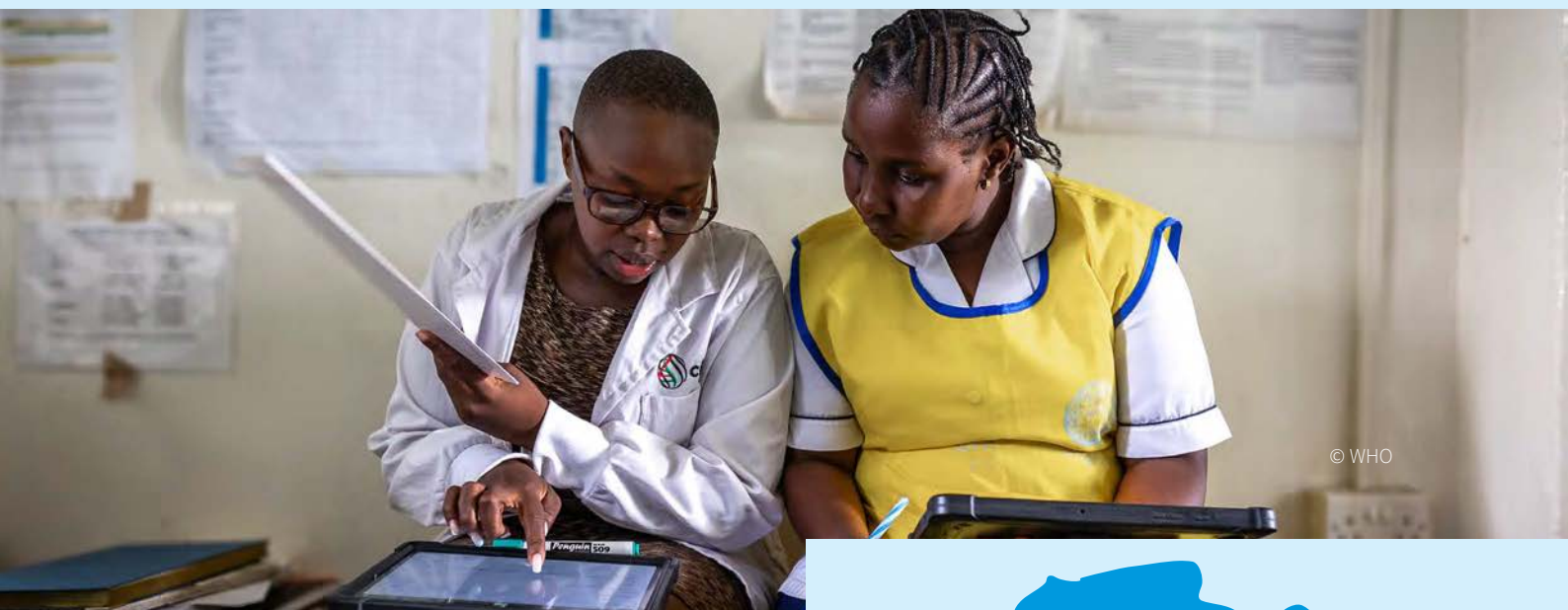
WHO helped countries strengthen **integrated NCD management** through **PEN scale-up, multisectoral action plans, peer learning, and linking NCDs with HIV programmes.**



3

Key achievements

3. Key achievements

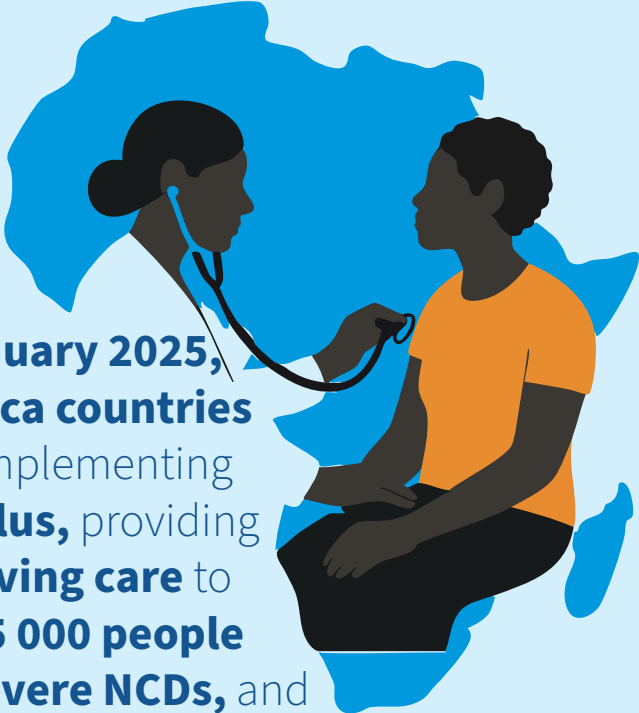


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PEN-Plus: Transforming treatment of severe NCDs in Africa

As of January 2025, 15 countries (75) in the WHO African Region were at different phases of implementing the PEN-Plus strategy, a programme designed to decentralize care for people living with severe chronic noncommunicable diseases in hard-to-reach communities. The PEN-Plus initiative has resulted in life-saving treatment for over 15 000 individuals, according to a recent WHO PEN-Plus report. The report indicates that 20 countries have completed baseline assessments and reached phase 1 of the PEN-Plus implementation framework, demonstrating strong national commitments (76).

Supported by the Helmsley Charitable Trust, the WHO Regional Office for Africa, in partnership with organizations such as the NCDI Poverty Network, is advancing the PEN-Plus model to transform the treatment of severe NCDs in Africa. PEN-Plus addresses the critical gaps in access to care for conditions such as type 1 diabetes, sickle cell disease, and rheumatic heart disease, particularly in resource-limited settings. The expansion of PEN-Plus in various countries highlights the effectiveness of the model in strengthening health systems and improving the lives of individuals living with severe NCDs across the African Region.



By January 2025, 15 Africa countries were implementing **PEN-Plus**, providing **life-saving care** to over **15 000 people** with **severe NCDs**, and **20** had reached **phase 1**, showing strong **national commitment**.

The WHO Regional Office for Africa and its partners remain committed to supporting countries in scaling up PEN-Plus and ensuring sustainable access to essential NCD care for all.

2024 Kinshasa forum: accelerating efforts towards cervical cancer elimination

In November 2024, Kinshasa became the epicentre of a powerful movement as leaders from across the Democratic Republic of the Congo and WHO convened to accelerate efforts towards the elimination of cervical cancer.

The 2024 Kinshasa Forum, held 14–15 November 2024, served as a catalyst for transformative action in cervical cancer elimination. Under the leadership of Dr Matshidiso Moeti, WHO's Regional Director for Africa (now Regional Director Emeritus), the forum became a rallying call for change. During the forum, Dr Moeti championed cervical cancer elimination at the highest political levels, solidifying WHO's unwavering commitment through the launch of a new cooperation strategy, and uniting partners in a shared vision.

Powerful recommendations emerged from the forum, aimed at the Government of the Democratic Republic of the Congo, its partners and WHO:

- Invest in governance, research, and life-saving vaccinations
- Fund capacity-building and the adoption of cutting-edge technologies.
- Sustain advocacy, integrate artificial intelligence and enhance coordination.

These recommendations stand as a roadmap to a future free from cervical cancer and a path where every woman has the chance for a healthy future.

NORAD-WHO initiative: Easing the burden for people with hypertension, diabetes and cervical cancer in Ethiopia

Ethiopia is witnessing a tangible transformation in its fight against noncommunicable diseases (NCDs), particularly hypertension, diabetes and cervical cancer, thanks to the implementation of the NORAD-WHO Initiative. A recent mid-term evaluation by the WHO Ethiopia Country Office and Addis Ababa University School of Public Health reveals significant strides in improving health service delivery and patient outcomes for hypertension, diabetes and cervical cancer (77).

According to the study (78), Ethiopia's health intervention facilities now have better-trained

staff, essential medical equipment, and reliable medication supplies, leading to increased patient visits and improved disease management. This initiative has also driven a surge in screening rates for hypertension, diabetes, and cervical cancer, enabling earlier interventions and better long-term health outcomes. The NORAD-WHO project, aimed at strengthening the delivery of basic NCD services in Ethiopia, has successfully integrated NCD care into primary health facilities, fostering a comprehensive approach. Despite the remarkable progress, challenges like staff shortages and funding constraints persist. To sustain the gains made, WHO recommends that the country prioritize ongoing training and mentorship for health care workers, increase NCD funding and leverage digital innovations for real-time data management.

D-Card Africa: Advancing diabetes and cardiovascular care with digital innovation

The D-Card Africa initiative, a WHO/World Diabetes Foundation (WDF) collaboration, has made significant progress in its first year, strengthening diabetes and CVD prevention and care in Ghana and Uganda. Aligned with the WHO Global Diabetes Compact, the initiative has enhanced governance, service delivery, workforce capacity and digital health solutions to improve NCD management in the African Region.



WHO and partners
advanced **NCD care** in
2024 through **PEN-Plus**
expansion, the **Kinshasa**
Forum on **cervical**
cancer elimination, the
NORAD-WHO initiative
in **Ethiopia**, and the
D-Card Africa project for
diabetes and **CVD**.

Combating the oral health crisis in Sierra Leone

For a long time, Sierra Leone has faced significant disparities in access to dental health services, leaving over 82% of schoolchildren with dental caries and more than 30% of the population suffering from untreated dental decay.

Recognizing the significant burden of this noncommunicable disease on the country's overall health and addressing the oral health crisis in Sierra Leone as well as making progress towards universal health coverage, the WHO Regional Office for Africa has partnered with Sierra Leone's Ministry of Health to forge a transformative National oral health strategy. Rooted in evidence and equity, this plan will integrate oral health into national policies, prioritize prevention and strengthen services. Serving as a roadmap, the plan aims to revolutionize oral health in Sierra Leone, improve quality of life, reduce disease burden and advance the country's UHC goals.

By prioritizing oral health, Sierra Leone is investing in a healthier, more prosperous future for all its citizens.

For more stories, progress and impact of the Noncommunicable Diseases team in 2024, read the first issue of the [UCN Noncommunicable Diseases bulletin](#). The [Oral Health Strategy document](#) is also available for public viewing.

Cervical cancer elimination initiative (CCEI)

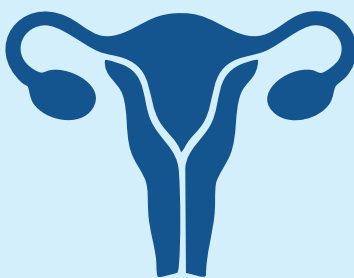
The Regional Office coordinated the African Region's participation in the first global forum on CCEI in Cartagena, Spain, resulting [in a commitment by the Spanish government of US\\$1 million for two countries in the African Region](#).

Special initiative for mental health in the African Region

Ghana, under the Director-General's Special Initiative for Mental Health, has expanded mental health services to 1.2 million people. The key achievements include: training 5000 new users; equipping 60 primary health care workers with skills through the WHO mental health gap action programme (mhGAP); engaging 15 638 people in the quality rights approach to ensure dignity and a rights-based approach to mental health care; providing mental health and psychosocial support to 948 people; and delivering mental health education to 8000 people, through awareness campaigns. Additionally, Ghana conducted and launched its first STEPS survey for NCDs, including modules on depression and suicide.

In 2024, Zimbabwe, through the Director-General's Special Initiative for Mental Health, expanded mental health services to 1.8 million people, with 3000 people accessing mental health services for the first time. 1500 people were trained in the quality rights initiative; 373 people were trained in mental health and psychosocial support.

In 2024, WHO advanced NCD care through Sierra Leone's new oral health strategy, the Cervical Cancer Elimination Initiative (CCEI), and expanded mental health services reaching millions in Ghana and Zimbabwe.





4

Critical challenges

4. Critical challenges



The major challenges of the containment of the NCD epidemic in the WHO African Region are limited political commitment, narrow focus on clinical management of NCDs and lack of appropriate data.

Limited political commitment to NCD control.

Response to pandemics such as COVID-19 and other diseases has, over the years, demonstrated the importance of political will in controlling diseases. Despite the threat posed by NCDs, little political commitment in terms of action has been seen over the years. The present NCD response is faced with challenges such as:

- Limited or no budget allocation for NCD control, mental health and well-being
- NCD control and mental health and well-being have not been seen as public health priorities despite the huge burden
- Limited capacity in policy-makers and health workers (79).



- **Political Commitment**
- **Prioritization**
- **Funding**
- **Data**

Containing **NCDs** in **Africa** is hindered by limited **political commitment**, weak **prioritization**, scarce **funding**, and lack of **data**.

Narrow focus on clinical management of NCDs.

Focus has been on clinical management of NCDs at referral levels, with limited investment in prevention and comprehensive, multisectoral and integrated approaches to disease control. This narrow focus neglects essential components such as stigma reduction, particularly for mental health conditions. Even in clinical management, problems persist, including limited human resources and non-availability of medicines and technologies, which undermine effective disease management. At the population level, there is a general lack of awareness of the burden of NCDs and their risk factors and thus individuals are not able to make informed healthy choices.

Lack of appropriate data.

NCD data are collected in the National Health Management Information System (HMIS), mostly using the DHIS2, only as aggregated data and not as individual cases to allow for case follow-up for determining the outcome and impact of interventions. There is thus a need to support countries in developing a DHIS2 tracker for NCDs. The tracker system collects individual or case-based transactional data. It supports data collection, case monitoring and follow-up, analysis and reporting (80). Facility-based NCD surveillance using the tracker within the HMIS for indicator tracking is crucial to enable real-time monitoring and availability of data to prescribe precise actions and interventions for NCD management and control. Additionally, resource constraints continue to delay the implementation of new STEPS surveys and strain existing NCD surveillance programmes. Persistent funding gaps limit technical and financial support to countries, hampering the implementation of population-based surveys, which are essential for capturing data from underserved groups, such as the poor, people in remote areas, and individuals who do not regularly access health services. These groups are often missed by routine health information systems.

“

NCD control in Africa is hindered by a narrow focus on **clinical care**, neglect of **prevention** and **stigma reduction**, and weak **data systems** due to limited **resources** and **funding gaps**.





5

**Looking forward –
priorities for 2025**

5. Looking forward – priorities for 2025



The proposed public health response to NCDs in the Region for 2025 will focus on:

- **Mainstreaming NCDs and mental health prevention and promotion** to increase knowledge and level of awareness on NCDs and mental health conditions and their risk factors, through public health campaigns; mass media and social media messages; utilization of the mHealth innovations such as disseminating text messages; promotion of screening, early detection, chemoprevention and vaccination; and deployment of other innovations and technologies.
- **Expanding access to and improving the quality of NCDs and mental health case management**, including diagnosis, treatment and rehabilitation services, is a key priority. This includes deployment of innovations and technologies particularly in PHC, by disseminating WHO guidance policies, job aides, frameworks, innovations, and technologies to mainstream NCD management. The approach supports enhanced provision of comprehensive integrated NCD services within the continuum of care using a person-centred approach.



In 2025, WHO will focus on **NCD** and **mental health prevention** through **awareness, screening** and **innovation**, and on expanding **quality care** and **integrated case management** at all levels.

- **Strengthening NCDs and mental health governance and health systems capacities** through enhanced leadership, coordination and advocacy, partnership resource mobilization, and optimized systems for universal access to trained health workforce and commodities and technologies.
- **Strengthening NCDs and mental health surveillance, monitoring and evaluation, and operations research** to develop a robust surveillance and data system for NCD and mental health conditions. This includes monitoring and evaluation; integrating existing health information systems such as DHIS2 and electronic medical records; and supporting research ideas that will produce information on effective strategies for managing NCDs and mental health conditions.

Key activities for 2025

The key activities will centre on the following priority areas:

1. **Ensure efficient implementation of existing funded projects.** In 2025, the Regional Office will ensure implementation of key NCD control and management programmes, particularly the:
 - PEN-Plus project - funded by Helmsley Charitable Trust
 - Women's Integrated Cancer Services with a donation from Roche
 - WHO HEARTS Initiative - funded by Resolve to Save Lives and the World Diabetes Foundation
 - Diabetes prevention and care work - funded by the World Diabetes Foundation and the International Diabetes Federation
 - The Director-General's special initiative for mental health
 - Oral health policy development by the Borrow Foundation
 - Noma project - funded by Hilfsaktion Noma e.V.
2. **Strengthen NCD and mental health surveillance systems** through key activities such as supporting the implementation of STEPS surveys in at least five countries within the WHO African Region; advancing the integration of NCD indicators into

national health information systems; and enhancing analysis and reporting by developing the NCD progress monitor 2023 scorecard; finalizing reports including WHO PEN, PEN-Plus baseline assessment, diabetes and childhood cancer, and developing both the Regional mental health dashboard and a comprehensive NCD dashboard.

3. **Facilitate key advocacy events and ensure communication on current work and achievements for greater visibility for the Organization and key partners**, in particular the 2025 ICPPA conference in Nigeria and publication of key regional reports.
4. **Ensure alignment, integration and collaboration to make efficient use of existing human and financial resources.** **Key activities include:** incorporating cervical cancer screening for women living with HIV into the current WICS programme; developing an oral health module for WHO PEN; finalizing the noma module as part of the WHO NTDs roadmap; facilitating the SAFER intercountry learning meeting, in collaboration with the UHP cluster to build capacity in Member States implementing interventions to reduce harm from alcohol use; incorporating mental health and psychosocial support into the current WICS programme as well as the WHO PEN and PEN-Plus initiatives.
5. **Resource mobilization:** The Regional Office will continue to raise awareness about NCDs in the African Region, engage with stakeholders and mobilize resources to ensure regional and global frameworks and strategies for NCD control and management.

Financial overview for 2024

In 2024, the NCD Programme secured US\$ 7.9 million to support priority activities and successfully mobilized an additional US\$ 1.87 million for staffing and technical expertise. These achievements were made possible through the generous support of multiple partners, with major contributions from the Helmsley Charitable Trust and Roche Kenya Limited. Of the total funds mobilized, US\$ 3.27 million was dedicated to the implementation of strategic activities, while US\$ 1.29 million was allocated to salary expenditures (Table 2).

Table 2: Financial Report of the NCD Programme, 2024

Activities		
Item	Donor	Amount (US\$)
Activities Funds Mobilized (2024)		7 918 021
	<i>Helmsley Charitable Trust</i>	3 954 696
	<i>Roche Kenya Limited</i>	2 031 393
	<i>World Diabetes Foundation</i>	482 043
	<i>Hilfsaktion Noma e.V.</i>	303 315
	<i>Norwegian Agency for Development Cooperation (NORAD)</i>	286 035
	<i>Resolve To Save Lives</i>	165 000
	<i>Global Financing Facility for Women, Children and Adolescents (GFF)</i>	131 429
	<i>Borrow Foundation</i>	84 517
	<i>Directorate-General for International Partnerships, European Commission</i>	83 889
	<i>UNITAID</i>	81 755
	<i>Zhongshan Ophthalmic Center, China</i>	60 744
	<i>Germany</i>	57 123
	<i>Core voluntary contributions (CVCA)</i>	54 175
	<i>Ministry of Foreign Affairs, Denmark</i>	45 888
	<i>St.Jude Children's Research Hospital</i>	32 571
	<i>Lions Clubs International Foundation</i>	25 500
	<i>Ministry of Foreign Affairs, Monaco</i>	14 412
	<i>Sabin Vaccine Institute (SVI)</i>	13 274
	<i>Childhood Cancer International (CCI)</i>	10 262
Activities Expenditure (2024)		3 268 753
Balance (Activities)		4 649 268
Human Resource		
Item		Amount (US\$)
HR Funds Mobilized (2024)		1 870 332
Total Salary Expenditure (2024)		1 287 662
Balance (Salary)		582 670

End notes

End notes

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- ²⁰ World mental health report: Transforming mental health for all
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- ²² Number with a mental or neurodevelopmental disorder by type, Africa, 2021
- ²³ Number with a mental or neurodevelopmental disorder by type, Africa, 2021
- ²⁴ Number with an alcohol use disorder, 2004 to 2021
- ²⁵ Burden of disease from each category of mental illness, African Region (WHO), 2021
- ²⁶ Number with a drug use disorder by substance, Africa
- ²⁷ Number with a mental or neurodevelopmental disorder by type, Africa, 2021
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- ⁵²World Health Organization: LIVE LIFE Initiative for Suicide Prevention
- ⁵³WHO (2023). Global oral health status report: towards universal health coverage for oral health by 2030: regional summary of the African Region. <https://iris.who.int/handle/10665/366662>.
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- ⁵⁶ Labarca, T. F., Ortuño, D., Neira, L., Andrade, G., Bravo, F. J., Cantarutti, C. R. et al. (2024). Oral Health Research in the WHO African Region between 2011 and 2022: A Scoping Review. *Journal of Dental Research*. <https://doi.org/10.1177/00220345241272024>
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- ⁵⁸ WHO global oral health meeting: Universal health coverage for oral health by 2030
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- ⁶⁰ A project to develop capacity for the Ministries of Health (MoH) in Kenya, Tanzania, and Zambia to strengthen oral disease prevention and control services by utilizing the WHO essential dental preparations by WHO CC National Center for Global Health and Medicine (NCGM) | Database for NU International Collaborative Activity
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- ⁶² World report on vision. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789241516570>
- ⁶³ Global economic productivity losses from vision impairment and blindness Marques, Ana Patricia et al. *eClinicalMedicine*, Volume 35, 100852
- ⁶⁴ World report on hearing
- ⁶⁵ Ending the burden of sickle cell disease in Africa - The Lancet Haematology
- ⁶⁶ GBD 2021 Sickle Cell Disease Collaborators. (2023). Global, regional, and national prevalence and mortality burden of sickle cell disease, 2000–2021: a systematic analysis from the Global Burden of Disease Study 2021. *The Lancet Hematology*. Volume 10, Issue 8e585–e599. doi: 10.1016/S2352-3026(23)00118-7.
- ⁶⁷ Understanding the PEN-Plus approach to care: expanding access to care for severe noncommunicable diseases in the WHO African Region
- ⁶⁸ ICPPA 2024 - Abstracts | WHO | Regional Office for Africa
- ⁶⁹ Angola, Burundi, Cameroon, Congo, Côte d'Ivoire, Gambia, Lesotho, Liberia and Mauritania
- ⁷⁰ Nine African countries – Ethiopia, Kenya, Liberia, Mozambique, Sierra Leone, Uganda, United Republic of Tanzania, Zambia and Zimbabwe – have established their first PEN-Plus clinics and training sites, marking a tangible shift in health care delivery. An additional six countries – Benin, Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana and Nigeria – have begun the initiation process, signaling a broader regional embrace of the model.
- ⁷¹ Benin, Burkina Faso, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.
- ⁷² Eswatini, Lesotho, and Niger (Phase 1), Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, and Nigeria (Phase 2), Ethiopia, Kenya, Liberia, Mozambique, Sierra Leone, United Republic of Tanzania, Uganda, Zambia, Zimbabwe (Phase 3), and Malawi and Rwanda (Phase 4)
- ⁷³ NCD Quaterly Bulletin Final.pdf
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The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

Member States

Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cabo Verde	Mauritius
Cameroon	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Zambia
Guinea-Bissau	Zimbabwe
Kenya	

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