World Health Organization

African Region

Responding to communicable and noncommunicable diseases:

2025 report

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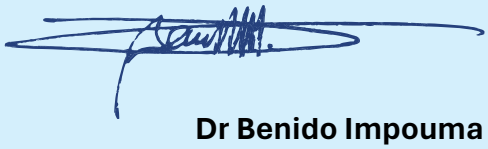
Foreword

The Health Promotion/Disease Prevention and Control (DPC) Cluster is the result of a comprehensive restructuring that took place in the WHO Regional Office for Africa during 2025. While this restructuring was prompted by the current constrained financial context, it also took place in recognition of the interconnectedness of the challenges facing the African Region. The Cluster is a result of the amalgamation of the previous disease-focused programmes covering communicable and noncommunicable diseases with programmes focusing on climate change and environmental health, nutrition and food safety, and health promotion, social determinants of health and tobacco control. This provides an opportunity to take a truly interconnected view of the context in which to tackle the region's disproportionate burden of disease.

The DPC Cluster has made significant progress towards ending disease in Africa and promising healthier lives to our populations during 2025. Measles and rubella have been eliminated in Cabo Verde, Seychelles and Mauritius. Niger is now the first African country and fifth worldwide to eliminate onchocerciasis (river blindness). Botswana is the first high-burden country to achieve Gold Tier Certification for the elimination of mother-to-child transmission of HIV. Access to care has been enhanced through innovative programmes such as the Women's Integrated Cancer Services and the PEN-Plus approach to severe noncommunicable diseases, bringing testing and treatment into the community.

The Region is now only four years away from the 2030 Sustainable Development Goal targets. The public health context remains complicated and requires customized solutions. The DPC Cluster is committed to an evidence-based strategic response, grounded in the Ending Disease in Africa Strategy (ENDISA), which will be used to drive the Cluster's priority investments. Together with our valued partners and donors, we will ensure that our communities live the reality of a healthier Africa.



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The WHO Regional Office for Africa acknowledges the support of WHO Representatives and WHO Country Office teams, and our many partners for their contributions and support to the work of the DPC Cluster.

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Abbreviations

AIDS	Acquired human immunodeficiency disease
ASCEND	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
ATACH	Alliance for Transformative Action on Climate Change and Health
AVAREF	African Vaccine Regulatory Forum
CHE Programme	Climate Change, Health and the Environment Programme
DTP3	Diphtheria, tetanus and pertussis vaccine, 3rd dose
ENDISA	Ending Disease in Africa
EPI	Expanded Programme on Immunization
ESPEN	Expanded Special Programme for the Elimination of Neglected Tropical Diseases
Gavi	Gavi, the Vaccine Alliance
HAT	Human African trypanosomiasis
HAT e-TAG	HAT elimination Technical Advisory Group
HepCOP	Hepatitis Community of Practice
HIV	Human immunodeficiency virus
HPD Programme	Health Promotion, Social Determinants of Health and Tobacco Control Programme
HPV	Human papilloma virus
HTH Programme	HIV, Tuberculosis, Hepatitis and STIs Programme
MDA	Mass drug administration
MTCT	Mother-to-child-transmission
NTD	Neglected topical disease

NUT Programme	Nutrition and Food Safety Programme
PC-NTDs	Preventive chemotherapy NTDs
PCV	Pneumococcal conjugate vaccine
PZQ	Praziquantel
RCCE	Risk communication and community engagement
SAFE	Surgery, antibiotics, facial cleanliness and environmental improvement
SDGs	Sustainable Development Goals
SFE	Smoke-Free Environment
STI	Sexually transmitted infection
TAPS	Tobacco Advertising, Promotion and Sponsorship
TVD Programme	Tropical and Vector Borne Diseases Programme
UK FCDO	UK Foreign and Commonwealth Development Office
USAID	US Agency for International Development
VPD programme	Vaccine Preventable Diseases Programme
WICS	Women's Integrated Cancer Services


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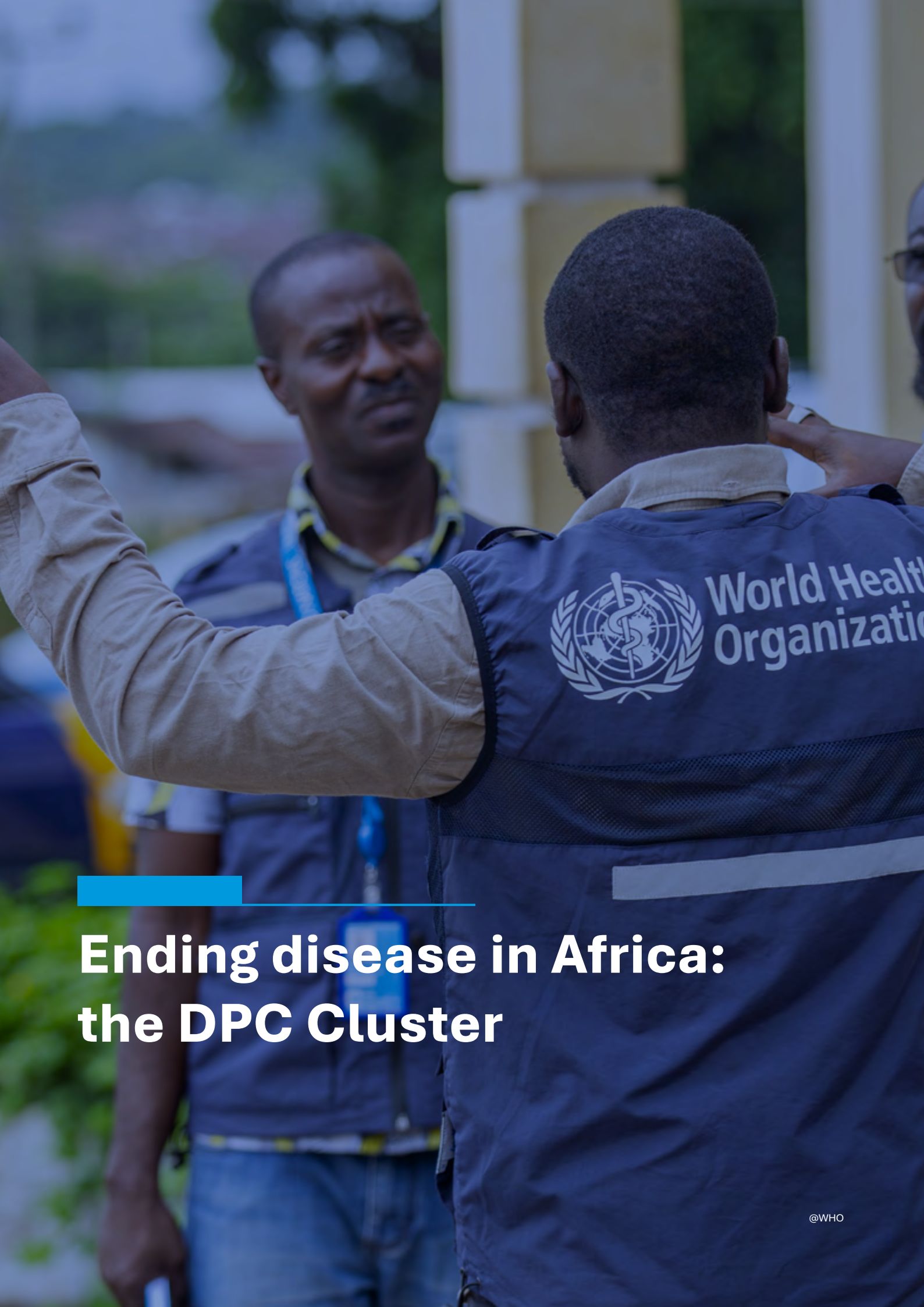

Ending disease in Africa: the DPC Cluster

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Ending disease in Africa: the DPC Cluster

Health in Africa

Home to approximately 1.1 billion people – 14% of the world's population – the WHO African Region is comprised of 47 diverse Member States. Despite real improvements in health and wellbeing, including overall increases in life expectancy and healthy life expectancy over the past 20 years, health and socioeconomic development remain limited by disease burdens that are disproportionate to the region's population.

The region bears a significant burden from communicable diseases, such as malaria, HIV/AIDS, TB, and vaccine-preventable diseases. At the same time, the prevalence of noncommunicable diseases is rapidly rising, with tobacco use, the harmful use of alcohol, unhealthy diets, and physical inactivity driving preventable morbidity and mortality. Deaths due to cardiovascular diseases account for the greatest number of NCD-related deaths in the African Region, followed by deaths due to malignant neoplasms, diabetes mellitus and chronic respiratory diseases. Over the past 20 years, these four NCDs have accounted for around 70% of all NCD-related deaths in the region. Violence and injuries are also a major cause of illness and death in the Region, particularly among children and adolescent and young men.

The Region also has a high burden of severe NCDs – those that result in significant loss of healthy life for affected individuals due to early and high levels of disability and mortality in the absence of treatment. In addition to increasing suffering and reducing life expectancy, severe NCDs significantly impair individuals' quality of life and economic productivity, escalating their health care costs and harming their social and cultural well-being. Among these severe NCDs, type 1 diabetes, acute rheumatic fever, rheumatic heart disease, and sickle-cell disease more frequently affect children and young adults. Together, these conditions cause nearly 100 000 preventable deaths in the African Region every year.

Food insecurity, malnutrition and inadequate food safety are major contributors to illness and death, while unsafe environments continue to compromise public health. Climate change further threatens health systems and population resilience by increasing exposure to extreme weather events, altering disease patterns, especially vector-borne diseases like malaria, dengue fever, and other viral haemorrhagic fevers, and exacerbating environmental degradation. The negative health impacts from exposure to ambient and household air pollution are becoming increasingly evident in the African Region, with a corresponding increase in a variety of conditions and illnesses including stroke, ischemic heart disease, lung cancer, and pneumonia.

> Food insecurity, malnutrition and unsafe environments worsened by climate change are driving preventable illness and death by increasing extreme-weather risks, shifting infectious disease patterns (e.g., malaria, dengue and viral haemorrhagic fevers), and amplifying air pollution impacts that fuel major diseases like stroke, heart disease, lung cancer and pneumonia.

Ensuring effective responses to a disproportionate burden of disease

Recognizing the interconnectedness of the challenges facing the African Region, and in response to a constrained funding environment, the World Health Organization's Regional Office for Africa began a comprehensive restructuring initiative in early 2025, resulting in the formation of the consolidated Health Promotion, Disease Prevention and Control (DPC) Cluster in August that year. Focused on ensuring coherent leadership, coordination, and action towards reducing the burden of communicable and noncommunicable diseases, and reducing the prevalence of risk factors, the Cluster aims to accelerate progress towards achieving Universal Health Coverage and the Sustainable Development Goals.

Staffed by 100 people at the regional level, the DPC Cluster is organized across seven strategic programmes. These programmes reflect the African Region's diverse public health ecosystem, acknowledging both the disproportionate burden of communicable diseases and noncommunicable diseases, while recognizing the impact of broader factors on health – particularly climate change, food insecurity, and unsafe environments.

Climate change, Health, and the Environment (CHE)

In line with SDG Targets 13.1 and 13.2, the CHE Programme aims to strengthen resilience and adaptive capacity to climate-related hazards and integrate climate change measures into national policies. The programme is an initiative to strengthen the core national capacities for building climate-resilient and sustainable low-carbon health systems. It provides support in conducting vulnerability and adaptation assessments to inform policies, strategies and actions to detect, prevent and manage climate-sensitive diseases. Key activities include reinforcing early warning systems, supporting adaptation planning, and fostering multisectoral collaboration.

Expanded Special Project for Elimination of NTDs (ESPEN)

ESPEN focuses on the five most prevalent NTDs that can be controlled through preventive chemotherapy (PC-NTDs). ESPEN collaborates with countries to accelerate the elimination of these diseases by mapping disease burden, efficiently planning and delivering treatments, strengthening supply chain management of donated medicines, supporting disease-specific evaluations, and utilizing quality data for evidence-based decision-making. Through its comprehensive approach, ESPEN strives to make a significant impact in controlling and eliminating PC-NTDs, ultimately improving the health and well-being of affected communities in Africa and beyond.

Health Promotion, Social Determinants of Health, and Tobacco Control (HPD)

The HPD Programme plays a pivotal role in advancing the African Region's vision of health equity and universal access to quality health services. At its core, the programme is committed to enabling Member States to create inclusive, resilient and people-centred health systems that enable people to increase control over and improve their health, promote well-being, reduce health disparities, and protect vulnerable populations from the harmful effects of social, economic, commercial, political, and cultural determinants of health. It operates on the principle that population health cannot be improved without addressing the broader social determinants of health, including risk factors such as tobacco control, and strengthening community resilience and understanding what influences behaviours.

Tuberculosis care in Democratic Republic of the Congo

HIV, Tuberculosis, Hepatitis and STIs (HTH)

HTH plays a pivotal role in supporting Member States in their efforts to achieve elimination targets. Operating within the regional framework for an integrated multisectoral response, HTH provides comprehensive technical assistance in the areas of strategic planning, normative guidance, data utilization, and the implementation of integrated service delivery models.

Noncommunicable diseases and mental health, violence, and injuries

To achieve Target 3.4 of the SDGs, the NCD Programme is focused on (i) providing support on the adaptation and utilization of WHO guidance documents for the prevention and control of NCDs and mental health conditions; (ii) strengthening the capacity of human resources for health and improving access to essential NCD and mental health services in primary care facilities to deliver NCD and mental health conditions' prevention and control services; (iii) and strengthening and integrating NCD and mental health conditions' surveillance systems into health management information systems.

Nutrition and Food Safety (NUT)

The NUT Programme provides strategic leadership to strengthen nutrition and food safety across the African Region. It drives evidence-based decision-making, aligns national policies with global standards, and promotes multisectoral collaboration to address the complex determinants of malnutrition and foodborne diseases. Core functions include developing normative guidance, integrating nutrition and food safety into health systems, building institutional and workforce capacity, and improving data systems for monitoring and accountability.

Tropical and Vector-borne Diseases (TVD)

TVD is focused on the integrated control, elimination and eradication of diseases such as malaria, dengue, Rift Valley fever, and including those NTDs not covered by ESPEN, such as yaws, leprosy, Buruli ulcer and leishmaniasis, with a vision of a region free of these diseases by 2030. The programme's strategic focus includes developing integrated national plans, strengthening prevention of outbreaks and improving health systems to support these goals, through providing technical guidance in vector control, building capacity and evaluating new tools and approaches.

Vaccine Preventable Diseases (VPD)

The focus of this major programme is on strengthening immunization systems through initiatives such as the Immunization Agenda 2030, which aims to save lives, reduce outbreaks and expand vaccine access. Key activities include new vaccine introduction, such as human papilloma virus (HPV) and pneumococcal conjugate vaccine (PCV), as well as improving disease surveillance and addressing challenges such as the decline in DTP3 coverage and the increase in zero-dose children. The programme works with Member States on sustainable financing and delivery efficiency, as outlined in declarations like the Addis Ababa Declaration on Immunization.

A girl receives the HPV vaccine at Chikowa Village, TA Kabudula, on 18 July 2024. More than 50 girls were vaccinated at this location over the course of the day.

Key achievements in 2025

Despite considerable uncertainty and a difficult financial context, the DPC Cluster continued to make progress towards ending disease in Africa during 2025 (**Table 1**). Significant achievements were made in disease elimination, with elimination of measles and rubella in Cabo Verde, Mauritius, and Seychelles; Burundi, Mauritania, and Senegal validated for elimination of trachoma; Niger becoming the first African country and fifth worldwide to eliminate river blindness (onchocerciasis); and Botswana achieving Gold Tier Certification for the elimination of mother-to-child transmission of HIV.

As part of commitments to enhancing access to care, innovative programmes such as the Women's Integrated Cancer Services and PEN-Plus approach to care have been implemented, bringing testing and treatment services into the community. The Cluster has worked tirelessly to protect communities from both longstanding and emerging threats, including supporting both routine immunization campaigns and reactive outbreak responses – protecting more than 74.1 million children against measles and over 10.9 million people from Yellow Fever, among many others.

The DPC Cluster also played a key leadership role across the African Region by convening impactful gatherings that shaped regional and national health agendas—such as the NTD Programme Managers' meetings, the Regional Immunization Technical Advisory Group, and several high-level consultations that have fostered collaboration, knowledge sharing, and renewed momentum towards ending epidemics and promoting healthier lives for all.

Table 1 Key achievements and activities of the DPC Cluster in 2025

IMPACT: Disease elimination
Cabo Verde, Mauritius, and Seychelles announced the official **elimination of measles and rubella**
Botswana becomes the first African country in the world with a high HIV burden to receive the WHO Gold Tier Certification for the **Elimination of Mother-to-Child Transmission of HIV**
Burundi, Mauritania, and Senegal validated for **elimination of trachoma**
Niger becomes the first African country and fifth worldwide to **eliminate river blindness** (onchocerciasis)
Guinea and Kenya validated for **elimination of Human African Trypanosomiasis (HAT)** as a public health problem

INPUTS: Activities	OUTPUTS: Enabling environment	OUTPUTS: Access to essential health services
• Co-sponsored the **23rd International Conference on AIDS and STIs in Africa** 2025, providing a vital opportunity to reaffirm WHO's leadership in the regional response to HIV, hepatitis, and STIs. • Convened the **2025 Annual Meeting of EPI Managers of Central Africa**, bringing together over 140 participants from 10 countries. • Supported training to 31 healthcare professionals in **Eswatini** on critical surgical techniques to treat precancerous cervical lesions. • Co-developed a **Childhood Cancer Social Media Toolkit** as part of the Global Initiative for Childhood Cancer. • Collaborated with the Health Systems and Services Cluster and WHO Headquarters to develop a **practical guide** to support policymakers and programme managers in designing and scaling social and behavioural change interventions for family planning and contraceptive services. • Co-developed and launched the first-of-its-kind **Community Protection and Resilience training package.** • Provided **technical guidance on community protection and resilience during outbreaks** to 11 countries. • In partnership with WHO Ethiopia, convened a high-level side event during the **Africa Climate Summit.** • Convened a **regional proposal writing workshop** with Benin, Burkina Faso, Uganda and Zimbabwe focusing on innovative adaptation financing models for climate health. • Implemented a region-wide capacity-building initiative through a four-part webinar series on **food systems transformation for health** and healthy diet policies, reaching over 1000 participants. • Facilitated **national operational planning and resource mobilization for HAT, Leprosy and leishmaniasis** activities to priority countries, building capacity of first line health workers and supporting the supply of diagnostics and medicines for early diagnosis and treatment. • Produced and disseminated guidance on the verification of the elimination of transmission of g-HAT for eligible countries and facilitated the preparation of quality elimination dossiers for **Cote d'Ivoire, Guinea, and Kenya**. • Strengthened surveillance of NTDs such as rabies, leishmaniasis, guinea worm disease and leprosy, including **integrated surveillance of skin NTDs** and improved data collection in all 47 African Member States. • Provided technical assistance to 13 rabies endemic countries **through capacity building webinars on case management and surveillance**. • Supported **Angola, Burkina Faso, Cote d'Ivoire, Gambia, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, and Uganda** to evaluate their malaria programmes and update their national malaria strategies. • Rolled out a programme on strengthening malaria data repositories in **Guinea and Kenya**.	• Launch of the **Hepatitis Community of Practice** to strengthen regional solidarity, drive innovation, and coordinate efforts to accelerate the elimination of viral hepatitis. • Over 450 participants attended the **2nd International Conference on PEN-Plus in Africa**, where health leaders, policymakers, and development partners renewed their commitment to accelerating implementation of PEN-Plus to expand access to care for people living with severe NCDs. • Eleven countries supported to **implement their national plans to defeat meningitis** by 2030 • Supported implementation of the WHO Basic Package of Interventions for Rehabilitation in Dodoma and Manyara regions of the **United Republic of Tanzania.** • Following the introduction of **IPV2 in Kenya** in October 2025, all 20 countries in East and Southern Africa have now introduced IPV2 into their routine immunization programmes. • Supported **laboratory surveillance systems for Yellow Fever**, with over 7000 suspected cases reported from 17 high-risk countries. • **Ratification of the WHO FCTC** in 45 Member States due to technical assistance and strong regional commitment. • Supported nine countries with **landmark tobacco tax policy reforms**, in line with the WHO Framework Convention on Tobacco Control. • Coordinated the transformative Tobacco-Free Farms Initiative that supports tobacco farmers to shift to alternative crops, reaching over 13 000 farmers in **Kenya and Zambia.** • Supported the **electrification of over 1000 healthcare facilities** serving 11 million people in Ethiopia, Uganda, and Zambia, enhancing sustainable and low-carbon health systems. • Zimbabwe officially requested **COP30 to include health as a supplementary agenda** and Malawi officially wrote to support the same and more Africa countries rallied behind the agenda with promising results at COP31. • **Namibia and South Africa** joined the Alliance for Transformative Action on Climate Change, joining 31 other countries in the region. • Supported **Botswana, Ghana, Guinea, Mauritius, and Rwanda** in developing Vulnerability and Adaptation Assessments and Health National Adaptation Plans, providing technical guidance and capacity building. • Supported **Mauritius** in the development and launch of the Obesity Action Acceleration Roadmap (2025–2030). • Achieved a **100% reporting rate for leprosy**, with the number of reporting countries increasing from seven to 33 during 2025. • Five countries (**Botswana, Eswatini, Lesotho, Mauritius, and Seychelles**) reported zero case which signals their achievements and readiness towards the elimination of rabies, while eight countries reported zero leprosy cases in children, making them eligible for leprosy elimination soon.	• The innovative **Women's Integrated Cancer Services** project has screened over 10 000 women, provided access to treatment, trained over 200 health professionals, and equipped targeted facilities with state-of-the-art diagnostic and treatment equipment for breast and cervical cancers. • **Twenty countries across the African Region implemented the PEN-Plus approach to care** for severe NCDs, and approximately 60 additional district hospitals established integrated NCD clinics for the management of PEN-Plus conditions. • Côte d'Ivoire implemented the 100-Day Model District Acceleration approach, **testing nearly 59 000 children and adolescents for HIV.** • More than **74.1 million children were protected against measles** through supplemental immunization activities in 16 countries. • Over **1.4 million people were reached with Yellow Fever vaccines** in Burkina Faso, Cameroon, and Guinea. • Preventive mass vaccination campaigns for were implemented in Democratic Republic of Congo, Guinea-Bissau, Niger, and Uganda, **protecting 10.9 million people from Yellow Fever.** • Increased uptake of new tools such as malaria vaccines (**Ethiopia, Guinea, Mali, and Togo**), expansion of chemoprevention strategies in **Cote d'Ivoire and Mauritania**, and introduction of multiple first line malaria therapies in **Burkina Faso and Rwanda**. • **Solar electrification in Uganda at 30 high-volume health facilities** has enabled implementation of outreach activities to increase immunization coverage and reduce the dropout rates. There has also been an observed increasing trend of deliveries at the health facilities since the implementation of the project.

Saving lives, improving health and wellbeing

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Cabo Verde, Mauritius, and Seychelles eliminate measles and rubella

On 17 November 2025, **Cabo Verde, Mauritius, and Seychelles** announced the official elimination of measles and rubella. These small island developing states are the first countries in sub-Saharan Africa to be verified for achieving this historic milestone.

This milestone was reached with robust support from the WHO African Regional Office, in close collaboration with a broad range of partners, through high-level policy guidance, technical assistance with vaccine introduction, and by supporting establishment of the African Regional Verification Commission for Measles and Rubella Elimination (RVC).

Seychelles was the first African country to introduce the rubella vaccine in 1980, followed by Mauritius in 1996, and Cabo Verde in 2010. By 2017, all three countries had introduced the measles-rubella or measles-mumps-rubella vaccine. High-level policy guidance and technical assistance was provided by the Regional Office to support these countries to implement measles elimination strategies and introduce these new vaccines.

A key component of the verification process is the availability of robust data, and with technical support from the VPD Programme, surveillance was strengthened, allowing countries to document their progress towards elimination using a five-line evidence framework. High vaccination coverage is critical – more than 95% with two doses of measles containing vaccine, along with the implementation of timely and high-quality supplementary immunization activities to close any gaps. Additional data sources, such as serological surveys and programme risk assessment, are also used, providing evidence of population immunity levels and the effectiveness of elimination strategies.

This milestone in disease elimination demonstrates the value and impact of strong collaboration and action between country authorities, the WHO Regional Office for Africa, and Member State WHO Country Offices, along with political will at the highest level, and the community engagement and awareness required to achieve sustained high vaccine coverage.

> Robust data and strengthened surveillance—supported by VPD—enable countries to verify elimination using a five-line evidence framework, backed by >95% two-dose measles vaccine coverage, quality SIAs, and added proof (serosurveys, risk assessments). This milestone shows elimination is achievable through strong collaboration, high-level political will, and community engagement to sustain high coverage.

Botswana certified on ‘gold tier’ for progress on eliminating mother-to-child transmission of HIV

In May 2025, **Botswana** became the first African country in the world with a high HIV burden to receive the WHO Gold Tier Certification for the Elimination of Mother-to-Child Transmission of HIV. This landmark achievement reflects decades of strategic investment, visionary leadership, and community-driven health initiatives aimed at ensuring that no child is born with HIV.

Botswana met the rigorous WHO criteria by reducing the annual rate of new paediatric HIV infections from fewer than 500 to under 250 per 100 000 live births. Additionally, the country increased coverage of essential services, including antenatal care, HIV testing, and treatment for pregnant women living with HIV, from 90% to 95%.

Botswana’s achievement underscores the importance of political commitment, community engagement, and data-driven health systems for advancing the elimination of mother-to-child transmission of HIV. Key lessons include the importance of integrating HIV services into maternal and child health care, investing in health worker training, and maintaining strong partnerships.

A representative from Botswana receives a certificate acknowledging the achievement of the Gold Tier on the path to elimination of mother-to-child transmission of HIV as a public health problem.

As one of these key partners, the HTH Programme will continue to support Botswana's next steps toward full Triple Elimination through a combination of technical assistance, strategic coordination, and validation oversight. This will include both sustaining its current achievements and advancing toward WHO validation criteria for HIV, syphilis, and hepatitis B. Key areas of focus will include integrating services across all levels of care, ensuring timely birth dose vaccination for hepatitis B, expanding dual HIV/syphilis testing, and strengthening follow-up care for infants exposed to any of the three infections.

NTD elimination across the region

On 30 January 2025, **Niger** became the first African country and fifth worldwide to eliminate river blindness (onchocerciasis), marking a historic victory for NTD elimination through decades of partnership and sustained interventions. River blindness is now the second NTD eliminated in Niger after Guinea Worm Disease was eliminated in 2013. Success was driven by strong partnerships with the WHO Regional Office for Africa and ESPEN, who have provided technical leadership, community-directed treatment, impact assessments, and oversight for dossier development.

In 2025, the WHO African Region marked another milestone in the fight against trachoma, with WHO officially validating **Burundi, Mauritania, and Senegal** as having eliminated trachoma as a public health problem. With these additions, the total number of countries in the region achieving this status rose to nine.

All three countries successfully implemented the WHO-endorsed SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) with support from financial donors and implementing partners who sustained the delivery of mass antibiotic treatments, built capacity of Ministries of Health to provide surgery for trachomatous trichiasis, the blinding stage of the disease, and promoted hygiene and improving access to clean water and sanitation.

Guinea and Kenya achieved the elimination of Human African Trypanosomiasis (HAT) as a public health problem in 2025, bringing the total number of countries reaching this milestone to ten in the African region. Overall, the number of annual reported HAT cases has decreased by 98%, from 26 574 in 2000 to a historic low of 583 in 2024.

The WHO Regional office for Africa, working within the HAT elimination Technical Advisory Group (HAT-e-TAG), disseminated the framework for HAT elimination as public health problem (or interruption of transmission), and supported countries prepare, submit and evaluate their elimination dossiers. ESPEN and the TVD Programme also provided technical support for dossier preparation and validation, ensuring expert feedback was provided and that national authorities continue to be supported in post-elimination surveillance to prevent disease resurgence. The main strategy implemented in all countries has focused on active and passive screening, case treatment, and vector control for several years.

> The Regional Office, through the HAT-e-TAG, is accelerating HAT elimination by guiding countries on the elimination framework and dossiers (with ESPEN/TVD support) and sustaining post-elimination surveillance plus key interventions screening, treatment and vector control to prevent resurgence.

Programme spotlight

ESPEN: Leading Africa's fight against NTDs

Honorable Abdallahi Sidi Mohamed Wedih, Minister of Health of Mauritania (centre) and Aïcha Vall Vergès, Ambassador of Mauritania to Switzerland (left) receive a certificate from WHO Director-General Dr Tedros Adhanom Ghebreyesus validating the elimination of trachoma as a public health problem.

ESPEN (Expanded Special Programme for the Elimination of Neglected Tropical Diseases) continues to serve as the WHO Regional Office for Africa's technical and analytical hub for neglected tropical diseases (NTDs), enabling evidence-based decision-making across Member States. Through the ESPEN NTD Portal, the project curates the most comprehensive regional repository of NTD data – spanning over 10 years of epidemiological information and mass drug administration (MDA) implementation history for five preventive chemotherapy NTDs (PC-NTDs). This wealth of standardized data has been pivotal in helping countries and partners to visualize programmatic trends, monitor progress toward elimination, and rapidly assess the operational and epidemiological consequences of external funding shocks.

Effective resource mobilization

When large-scale funding interruptions occurred, first with the UK FCDO's (Foreign and Commonwealth Development Office) early termination of the ASCEND (Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases) programme (2021) and later with the USAID funding freeze in 2025, ESPEN led the regional response. Leveraging its portal database and analytic infrastructure, ESPEN was able to quantify affected populations, implementation units, and medicines at risk of expiry. The Implementation Unit Planner, developed after the ASCEND withdrawal, proved instrumental in automating complex analyses that merged epidemiological data, historical MDA records, and financial information on partner and domestic support. This tool enabled the prioritization of high-risk areas, identifying where the interruption of MDA could have the greatest epidemiological rebound and where synergies with other programmes could sustain delivery.

Using this evidence, ESPEN coordinated with WHO headquarters, the Gates Foundation, implementing partners, and national NTD programmes to reprioritize resource allocation and integrate MDAs into existing public-health campaigns such as immunization, malaria chemoprevention, and maternal-child health interventions. These data-driven actions prevented the loss of millions of treatments, informed global partner decisions, including the Reaching the Last Mile Fund's re-evaluation of investment priorities, and safeguarded the continuity of essential interventions.

Following the pause in USAID funding for the Act to End NTDs East and West programmes in January 2025, an estimated US$ 170 million in partner contributions for NTD activity implementation was lost, impacting 16 countries in the WHO African Region. This disruption threatened the continuity of MDA activities and placed several donated medicines at risk of expiry. The highest risk was observed for Praziquantel (PZQ), with more than 5 million tablets projected to expire between mid-2025 and early 2026. In response, ESPEN coordinated a rapid regional analysis to quantify operational and epidemiological impacts, followed by a high-level consultation with WHO headquarters, donors, pharmaceutical partners, and national NTD programmes to define a prioritized response.

Through this effort, ESPEN:

- Mapped affected areas and quantified risk, identifying countries and districts where MDA activities were at risk of suspension.
- Guided integration of PZQ distribution into other ongoing health interventions, such as immunization, malaria, vitamin A supplementation, and maternal-child health campaigns, in countries including **Mali, Senegal, South Sudan, the United Republic of Tanzania, and Uganda**.
- Facilitated national coordination, linking NTD programmes with Expanded Programme on Immunization (EPI), nutrition, and primary healthcare services to ensure that existing delivery platforms could be leveraged for integrated MDA.
- Provided technical support for medicine management including tracking of in-country stocks and, co-development of inventory dashboard with WHO Headquarters. ESPEN supported the adjustment shipment schedules to prevent stock expiry in countries.
- Engaged with implementing partners such as The END Fund, Sightsavers, and Unlimit Health to secure complementary support for logistics and campaign implementation.

As a result, 28.4 million tablets identified in country inventories were delivered during 2025 through integrated campaigns – safeguarding medicine stocks and sustaining community access to treatments. This rapid coordination exemplifies ESPEN's leadership in maintaining programme continuity amid financial disruptions and advancing integrated, country-led NTD delivery models.

In 2026, ESPEN's leadership will continue to focus on enhancing regional analytics, expanding the ESPEN Portal's interoperability with national HMIS platforms, and refining the IU Planner for real-time monitoring of funding and implementation gaps. These efforts will ensure that African NTD programmes remain resilient, adaptive, and guided by the best available evidence even under resource-constrained conditions.

Impactful stakeholder engagement

In 2025, ESPEN convened NTD programme managers, donors, implementing partners and other key stakeholders through a series of regional platforms. The 6th Annual NTD Programme Managers Meeting in Lomé, Togo, brought together more than 240 participants from 41 countries to review progress, share field experience and shape integrated approaches to accelerate implementation of NTD interventions.

The Regional Integrated Workshop on Data Collection, Reporting and Utilization in Brazzaville, Congo, gathered 69 participants from 15 countries and key partners for hands-on work with ESPEN Collect and the Joint Application Package (JAP) across the data value chain, from collection and reporting to programme use, forecasting and supply planning. In July, ESPEN convened a high-level 'Reaching the Last Mile Together' strategic workshop with key donors and partners, including the Gates Foundation and CIFF, to align around ESPEN's 2026–2030 Strategic Framework and sustain joint investment in integrated, country-led approaches.

The PC-NTD Regional Programme Advisory Group (RPAG), a regional expert technical body supporting the WHO Regional Office for Africa and Member States, held its 10th meeting in Brazzaville in October. Members reviewed progress on 2024 recommendations, were briefed on the new ESPEN Strategy 2026–2030 and provided guidance on a range of technical and strategic issues, including One Health integration, morbidity management, cross-border collaboration and data use.

Together, these high-level convenings ensure that dialogue between programme managers, technical experts and partners translates into coordinated, data-driven action that accelerates implementation and keeps countries on track to achieve the NTD roadmap goals.

> In 2025, ESPEN strengthened regional coordination by convening programme managers, partners and donors to advance integrated NTD delivery, strengthen data use (ESPEN Collect/JAP), align investment around the ESPEN 2026–2030 Strategy, and leverage RPAG guidance—turning dialogue into coordinated, data-driven action toward NTD roadmap goals.

Impact story

Tamari's Triumph: a personal victory in Burundi's fight against onchocerciasis

A community drug distributor (right) provides treatment for onchocerciasis to a family.

Tamari, a 68-year-old grandmother from Cibitoke province in northwestern Burundi, remembers the darkest days of her life vividly. "I suffered from onchocerciasis for years. At one point, I couldn't sit down, and I scratched myself until I bled. I was so desperate that I prayed to God to let me die," she recalls. Her body was covered in painful, pus-filled sores, and hope seemed out of reach.

Cibitoke is one of 12 districts in Burundi where onchocerciasis—also known as river blindness—has long plagued communities. Affecting over 2.1 million Burundians, nearly 17% of the population, this neglected tropical disease (NTD) has been a persistent public health challenge.

But Tamari's story is now one of resilience and recovery. Thanks to Burundi's decades-long commitment to eliminating onchocerciasis, supported by the World Health Organization and partners, she has reclaimed her life. "Today, I no longer scratch

myself. I am grateful for the medicines we receive regularly," she says with a smile.

Since 2005, Burundi has implemented annual MDA campaigns using ivermectin, reaching hundreds of communities. By 2010, therapeutic coverage exceeded 80% and has remained at 100% since 2014. In 2023, a pre-stop MDA survey showed promising results: 12 out of 15 surveyed communities had near-zero seroprevalence, and only 0.4% of children under 10 tested positive in 2024.

At the Rugombo Health Centre, once a hotspot for onchocerciasis, no new cases have been reported in recent years. "After 20 years of treatment, we no longer see cases here," says Julien Bigirimana, a health promotion technician.

Behind these successes are dedicated community health workers, who walk for hours to deliver treatments and raise awareness. Despite limited resources and logistical challenges, their commitment remains unwavering.

Dr Dieudonné Nicayenzi, WHO's technical lead for NTDs in Burundi, emphasizes the importance of continued investment: "Eliminating onchocerciasis means restoring dignity and health to thousands. We must keep mobilizing resources and integrating NTD efforts into broader health systems."

Tamari's journey from despair to healing is a testament to what sustained public health action can achieve. Her story is not just about one woman's recovery—it's about a country's determination to eliminate a disease that once felt undefeatable.

> Burundi's sustained ivermectin MDA has driven onchocerciasis toward elimination—maintaining high coverage, delivering near-zero survey results and no recent cases in former hotspots—powered by committed community health workers and WHO support, while continued investment is essential to finish the job and integrate NTD efforts into the health system.


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Enhancing access to care through enabling environments

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Enhancing access to care through enabling environments

Expanding access to the HPV vaccine

During 2025, the DPC Cluster supported introduction of the HPV vaccine in three additional countries – **Angola, Ghana, and Namibia** – bringing the total number of countries in the region offering the HPV vaccine to 32. Following SAGE-endorsed recommendations on single-dose schedules, in Eastern and Southern Africa (ESA), the VPD Programme conducted technical missions and virtual consultations to translate global recommendations into actionable national policies and ensure operational readiness, resulting in rapid regional policy shifts. By October 2025, 71% of countries within ESA had officially adopted a single-dose schedule, up from 38% in December 2024.

Thanks to ongoing collaboration between the Regional Office and the Ministry of Health, **Chad** finalized their national plan for HPV introduction, which is set to be introduced in 2026. In the **Central African Republic** and **Congo**, the VPD Programme provided technical support towards vaccine readiness self-assessments and assisted in securing Gavi operational funds for vaccination activities in 2026. As part of efforts to improve HPV service delivery quality and outreach among hard-to-reach communities in **Cameroon**, school-health collaborations achieved 87% readiness and 65% coverage through integrated school-community vaccination campaigns.

In **Zimbabwe**, the Ministry of Health was supported by the DPC Cluster to revitalize their national HPV vaccination programme, including conducting a situational analysis, developing the revitalization strategy, coordinating across sectors, and supporting the transition to a mixed delivery model that includes school-based, routine health facility, and outreach-based service provision. Zimbabwe's first-dose HPV coverage dramatically increased from a low of 5% in 2022 to 80% in 2024, demonstrating a successful, rapid recovery for the country's immunization efforts.

The VPD Programme developed tools for integrating HPV vaccination data into routine health information systems and microplans, improving accountability and tracking performance. With technical assistance from the VPD Programme, **Chad** integrated HPV indicators into their health information system, while **Congo** and **Democratic Republic of Congo** adopted real-time dashboards for HPV vaccine campaign planning. As part of efforts to improve integration and reduce information silos, **Cameroon** piloted integrated primary healthcare planning using HPV and reproductive, maternal, newborn, child, and adolescent datasets.

> Burundi's sustained ivermectin MDA has driven onchocerciasis toward elimination—maintaining high coverage, delivering near-zero survey results and no recent cases in former hotspots—powered by committed community health workers and WHO support, while continued investment is essential to finish the job and integrate NTD efforts into the health system.

Supporting immunization campaigns

Measles

During 2025, 15 countries in the African Region were considered to have had "large and disruptive measles outbreaks",[i] while smaller-size outbreaks were reported in Namibia, Uganda, and South Africa. In response, the VPD Programme supported Member States in the preparation, planning, implementation, monitoring, and evaluation of preventive campaigns and outbreak reactive immunization activities. In West and Central Africa, the VPD Programme supported 12 Member States to plan and successfully implement measles or measles/rubella preventive mass immunization campaigns,[ii] **reaching 69.6 million children and adolescents**. Post-campaign surveys were conducted in 11 of the 12 countries, which showed **coverage ranging from 59% (Benin) to 93% (Senegal)**.

In East and Southern Africa, the VPD Programme provided essential support to 10 countries[iii] to prepare for national or subnational measles supplementary immunization activities (SIA), often, in integration with other immunization and health services. In **Kenya**, a nationwide measles/rubella immunization campaign was implemented together with typhoid conjugate vaccine. Achieving high

Burkina Faso: Vaccination campaign against measles and rubella

[i] Angola, Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Congo, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Malawi, Niger, Nigeria. and Togo.
[ii] Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal, and Sierra Leone.
[iii] Botswana, Comoros, Eswatini, Ethiopia, Kenya, Lesotho, Namibia, South Africa, South Sudan, and Zimbabwe.

administrative coverage for both vaccines (84% and 87% respectively), the integrated campaign was successful in optimizing resources and enhancing operational efficiency – demonstrating the effectiveness of integrated campaign strategies.

In **Ethiopia**, a measles campaign achieved 100% administrative coverage, integrating routine measles immunization with additional live-saving interventions for the population, including vitamin A supplementation, and screening for obstetric fistula and malnutrition. Similarly, in **Lesotho**, measles/rubella immunization activities were integrated with the administration of oral polio vaccine, vitamin A, and albendazole (used to treat parasitic worm infections). With support of the VPD Programme, Lesotho was able to implement strict quality-control mechanisms, including daily implementation plan updates and electronic tracking of supervisory and monitoring checklists.

Meningitis

In 2025, over 3.3 million people aged 1–29 years were protected from meningitis in **Chad, Niger, and Nigeria** through reactive vaccination campaigns using the meningococcal conjugate vaccine covering five serogroups (Men5CV). These campaigns resulted in a rapid containment of meningitis outbreaks, with transmission stopping within two weeks after the completion of the reactive vaccination. With the support of the VPD Programme, laboratory reagents, trans-isolate media, and lumbar puncture kits were supplied to high-risk countries to support outbreak confirmation and strengthen laboratory capacity for identifying meningitis pathogens.

With the support of the VPD Programme, 11 countries began implementation of their national plans to defeat meningitis by 2030.[iv] These plans aim to accelerate efforts for early detection, laboratory confirmation, and effective response to meningitis outbreaks.

Strengthening paediatric testing for HIV in Côte d'Ivoire

To address gaps in paediatric HIV testing, **Côte d'Ivoire** implemented the 100-Day Model District Acceleration approach (ADM 100) between September 2024 and June 2025 in 10 underperforming districts, with technical and financial support from WHO, UNAIDS, and UNICEF. The approach combined strategic planning, community outreach, and health system strengthening to intensify HIV testing among children and adolescents.

By June 2025, nearly **59 000 children and adolescents were tested**, resulting in 178 new HIV diagnoses, all of whom were promptly enrolled in treatment. Testing performance improved significantly in eight districts. Additionally, 250 health workers and community agents were trained, enabling the expansion of testing to new private and community sites, marking a major step forward in paediatric HIV case identification and care.

ADM 100 highlighted the importance of strong district leadership and local ownership. Districts that actively engaged in the approach saw the greatest improvements, especially where testing was intensified across all health service entry points and complemented by targeted outreach and index testing, which yielded the highest positivity rates. All children diagnosed were successfully linked to care, reflecting effective coordination between community actors and health facilities. The participatory nature of the initiative also helped accelerate implementation.

Moving forward, the HTH Programme will continue to work with Member States to ensure the availability of HIV testing supplies through better quantification of need, along with strengthening training for providers on adolescent-specific health and support needs.

[iv] Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ghana, Mali, Niger, Nigeria, and Togo.

Building regional solidarity to accelerate the elimination of viral hepatitis

On 28 October 2025, the Regional Office for Africa, through the HTH Programme, officially launched the Hepatitis Community of Practice (HepCOP) at the African Hepatitis Summit in Kigali, Rwanda. This landmark initiative brought together health leaders, policymakers, civil society, and technical experts from across the region to strengthen collaboration and accelerate the elimination of viral hepatitis as a public health threat. HepCOP seeks to strengthen regional solidarity and drive innovation by connecting stakeholders from 12 priority countries,[v] with additional countries expected to join as momentum builds. Through this collaborative platform, HepCOP members will exchange knowledge, document best practices, and coordinate efforts to accelerate the elimination of viral hepatitis across Africa.

HepCOP is set to catalyze new partnerships and establish itself as a key platform for advancing Africa's leadership in the fight against viral hepatitis. With support from the HTH Programme, HepCOP will play a vital role in advocating for high-level political engagement to ensure sustained commitment and national resource allocation. It will encourage countries to explore innovative financing mechanisms to support long-term hepatitis responses, such as engaging the private sector, philanthropic foundations, and health insurance schemes.

Investing in integrated NCD services

Cervical cancer is the leading cause of cancer-related deaths among women in sub-Saharan Africa, with 18 of the 20 countries with the highest global burden located in the region.[5] Breast cancer, in contrast, is the most frequently diagnosed cancer among women in Africa, accounting for approximately 16% of all female cancers.[6] The relatively high number of new cases and deaths are largely driven by late diagnosis and limited access to timely and effective treatment.

As part of efforts to strengthen strengthen integration within and between disease programmes and implement person-centred models of care, the NCD Programme partnered with the Roche Foundation to implement the innovative Women's Integrated Cancer Services (WICS) project in **Côte d'Ivoire**, **Kenya**, and **Zimbabwe**. The project integrates breast and cervical cancer screening with screening for common NCDs, including diabetes, hypertension, and mental health conditions. The project ensures women with pre-cancer cervical lesions receive treatment at the primary health care level, while complicated cases are referred to higher-level care. As part of the project, the NCD Programme provided technical leadership and coordination, supported the development of guidelines, provided capacity building opportunities to health workers, and facilitated partnerships with governments and private sector stakeholders.

As of November 2025, the WICS project has **screened over 10 000 women**, provided access to treatment for those with pre-cancer cervical lesions while referring those requiring specialized care appropriately, **trained over 200 health professionals**, and equipped targeted facilities with state-of-the-art diagnostic and treatment equipment for breast and cervical cancers. This integrated model demonstrates an efficient, cost-effective approach to early detection and management of women's cancers and common NCDs, contributing to improved survival and quality of life for women.

[v] Angola, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Nigeria, Rwanda, South Africa, United Republic of Tanzania, and Uganda, along with Namibia, a newly joined member.

Translating policy into practice for injury and disability prevention

Violence, injuries prevention, and disability inclusion remain under-resourced and fragmented in the African Region, particularly at the community and primary care levels. At the Seventy-fifth Session of the WHO Regional Committee for Africa (RC75) in Lusaka, Zambia, Member States endorsed the first-ever Regional Strategy to Strengthen Rehabilitation in Health Systems, developed in consultation with governments and non-state actors. The strategy provides a roadmap to expand access to rehabilitation services across the continuum of care and aligns with the World Health Assembly resolution on rehabilitation. The Regional Office engaged with partners including the World Rehabilitation Alliance, the International Society of Physical Medicine and Rehabilitation, and World Physiotherapy – Africa Chapter to ensure broad advocacy and dissemination.

To translate policy into practice, the NCD Programme supported implementation of the WHO Basic Package of Interventions for Rehabilitation in Dodoma and Manyara regions of the **United Republic of Tanzania**, integrating rehabilitation into primary care through a task-sharing approach. Primary care workers were trained to identify rehabilitation needs, deliver basic interventions, and refer patients when necessary, ensuring continuity of care post-discharge from secondary and tertiary facilities. This intervention has improved timely access to rehabilitation, patient functioning, and quality of life outcomes, demonstrating a scalable model for other countries in the region.

Tanzania: Disability inclusion in health

Partner spotlight

Expanding access to care for severe NCDs

Sierra Leone: Boosting efforts to transform care for NCD

The PEN-Plus approach to care, adopted by Member States in 2022, addresses the growing burden of severe chronic noncommunicable diseases (NCDs), such as type 1 diabetes, sickle cell disease, and rheumatic heart disease. These conditions disproportionately affect children and young adults and have remained largely unmanaged at first level referral health facilities. To change this, the WHO Regional Office for Africa partnered with The Leona M. and Harry B. Helmsley Charitable Trust (HCT), alongside other partners, to implement PEN-Plus, a strategy delivering integrated outpatient care for severe NCDs at first-level referral hospitals.

Building from the strong collaboration and partnership established between the NCD Programme and HCT, during 2025, 20 countries across the African Region implemented the PEN-Plus model, and approximately 60 additional district hospitals established integrated NCD clinics

for the management of PEN-Plus conditions. Countries are progressively expanding coverage, with **Rwanda** achieving nationwide coverage. In **Malawi**, 440 clinicians and nurses have been trained, six facilities upgraded, and hundreds of patients treated, with implementation reaching 50% of planned districts.

With financial support from HCT, the DPC Cluster has been working with Member States to establish national coordination mechanisms for PEN-Plus implementation based on strengthened multisectoral approaches and active stakeholder engagement; develop national operational plans, tools, protocols and guidelines for PEN-Plus implementation; and establish service delivery models to integrate PEN-Plus into national health systems. Implementation is guided by six key areas, each with their own corresponding target for 2030. As of November 2025, more than 18 000 people received treatment for severe NCDs in PEN-Plus clinics across the implementing countries.

As part of their commitment to ending NCDs in Africa, HCT supported the 2nd International Conference on PEN-Plus in Africa (ICPPA 2025). This was held in Abuja, Nigeria, from 8–10 July 2025, following the successful inaugural event held in April 2024 in Dar es Salaam, United Republic of Tanzania. ICPPA provides a pivotal platform to explore collaborative opportunities to align the PEN-Plus initiative with other existing public health programmes in the region. In recognition of the global implications of the innovations emerging from the conference, the WHO Regional Office for Africa made virtual participation in the event freely available.

Over 150 experts attended in person, while an additional 300 participants attended online.[7] Participants included high-level policymakers, global and regional experts, donors, development partners, private sector representatives, civil society organizations and NCD focal points from ministries of health across the African Region. During the conference, health leaders, policymakers, and development partners renewed their commitment to accelerating implementation of PEN-Plus to expand access to care for people living with severe NCDs. These achievements demonstrate that with strong political commitment, effective partner collaboration, and WHO's technical support, district-level health teams can successfully manage complex NCDs and significantly reduce preventable deaths among vulnerable populations.

Communication efforts such as ICPPA have sparked wide engagement and buy in. Several countries are now recognizing PEN-Plus as a proven model for tackling severe NCDs. Recently, **Eswatini** secured government approval and is now carrying out a needs assessment for national scale-up of PEN-Plus with support from the NCD Programme and partners. This milestone reflects the power of advocacy, partnerships, and strategic investment in proven models.

Dr Mohamed Janabi, WHO Regional Director for Africa addressing participants

Strengthening health systems

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Strengthening health systems

Building capacity and capabilities

Enhancing vaccine regulatory systems

Access to innovative, affordable, safe, and effective medicines is essential for improving Africa's disease response and pandemic preparedness. The African Region has committed to producing 60% of the continent's vaccine needs by 2040, a significant increase from the current 1%, aiming to secure both health and economic sovereignty.[8] Achieving the goal of local production across the region requires a robust and coordinated approach that addresses long-standing challenges such as weak regulatory systems, low research investment, and technical capacity gaps.

The WHO Regional Office for Africa, as the Secretariat of the **African Vaccine Regulatory Forum (AVAREF)**, launched a **comprehensive capacity-building initiative** to strengthen vaccine regulatory systems in 2025. Providing specialized and targeted workforce development to National Regulatory Agencies, 48 reviewers from 15 Member States[vi] were engaged during the year and will continue to be supported over the next two years with specialized training in critical areas such as clinical and non-clinical reviews, biostatistics, emergency preparedness, vaccine development, novel clinical designs, and advanced therapies.

The goal is to build comprehensive capacities in regulatory harmonization, the use of digital platforms, and the modernization of tools, guidelines, and guidance documents. This two-year initiative goes beyond theory: participants will be actively engaged in real-life multi-country clinical trial assessments and joint reviews, ensuring practical experience. By embracing a life-cycle approach, the Regional Office, through AVAREF, is equipping regulatory agencies with modern tools, digital platforms, and harmonized guidelines, laying the foundation for faster, safer vaccine approvals and resilient health systems, ultimately contributing to the region's vaccine manufacturing ambition.

In 2025, the AVAREF Secretariat jointly delivered AVAREF's customized comprehensive training for the evaluation of clinical trial applications for 17 evaluators from the National Regulatory Agencies in **Angola, Cape Verde, Equatorial Guinea, Guinea-Bissau, Mozambique, and Sao Tome and Principe**. This 5-day training covered all aspects of the review of clinical trials and provided participants with practical and real-world applications. This milestone addressed an urgent capacity gap in Lusophone member states—none of which have reached WHO Maturity Level 3—marking a major step toward strengthening regulatory systems for clinical trials.

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Angola cholera vaccination

[vi] Botswana, Burkina Faso, Ethiopia, Gabon, Gambia, Ghana, Kenya, Malawi, Nigeria, Rwanda, Senegal, South Africa, United Republic of Tanzania, Uganda, and Zimbabwe.

Strengthening responses to NCDs

To strengthen implementation of the WHO Global Oral Health Action Plan, the NCD Programme convened seven targeted regional webinars, **engaging over 645 participants** from Member States, academia, and partners. The series facilitated peer learning, progress tracking of national oral health roadmaps, and consultation on the draft Regional Framework for Oral Health. It also promoted exchange of good practices on oral health governance, integration into UHC, workforce development, prevention, and data systems. By year-end, 28 of 47 Member States had developed or updated their national oral health roadmaps.

The regional framework on oral health calls for integration of noma, a severe neglected tropical disease, into national health strategies in endemic countries, with noticeable progress in several countries across the region, including **Ethiopia**. With NCD Programme support, over **230 health extension workers and 2380 volunteers were trained to integrate noma surveillance** into the onchocerciasis mass drug administration campaign, **reaching 1.2 million people** and identifying new cases for early treatment. This success led to inclusion of noma in Ethiopia's national NTD master plan, adoption of an integrated oral health service delivery model, and development of key monitoring indicators for use in 2025.

The **United Republic of Tanzania** emerged as a regional leader in promoting physical activity through joint implementation of WHO's Global RECAP Programme and the PATH–WHO–IOC Community Sport and Health Cooperation Initiative. Through RECAP, the country advanced policies on food labelling, marketing restrictions, and school-based physical activity promotion, while fostering collaboration across health, education, finance, and sport ministries. Under the PATH–WHO–IOC initiative, more than **128 000 people participated in sport-based health promotion activities** across schools, workplaces, and communities, and **over 1000 practitioners were trained** to integrate physical activity into their professional practice. These initiatives have embedded physical activity and healthy lifestyles into Tanzania's national health agenda, demonstrating a sustainable, multisectoral model for NCD prevention in Africa.

Through the NCD Programme, the Regional Office advanced regional efforts to reduce exposure to NCD risk factors through strengthened country capacity, policy coordination, and community engagement. An intercountry workshop on the WHO SAFER Initiative to reduce alcohol-related harm was convened in April 2025, **bringing together 55 participants from 15 countries**, including Angola, Ghana, Kenya, Nigeria, and Uganda. The workshop, a follow-up to the 2023 intercountry learning event, engaged representatives from health, transport, finance, and justice sectors, reflecting the multi-sectoral nature of alcohol control. Supported by experts from WHO Headquarters, the WHO Regional Office for Africa, and WHO Country Offices, countries developed national roadmaps for implementing priority SAFER interventions. Following the workshop, multi-sectoral coordination platforms were established in several countries to strengthen alcohol control and road safety policies.

Facilitating data-driven decision making

As part of efforts to institutionalize data-driven measles risk monitoring in the African Region and facilitate evidence-based decision-making, in 2025, the VPD Programme transformed the traditional Excel-based Measles Programmatic Risk Assessment Tool (MRAT) into an interactive **Shiny web application**. This digital platform automates data preparation, analysis, and reporting. Enabling real-time visualization of vaccination coverage, dropout rates, and trends across countries and districts, the dashboard has

become a cornerstone of regional reviews of malaria vaccination, fostering targeted action and accountability. Ongoing improvements focus on refining data quality and expanding participation of countries yet to share their data, reinforcing a culture of transparency and performance monitoring.

In 2025, the **Democratic Republic of Congo** launched an Integrated EPI Platform (Plateforme Intégrée du PEV RDC). Developed with the financial and technical support of the Regional Office for Africa, and led by the VPD Programme, the platform unifies vaccination coverage, surveillance indicators, data quality checks, and monthly bulletins in one dynamic web-based platform. Fully co-designed with the national EPI, it has transformed how data are accessed, analyzed, and used for decision-making, marking a major leap toward real-time, evidence-driven programme management and country ownership.

In response to the burden of malaria in the region and persistent gaps in intervention coverage, WHO and partners are promoting data-driven initiatives aimed at accelerating progress, including the High Burden to High Impact (HBHI) initiative, which targets the highest burden countries in the region to get back on track to achieve the Global Technical Strategy for malaria 2025 milestones. With support of the TVD Programme, one such initiative on malaria data repositories has been rolled out in Guinea and Togo, which aims to strengthen malaria surveillance and data systems to improve evidence-based decision making and enable targeting of high impact interventions to reduce morbidity and mortality.

The programme is also disseminating guidance and enhancing the effective use of malaria data repositories in conducting sub-national tailoring of interventions, malaria programme reviews and strategic planning in **Burkina Faso, Nigeria, and United Republic of Tanzania** based on experiences in countries such as Ghana and Mozambique.

Demonstrating leadership in health

Reaffirming WHO's leadership in HIV, hepatitis, and STIs

The WHO Regional Office for Africa, co-sponsored the 23rd International Conference on AIDS and STIs in Africa (ICASA) 2025, providing a vital opportunity to reaffirm WHO's leadership in the regional response to HIV, hepatitis, and STIs. The conference was especially timely, given the evolving global health financing landscape and the need for renewed commitment and strategic collaboration. The event served as a platform to engage high-level political and public health leaders from across Africa and beyond in discussions on current challenges, best practices, and lessons learned, helping shape new trajectories toward the 2030 goals. During ICASA, WHO disseminated its latest guidelines, policies, and action frameworks, and showcased progress made by Member States in addressing communicable diseases and strengthening health systems.

The Regional Office contributed to the overall organization of the conference and led five dedicated satellite sessions. These included a session on Lenacapavir (a long-acting antiretroviral medication used to treat and prevent HIV/AIDS) rollout in the African Region, an update on new WHO guidelines, a discussion on accelerating hepatitis B birth dose vaccination, a session on triple elimination pathways, and a final session on optimizing HPV vaccination strategies for adolescents and women living with HIV.

Sustaining leadership in malaria control

Following endorsement of the Yaounde Declaration for accelerated malaria mortality reduction in Africa, **Burkina Faso, Cameroon, Nigeria, and Uganda** have established national monitoring and accountability mechanisms to sustain political commitment, with technical assistance and financial support from the TVD Programme.

All HBHI countries received external review teams from the Regional Office for Africa to support the review of malaria programmes in 2025, while **Burkina Fasoo, Nigeria, Uganda, and United Republic of Tanzania** were supported to update their national malaria strategies, integrating innovative approaches to accelerate malaria mortality reduction. New HBHI countries, Cote d'Ivoire and South Sudan, were supported to conduct self-assessment to determine new strategic directions. As part of this approach, the TVD Programme provided guidance and technical support to countries to revise malaria policies and introduce new tools such as malaria vaccines (**Ethiopia, Guinea, Mali, and Togo**), expanded chemoprevention strategies (**Cote d'Ivoire and Mauritania**), and supported implementation of multiple first line therapies (**Burkina Faso and Rwanda**).

Strengthening leadership on climate change

Following approval of the Global Action Plan on Climate Change and Health at the 78th World Health Assembly, the DPC Cluster worked to reinforce leadership, coordination, and advocacy at the regional level. With support of WHO Headquarters, the Regional Office co-convened the Alliance for Transformative Action on Climate Change and Health (ATACH) Global Meeting in July 2025, which mobilized over 15 African countries. The ATACH Global meeting made substantive inputs into the Belem Health Action Plan, which was launched at COP30 in Belem, Brazil. A series of joint webinars organized by the Regional Office and partners further enhanced coordination and knowledge exchange across regions.

CHE partnered with WHO Headquarters and the United Nations University International Institute for Global Health to organize a high-level side event at COP30, bringing together policy makers, funders, and partners. As a result of the ongoing efforts and this event, **Zimbabwe** formally wrote to COP30 Presidency to request health to be a formal agenda item at United Nation's Climate Change Conferences, and **Malawi** has written to formally support the request. In October 2025, The Regional Office co-organized the Pan-African Conference on Environment, Climate Change and Health: Science to Policy, held in Nairobi, which culminated in the Nairobi Declaration on Climate Change and Health.

WHO, through the CHE Programme, continued to make significant strides in mobilizing countries to join ATACH, which reached a major milestone of 100 member countries globally in 2025. Africa comprises the largest share with 31 countries, including new members **Namibia and South Africa,** who joined this year. Countries in ATACH commit to developing health systems that are resilient to climate impacts and sustainable through low-carbon approaches, in line with the COP26 Health Agreement. All members benefit from the shared knowledge and experience available across the platform. In the African Region, the target set in the regional framework aims for 100% participation by all Member States by 2028, demonstrating strong leadership from Africa.

CHE successfully mobilized at least 16 countries[vii] to develop a portfolio of project proposals for submission to the Adaptation Fund, amounting to over US$ 100 million in potential investment. These proposals encompass innovative approaches to climate change adaptation and health system resilience, addressing vulnerabilities in areas such as early warning systems, vector-borne disease control, and climate-resilient infrastructure. This achievement has positioned WHO as a key partner and technical leader in climate and health resource mobilization across the African Region. By supporting countries to access climate finance, the Regional Office is strengthening national ownership, promoting multisectoral collaboration, and advancing the implementation of national adaptation priorities aligned with the Global Action Plan on Climate Change and Health.

Ensuring active health sector participation in food safety

National food safety systems across the African Region are burdened by outdated policy and regulatory frameworks that fail to adequately address current and emerging food safety issues or align with international standards such as the Codex Alimentarius.[viii] Additionally, countries are constrained by limited technical capacity hindering their ability to engage effectively in Codex standard-setting processes.

The Regional Office has been pivotal in providing the leadership required to ensure active health sector participation in Codex work and promoting adherence to Codex standards to safeguard public health. The overarching goal is to establish robust food safety systems anchored in updated policies and regulations, aligned with international standards, and capable of protecting populations across the African Region.

Through strategic collaboration with FAO, via the Codex Trust Fund mentoring and coaching programme, technical assistance, and targeted advocacy, NUT has enabled countries to make remarkable progress in aligning their regulatory frameworks with Codex standards. These initiatives have amplified Africa's voice in global food safety governance and positioned the Regional Office as a catalyst for change. In 2025, for example, **Sierra Leone** integrated 50 Codex standards into its national regulatory framework, reinforcing its "Feed Salone" agenda. **Malawi** developed Codex-aligned standards, while **Zambia** built national expertise in digital Codex tools, strengthening local leadership. These achievements mark decisive steps toward operationalizing the regional monitoring and evaluation framework tracking progress toward the targets of the WHO Global Strategy for Food Safety 2022–2030.

> In 2025, the Regional Office—through NUT and in partnership with FAO/Codex Trust Fund—helped countries modernize food safety policies and regulations to align with Codex standards, boosting Africa's participation in global standard-setting and strengthening national systems to protect public health (e.g., Sierra Leone integrated 50 Codex standards, with progress also in Malawi and Zambia).

[vii] Benin, Burkina Faso, Cabo Verde, Comoros, Congo, Democratic Republic of Congo, Guinea, Kenya, Malawi, Mozambique, Namibia, Sao Tome and Principe, Seychelles, Uganda, Zambia, and Zimbabwe.

[viii] The Codex Alimentarius is a collection of internationally recognized standards, codes of practice, guidelines, and other recommendations published by the Food and Agriculture Organization and World Health Organization relating to food, food production, food labelling, and food safety

Programme spotlight

Accelerating national protocols for the prevention and management of child wasting

Health workers at Kapelebyong Health Centre IV provide a mother with nutrition information.

Countries across the WHO African Region continue to face significant challenges in preventing and managing child wasting, including outdated national guidelines, fragmented service delivery, and limited capacity to apply the latest global recommendations. These gaps have hindered the adoption of evidence-based practices aligned with the 2023 WHO Guidelines on the Prevention and Management of Wasting and Nutritional Oedema, contributing to preventable morbidity and mortality among millions of children.

In response, the Regional Office has been a driving force behind transforming this landscape. Leveraging its normative authority and convening power, the Nutrition and Food Safety (NUT) Programme has led a coordinated regional effort to accelerate the revision of national protocols and strengthen the quality of care for child wasting. Support included high-level advocacy to secure government commitment, targeted technical assistance for gap analysis and protocol drafting, and the development of operational roadmaps tailored to country

contexts. The overarching goal is to equip all Member States with updated, harmonized, and implementable protocols grounded in global standards.

Through strategic collaboration with UNICEF, WFP, FAO, UNHCR, NGOs, academia, and key donors – NUT has mobilized the financial and technical resources required to sustain this regional agenda. Regional coordination mechanisms such as peer reviews, cross-country exchanges, and capacity-building workshops fostered institutional ownership and accelerated progress toward full protocol alignment. These partnerships also facilitated the establishment of a regional pool of 32 technical experts to support countries throughout adaptation and implementation.

A defining feature of this initiative has been the integration of digital and AI-enabled solutions to overcome geographic, financial, and operational barriers. NUT championed the use of virtual platforms, including Teams, Zoom, and WhatsApp for real-time coordination, while AI-assisted tools supported rapid gap analysis, validation of technical content, and harmonization across countries. These innovations reduced the need for in-country travel, shortened timelines, and enabled faster movement from assessment to endorsement.

During 2025, 26 countries were actively revising national protocols aligned with the 2023 WHO guideline. Eighteen countries have technically validated revised protocols,[ix] with several already endorsed by national authorities.

NUT developed a regional Quality-of-Care Improvement Tool, field-tested in Niger and South Sudan, and strengthened through two regional workshops involving Burkina Faso, Ethiopia, and Madagascar. Using this tool, countries have enhanced implementation capacity through quality-of-care assessments, paediatric death audits, updated job aids, and improved readiness of stabilization services. In South Sudan, the tool supported major improvements at Al Sabbah Children's Hospital, where WHO trained 47 health workers, expanded stabilization-centre capacity, strengthened clinical audits, and contributed to early reductions in preventable deaths among severely malnourished children.

Central to this progress is NUT's leadership in convening and mobilizing stakeholders. By uniting governments, UN agencies, technical networks, and donors through regional forums and technical webinars, WHO has created dynamic platforms for peer learning, consensus-building, and coordinated action. These processes enabled countries to share lessons, identify policy and operational priorities, and agree on strategies for implementing revised protocols at scale—including supply readiness, supportive supervision, integration into child health services, and sustainable financing.

This coordinated regional effort has delivered systemic transformation, equipping countries with evidence-based protocols, improved service quality, and strengthened institutional capacity to prevent and manage child wasting in line with global best practices. Continued financial and technical support will accelerate full implementation and ensure sustainable, life-saving impact for millions of children across Africa.

[ix] Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Eswatini, Ethiopia, Guinea, Kenya, Madagascar, Malawi, Mauritania, Niger, South Sudan, Togo, Uganda, and United Republic of Tanzania.

Providing targeted technical assistance

Strengthening endgame strategies on polio eradication

To achieve a polio-free world, the Global Polio Eradication Initiative (GPEI) has re-envisioned the endgame pathway with an urgent call for collective ownership and accountability across the GPEI partnership and with governments, communities, and other stakeholders. With support of the DPC Cluster, VPD Programme staff and partners conducted a Polio Outbreak Simulation Exercise (POSE) to test the robustness of **South Africa's** national outbreak preparedness and response plan. POSE, which closely replicates real-life scenarios of responding to a polio outbreak, is a critical tool in improving understanding of outbreak response steps. At the conclusion of the exercise, the overall ability of South Africa to respond to an outbreak was scored at 85% – a considerable improvement from the previous POSE conducted in 2023, which scored country capacity at 56%.[9]

In the **United Republic of Tanzania**, staff from the DPC Cluster conducted a technical mission in 2025 to provide support on the Gavi 6.0 transition process and follow-up on the country's national immunization strategy, which is on track for finalization by January 2026. The VPD Programme provided technical support to countries to introduce the second dose of inactivated poliovirus vaccine (IPV2), including sharing technical documentation and training materials. With **Kenya** introducing IPV2 in October 2025, all 20 countries in East and Southern Africa have now introduced IPV2 into their routine immunization programmes – a key milestone in the polio endgame strategy.

Strengthening community protection and resilience during outbreak response

In 2025, the HPD Programme, working as part of the African Region Community Protection and Resilience Coordination team, played a central role in supporting outbreak responses across the African Region. In collaboration with various pillars of emergency preparedness and response, and key partners such as Africa CDC, the Programme provided technical guidance on community protection and resilience during outbreaks to **11 countries**.[x]

The Programme contributed to the development of strategic guidance, risk communication and community engagement (RCCE) materials, and facilitated the collection and use of behavioural and social data to inform preparedness and response strategies. Support encompassed training of RCCE teams and community health workers, development of culturally appropriate health literacy materials, inclusive outreach to marginalized groups, and survivor-led stigma reduction campaigns. The HPD Programme also played a key role in infodemic management, social listening, and translating behavioural insights into action.

These efforts helped increase treatment-seeking behaviour, reduce discrimination, and build community trust—critical for effective outbreak control. In addition, collaboration with regional partners such as Africa CDC was strengthened through joint action planning and active participation in the Health Promotion and Community Engagement for Social and Behaviour Change Community of Practice in Africa. This continental platform fosters strategic dialogue, peer learning, and coordination among Member States and stakeholders to institutionalize best practices, drive innovation, and enhance community resilience across public health.

[x] Ethiopia, Ghana, Guinea, Kenya, Liberia, Malawi, Mozambique, Sierra Leone, Togo, United Republic of Tanzania, and Uganda.

In 2025, suspected localized malaria outbreaks were responded to in **Cabo Verde**, contained in **Botswana and Namibia**, and prevented in the **Democratic Republic of Congo, Eswatini, South Africa, United Republic of Tanzania (Mainland), and Zimbabwe** through monitoring of epidemic thresholds and deployment of control measures. The Regional Office for Africa deployed a field mission to support the Ministry of Health in **Botswana** and provided remote support to **Namibia's** malaria programme to assess and strengthen the outbreak responses. The mission identified operational gaps across surveillance, vector control, logistics, and case management. In response, staff worked with the Ministry of Health to replenish diagnostics and antimalarial stocks through the development of stock redistribution and resource mobilization plans and provided training on surveillance personnel. The Regional Office also led a three-level bottleneck identification and response mission to **Cabo Verde** regarding efforts to prevent reestablishment of malaria on the back of a dengue and malaria outbreak.

Strengthening tobacco control

Accelerating implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) is one of the key pillars for attainment of SDG 3, specifically Target 3.a. With technical support from the HPD Programme, landmark tobacco tax policy reforms were successfully implemented in Member States during 2025, reflecting a growing commitment across the region to leverage fiscal policy as a powerful tool for public health. In **Côte d'Ivoire**, tax was raised from 49% to 70%, the largest increase in a decade, tripling its health levy to support HIV and tobacco control programs. **Cabo Verde**, **Ethiopia, Kenya, the Gambia, Rwanda, Senegal, Sierra Leone, South Africa, Uganda, and Zambia** all increased taxes on cigarettes and tobacco products in 2025, while **Kenya** reformed its tax structure by adopting a uniform specific tax. These tax rate changes and structural improvements were aligned with WHO best practices.

The HPD Programme strengthened implementation of national tobacco control laws through training over 350 enforcement officers across six countries on key tobacco control law provisions,[xi] including enforcement of Smoke-Free Environment (SFE) policies and the ban on Tobacco Advertising, Promotion and Sponsorship (TAPS). Following the training, and with ongoing technical support from the HPD Programme, **Ethiopia and Uganda** successfully implemented SFE policies, with Uganda reporting over 25 arrests for violations, demonstrating active enforcement and public accountability. In addition, **Sierra Leone** developed a National Enforcement and Compliance Guide, while **Madagascar and Namibia** developed their National Clinical Guidelines for Tobacco Cessation.

HPD continued to champion the transformative Tobacco-Free Farms initiative, enabling farmers to transition from tobacco to sustainable alternative crops. In 2025, more than **13 000 farmers in Kenya and Zambia** received ongoing technical and financial support from WHO to diversify livelihoods and improve food security. Building on this success, the Regional Office, in collaboration with WHO Headquarters, secured a **US$ 1.7 million grant from the Gates Foundation** to scale up the initiative. Expansion plans include **Uganda in 2026**, followed by **Malawi and United Republic of Tanzania in 2027**, reinforcing WHO's commitment to reducing tobacco dependence and promoting healthier, economically resilient communities across Africa.

[xi] Côte d'Ivoire, Namibia, Nigeria, Sierra Leone, Uganda, and Zambia.

Strengthening food safety systems for emergency response

Robust national food safety systems are essential for managing food safety incidents and emergencies. While the African Region has expanded membership in the International Food Safety Authorities Network (INFOSAN), significant challenges remain in advancing multisectoral collaboration and ensuring active engagement to fully leverage the network's benefits.

The NUT Programme has played a leading role in strengthening incident and emergency response mechanisms across the Region. This leadership includes promoting active participation in INFOSAN, coordinating regional capacity-building initiatives, and advancing laboratory-based foodborne disease surveillance, particularly antimicrobial resistance (AMR) in foodborne pathogens, alongside risk assessment. These efforts are central to WHO's vision of building resilient systems capable of protecting public health.

A major milestone was the regional assessment led by NUT, which identified barriers to active INFOSAN engagement and informed a regional meeting that defined strategies to improve preparedness and response capacities within the framework of the International Health Regulations. Key barriers identified include weak in-country coordination and limited technical capacity among members, issues WHO is actively addressing through targeted interventions.

Further, NUT supported national data-driven approaches have enabled food safety system capacity mapping in **Madagascar and Sierra Leone**, identifying strengths and gaps to inform country-specific roadmaps for strengthening national systems. These efforts represent important steps toward accelerating implementation of the regional framework and the WHO Global Strategy for Food Safety (2022–2030). In addition, NUT facilitated the development of a multisectoral food safety emergency response plan in **Lesotho**, marking a critical advancement in preparedness.

> The NUT Programme is strengthening food safety emergency preparedness in the African Region by boosting active INFOSAN engagement, improving multisectoral coordination, and expanding laboratory surveillance (including AMR) and risk assessment—backed by a regional assessment to remove engagement barriers and country support that delivered capacity mapping and roadmaps (Madagascar, Sierra Leone) and a multisectoral emergency response plan (Lesotho) aligned with IHR and the WHO Global Food Safety Strategy 2022–2030.


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Innovation spotlight

Community protection and resilience training package

John Kismir, from WHO Kenya conducts health education sessions with school children to communicate sexual and reproductive health information and address teenage pregnancies.

From June to November 2025, the Regional Office for Africa developed and launched the first-of-its-kind Community Protection and Resilience (CPR) training package, developed through a strategic collaboration between the DPC Cluster, the Emergency Preparedness and Response (EPR) team, and the Regional Director's Office.

Funded by the UK Foreign, Commonwealth & Development Office through the Joint Emergency Action Plan, the CPR package integrates disciplines from community engagement, risk communication, infodemic management, behavioural insights, health promotion, and primary health care, offering countries a unified framework to strengthen community protection and resilience before, during, and after health emergencies.

The inaugural training of trainers' workshop in Kenya aimed to equip participants with the knowledge and skills to deliver the CPR package, foster multisectoral

collaboration, and create sustainable capacity for cascading training at national and subnational levels, in line with the WHO Regional Strategy for Community Engagement.

Over 35 participants from different disciplines representing **Burkina Faso, Côte d'Ivoire, Ghana, Liberia, Senegal, South Africa, South Soudan, Tanzania, United Republic of Tanzania, Zambia, and Zimbabwe**, along with colleagues and partners reported increased confidence in applying community engagement and resilience concepts; one trainer shared how simulation exercises helped them rethink their approach to community mobilization.

Building on this momentum, the DPC Cluster, in collaboration with the EPR and ORD (Office of the Regional Director) Clusters from the Regional Office, organized stakeholder training sessions in November 2025 to accelerate country-level implementation and institutionalize community resilience across the WHO African Region. Over 90 participants from 22 countries actively engaged in the sessions.[xii] Participants included WHO Country Offices, ministries of health, institutes of public health, and community-based organizations. Key outcomes included enhanced capacity of country teams to integrate resilience-building strategies into health emergency preparedness and response plans; the development of action plans tailored to national contexts for institutionalizing community engagement; strengthened collaboration between WHO Country Offices and ministries of health to ensure sustainable implementation; and commitment to monitoring, evaluation, and learning of efforts to implement the regional strategy for community engagement.

> From June–November 2025, the WHO Regional Office for Africa launched the first CPR training package—funded by UK FCDO/JEAP and co-developed by DPC, EPR and ORD—to unify community engagement, RCCE, infodemic management, behavioural insights, health promotion and PHC, building scalable country capacity through ToT and stakeholder sessions (35+ trainees; 90+ stakeholders from 22 countries) to institutionalize community protection and resilience in emergency preparedness and response.

[xii] Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Gambia, Gabon, Mauritius, Malawi, Mali, Namibia, Nigeria, South Sudan, Togo, Uganda, United Republic of Tanzania, and Zimbabwe.

Priorities moving forward

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Priorities moving forward

The African Region faces numerous health challenges, including rapid urbanization, weak health systems, climate change, ongoing socioeconomic disparities, demographic pressures, limited healthcare funding, workforce shortages and cross-border health threats. Together, these challenges have created complex public health issues that need customized solutions. The WHO Regional Office for Africa, through its newly formed DPC Cluster, will play a key role in enhancing countries' abilities to strengthen health systems and progress towards universal health coverage.

Based on the successes, and challenges, of 2025, the priorities for 2026 remain clear:

- Accelerate progress towards disease elimination and control, ensuring no one is left behind.
- Strengthen immunization systems and sustain the gains made in vaccine-preventable disease control.
- Scale up action on noncommunicable diseases, mental health, and health promotion, tackling the underlying determinants of health.
- Enhance multisectoral collaboration and country support, focusing on impact, efficiency, and accountability.

The DPC Cluster, recognizing the challenges in this diverse and rapidly changing region, is committed to respond strategically and operationally, informed by an evidence-based approach to decision making. Moving forward, the cluster's strategic agenda – building resilient health systems – will be informed by the Ending Disease in Africa Strategy (ENDISA) developed by the Regional Office in 2022.

ENDISA's vision and mission will drive the Cluster's priority investments around **four niche functions**, each with clearly defined "outcomes of investment":

1. Leadership in coordination, partnership, and resource mobilization.
2. Generation of strategic information and knowledge products.
3. Development of WHO technical products, services, and tools.
4. Country support facilitation.

Within DPC, each programme has outlined concrete outcomes and outputs expected in each area of work by the end of 2026. With these clearly defined, priority activities will be implemented to achieve these goals, ensuring that the DPC Cluster focuses its efforts and resources effectively.

> In 2026, WHO's DPC Cluster will drive faster disease control & elimination, stronger immunization, and scaled NCD, mental health, health promotion, while boosting multisectoral country support—guided by ENDISA and delivered through four core functions: coordination & resource mobilization, strategic information, technical tools, and country support.

Annex 1. Financial and human resource analysis

Annex 1. Financial and human resource analysis

The DPC Cluster encompasses communicable diseases, noncommunicable diseases, violence and injuries and rehabilitation, nutrition and food safety, climate change and environmental health, and health promotion, social determinants of disease and the WHO Framework Convention on Tobacco Control. As such, the Cluster is responsible for Member State support for almost the entirety of Africa's total disease burden, which makes up 20% of the global burden of disease.

Overall, noncommunicable diseases are responsible for approximately 37% of deaths in the region, with communicable diseases such as malaria, tuberculosis, and HIV/AIDS, as well as nutritional conditions, still making up a large proportion of the disease burden. This does not consider the burden of illness and deaths resulting from climate change and environmental issues such as air pollution, as well as violence and injuries (now part of the noncommunicable diseases programme in the Cluster), and nutritional insults. This financial and human resource (HR) analysis needs to be seen in this context.

Staffing the cluster

The former UCN Cluster integrated three additional units and revised the organogram resulting in the new DPC Cluster, which now has 203 staff positions, a *reduction* of 19 total position from the previous structure. Due to restructuring, recruitment has paused, and to date, only 108 (53%) of DPC Cluster positions are filled. In addition to the 108 filled staff positions, the DPC Cluster has six additional staff hired on temporary contracts for special projects, bringing the total to 114 staff in the Cluster.

The largest programme, by both staff positions and disease burden, is Vaccine Preventable Diseases, with 81 positions, of which 52 (64%) are filled. No programmes are fully staffed.

Funding the work of the cluster

During 2025, US$ 79.5 million was available to DPC Cluster Programmes. This was allocated broadly to activities (US$ 32.5 million) and human resources (US$ 47 million). As of December 2025, overall utilization of activity funds was at 78%, while utilization of human resourcing was at 87%.

The top ten voluntary contributors accounted for 69% of all contributions the DPC Cluster received (see **Figure 1**), representing a decrease from the 2022–2023 and 2020–2021 biennium's (at 79% and 76% respectively). Gavi, the Vaccine Alliance, remains the largest voluntary contributor, accounting for 37% of all available resources for the 2024–2025 biennium.

Up until the end of 2025, the total number of contributors to the DPC Cluster increased to 68, which includes non-state actors (philanthropic organizations, private sector and non-governmental organizations), government and public institutions, UN agencies and international financial institutions, and global partnerships. Compared with the 2024–2025 biennium, the number of non-state actors has continued to increase (see **Figure 6**). While the increase in voluntary contributions is a positive trend, the heavily earmarked nature of voluntary contributions continues to represent a challenge for the DPC Cluster to deliver on its mandate.

Figure 1 Top 10 voluntary contributors to the DPC Cluster, WHO Regional Office for Africa, 2024–2025 biennium, as of December 2025

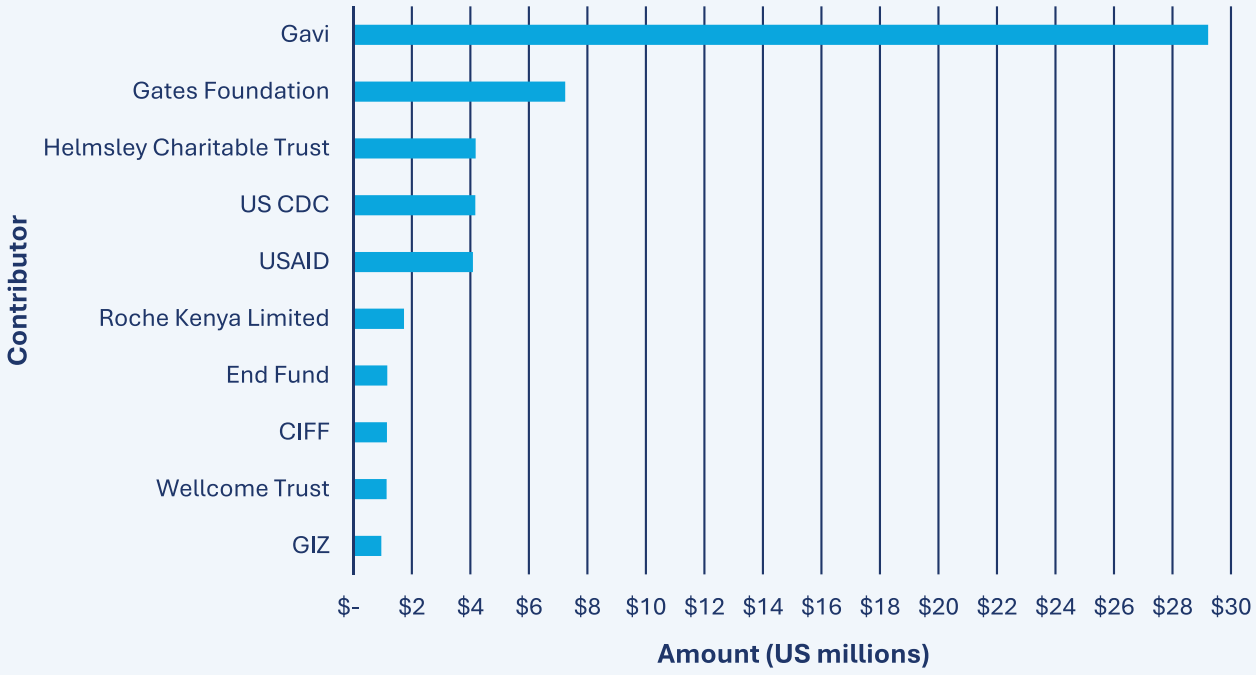

Figure notes:

CIFF Children's Investment Fund Foundation (UK)

Gavi Gavi, the Vaccine Alliance

GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit

USAID United States Agency for International Development

US CDC United States Centers for Disease Control and Prevention

Figure 2 Number of contributors by partner type, DPC Cluster, WHO Regional Office for Africa, 2024–2025 and 2024–2026 biennium's, as of December 2025

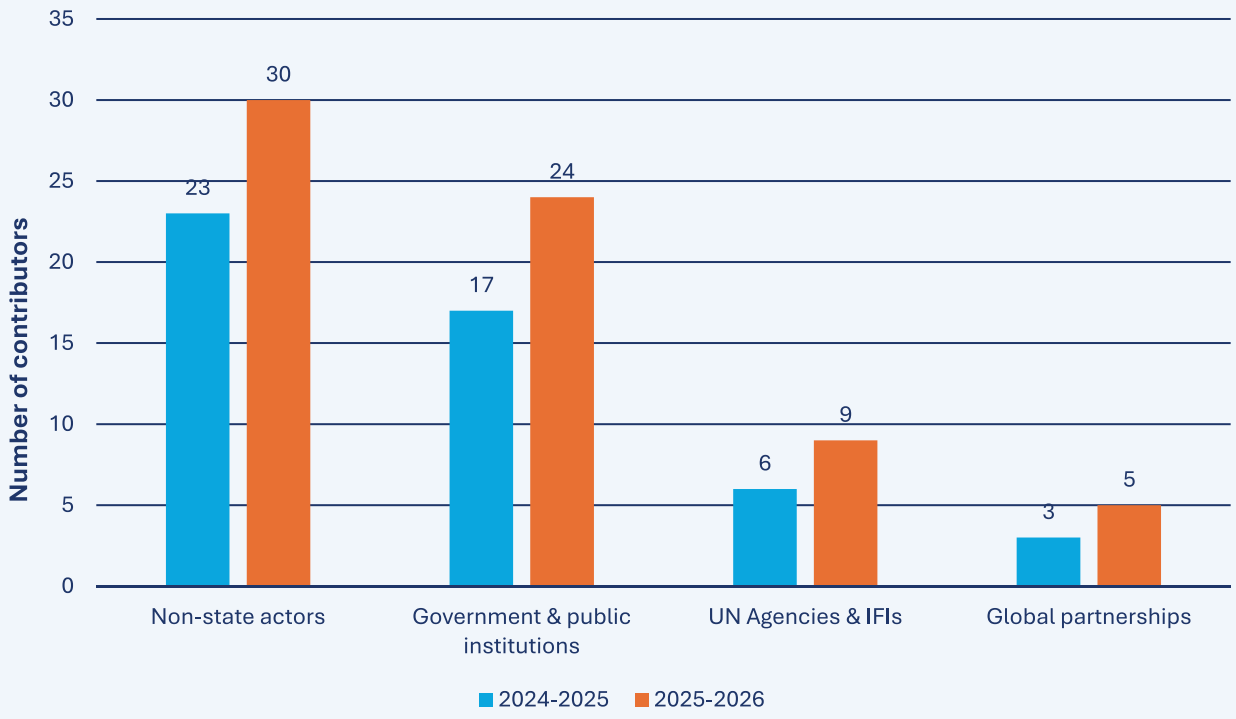

Figure notes: IFIs = International financial institutions

The year 2025 saw the DPC Cluster begin new multi-year partnerships, including a US$ 5 million contribution from the Children's Investment Fund Foundation, US$ 6.9 million from the Gates Foundation and US$ 5 million from the Kuwait Fund for Arab Economic Development, focusing on the elimination of neglected tropical diseases, and another US$ 2.4 million for advancing malaria data repositories and analytics from the Gates Foundation.

These resource mobilization and partnership efforts have contributed to the Regional Office's sustainable financing goals. The DPC Cluster takes this opportunity to express sincere gratitude to all donors and partners for their consistent commitment to regional health priorities and generous support to WHO and calls on donors and partners to continue providing more predictable and flexible resources to support the WHO African Region in achieving its disease control, elimination, and eradication goals.

Contributors to the DPC Cluster, WHO Regional Office for Africa	
Bloomberg Family Foundation	Ministry of Development Cooperation and Humanitarian Affairs, Luxembourg
Borrow Foundation	Ministry of Finance, Russian Federation
Carter Center	Ministry of Foreign Affairs, Denmark
CDC Foundation	Ministry of Foreign Affairs, Ireland
Centers for Disease Control and Prevention (CDC), United States of America	Ministry of Foreign Affairs, Monaco
Childhood Cancer International (CCI)	Norwegian Agency for Development Cooperation (NORAD)
Children's Investment Fund Foundation (UK)	Paul Ehrlich Institut (PEI)
Coalition for Epidemic Preparedness Innovations (CEPI)	Program for Appropriate Technology In Health (PATH)
Department of Foreign Affairs, Trade and Development (DFATD), Canada	Resolve To Save Lives
Department of Health and Social Care, United Kingdom	Roche Kenya Limited
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Germany	Rockefeller Foundation

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Contributors to the DPC Cluster, WHO Regional Office for Africa	
DG for Health Emergency Preparedness and Response Authority (HERA), European Commission	Sabin Vaccine Institute (SVI)
Directorate-General for International Partnerships (INTPA), European Commission	Sanofi-Aventis
End Fund	Sasakawa Health Foundation
Food and Drug Administration (USFDA), United States of America	Sightsavers
Foreign, Commonwealth & Development Office (FCDO), United Kingdom	Spanish Agency for International Cooperation (AECID)
Gates Foundation (Previously Bill & Melinda Gates Foundation)	St.Jude Children's Research Hospital
GAVI Alliance	Susan Thompson Buffett Foundation
Germany	Swedish International Development Cooperation Agency (SIDA)
Gilead Sciences Inc.	Swiss Development Cooperation Agency (SDC/DDC)
GlaxoSmithKline (GSK)	Task Force for Global Health (TFGH)
Global Financing Facility for Women, Children and Adolescents (GFF)	UN Multi-Partner Trust Fund Office (MPTF)
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	UNITAID
Helmsley Charitable Trust	United Nations Children's Fund (UNICEF)
Hilfsaktion Noma e.V.	United Nations Environment Programme (UNEP)

Continued....

Contributors to the DPC Cluster, WHO Regional Office for Africa	
International Diabetes Federation	United Nations Fund for International Partnerships (UNFIP)
International Vaccine Institute (IVI)	United Nations Office for Project Services (UNOPS)
Japan	United Nations Population Fund (UNFPA)
Joint United Nations Programme on HIV/AIDS (UNAIDS)	United States Agency for International Development (USAID)
Kuwait Fund for Arab Economic Development (KFAED)	Wellcome Trust
Lions Clubs International Foundation	WHO Foundation
London School of Hygiene and Tropical Medicine	World Diabetes Foundation
Merck KGAA	World Psychiatric Association (WPA)
Ministry for Europe and Foreign Affairs (MEAE), France	Zhongshan Ophthalmic Center, China

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