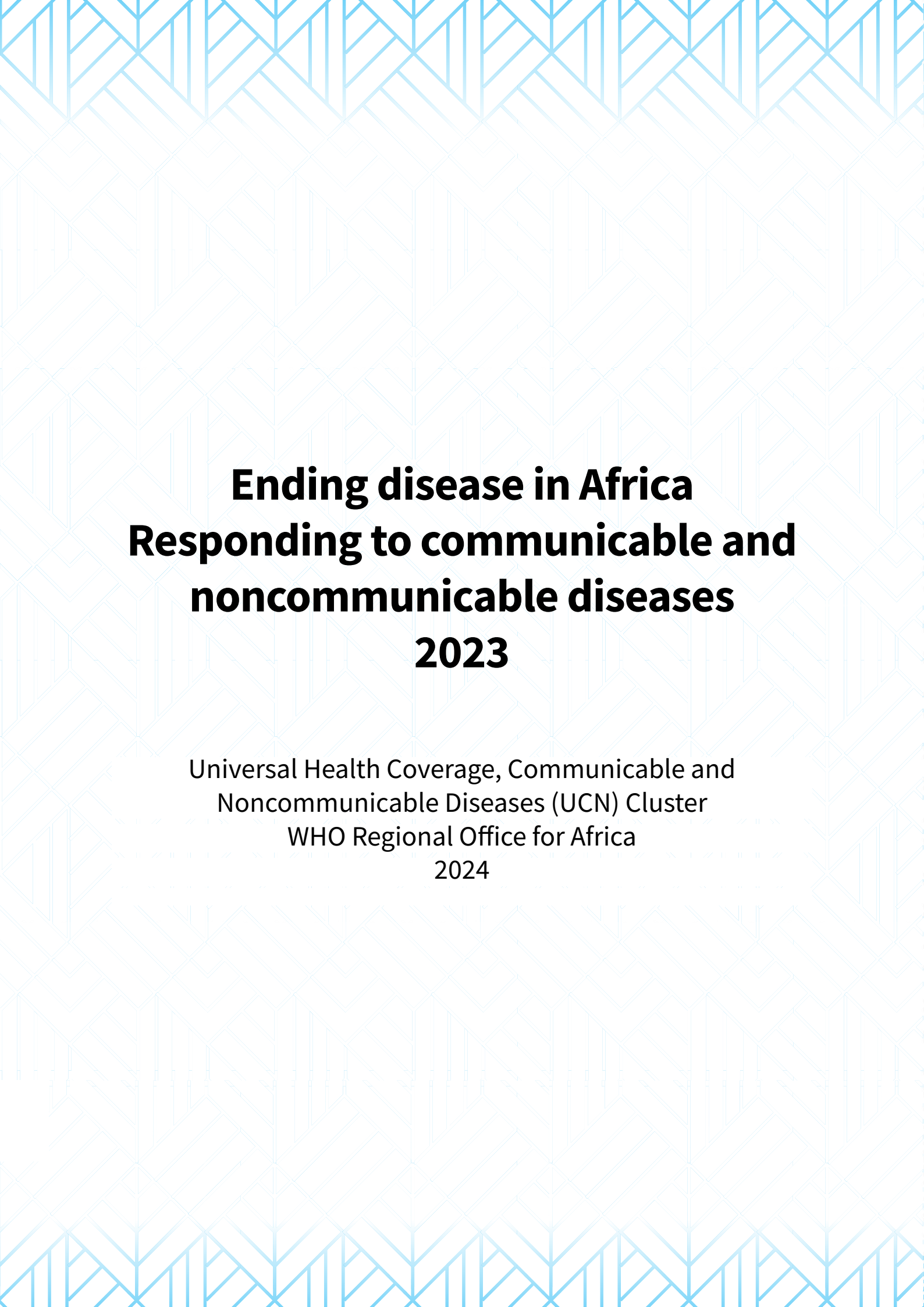




Ending disease in Africa

Responding to communicable and
noncommunicable diseases
2023



Ending disease in Africa Responding to communicable and noncommunicable diseases 2023

Universal Health Coverage, Communicable and
Noncommunicable Diseases (UCN) Cluster
WHO Regional Office for Africa
2024

WHO Regional Office for Africa
Universal Health Coverage I Communicable
and Noncommunicable Diseases

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WHO Regional Office for Africa (AFRO)
Cité du Djoué, Brazzaville, BP 06
Republic of Congo
Tel. +47 241 39260
Email: afrgocom@who.int
www.afro.who.int

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Foreword



As we move closer to the 2030 deadline set by the sustainable development goals, adopted by all Member States in 2015, how are we measuring progress? The WHO African Region arguably bears one of the greatest burdens of disease globally. This has always been exacerbated by poverty, which, in the decade prior to COVID-19, was on the decline. Now, however, these gains have been reversed, not only by COVID-19, but by a series of severe shocks during 2020 to 2022¹. Major threats include climate change, global instability, slowing economic growth, and conflict. This makes it ever more important that we at the WHO Regional Office for Africa focus on the central promise of the 2030 SDG agenda, which is to 'leave no-one behind', using a health systems-strengthening approach to move towards Universal Health Coverage.

This second progress report from the Universal Health Coverage, Communicable and Noncommunicable Diseases Cluster shows clearly how the strategic agenda of the Regional Office is being used to support Member States to close gaps in disease prevention and control, through the four special initiatives – strengthening systems and governance; strengthening institutional capacity; deploying precision public health; and bolstering research and innovation.

Our Region has the youngest population in the world – there are more than 400 million young people between the ages of 15 to 35 years². These young people are the key to Africa's sustainable development³. We at the WHO Regional Office for Africa are committed to working in full collaboration with governments and partners, to ensure the healthy populations required for continued economic and social development. Together we can end disease in Africa.

A handwritten signature in black ink, appearing to read 'M. Moeti'.

Dr Matshidiso Moeti
Regional Director for Africa
World Health Organization

¹ [The World Bank. Poverty.](#)

² [African Union. Youth Development.](#)

³ [United Nations. Young People's Potential, the Key to Africa's Sustainable Development.](#)

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Coordination

Benido Impouma and Bridget Farham.

Lead writer

Nicola Richards

Other contributors

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We also wish to acknowledge the support of WHO representatives, WHO country office teams and our many partners for their contributions and support to the work of the WHO Regional Office for Africa, UCN Cluster.

Abbreviations

ABYM	adolescent boys and young men
AGYW	adolescent girls and young women
AIDS	acquired immunodeficiency syndrome
AKMA	African Leaders Malaria Alliance
BU-LABNET	Buruli ulcer PCR laboratories network
CM-NTDs	case management neglected tropical diseases
CPHIA	Conference on Priorities in Health in Africa
cVDPV	circulating vaccine-derived polioviruses
DHIS-2	District Health Information Software 2
E8	Malaria Elimination 8
ECOWAS	Economic Community of West African States
eJRF	electronic Joint Reporting Form
EPI	expanded programme on immunization
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EVMA	Effective Vaccine Management Assessments
GDG	Guideline Development Group
GONE	Global Onchocerciasis Elimination Network
GPEI	Global Polio Eradication Initiative
HAT	human African trypanosomiasis
HAT eTAG	HAT elimination Technical Advisory Group
HBHI	high burden to high impact
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRP2/3	histidine-rich protein 2/3
HTH	HIV, tuberculosis, hepatitis and STIs
IPTi	intermittent preventive treatment of malaria in infants
JAP	Joint Application Package
JRF	Joint Reporting Form
LEAP	Leishmaniasis East Africa Platform
MCV	measles-containing vaccine
MDA	mass drug administration

MPAG	Malaria Policy Advisory Group
MVIP	malaria vaccine implementation programme
NCD	noncommunicable disease
NITAG	National Immunization Technical Advisory Groups
NRL	national reference laboratory
NTD	neglected tropical disease
NTP	National TB Programme
OPV	oral polio vaccine
PC	palliative care
PC-NTDs	preventive chemotherapy neglected tropical diseases
PPH	precision public health
PrEP	pre-exposure prophylaxis
RATESA	Regional Joint HIV/AIDS Team for Eastern and Southern Africa
REDCap	Research Electronic Data Capture
r-GLC	Regional Green Light Committee
RITAG	Regional Immunization Technical Advisory Group
RPRG	Regional Programme Review Group
RSSH	Resilient and Sustainable Systems for Health
RWG	Regional Working Groups
SADC	South African Development Community
SDGs	Sustainable Development Goals
SEARN-TB	South and Eastern African Regional TB Network
SMC	seasonal malaria chemotherapy
SPP	strategic planning and policy
SRL	supranational reference laboratory
STI	sexually transmitted infection
TB	tuberculosis
tNGS	targeted next-generation sequencing
TVDs	tropical and vector-borne diseases
UCN Cluster	Universal Health Coverage, Communicable and Noncommunicable Diseases Cluster
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
US CDC	United States Centers for Disease Control and Prevention
VPDs	vaccine preventable diseases
WHO	World Health Organization
WUENIC	WHO/UNICEF Estimates of National Immunization Coverage

Executive summary

A future where all people have sustainable and equitable access to quality health and education within safe and resilient environments lies at the core of global efforts by the World Health Organization (WHO). The Sustainable Development Goals (SDGs), adopted by all United Nations Member States in 2015, recognize the importance of this vision towards ending poverty and strengthening economies. The 2030 Agenda for Sustainable Development includes a central promise to 'leave no one behind'. Universal health coverage (UHC) is both the best way to achieve this and a central pillar of the SDGs. The importance of UHC in promoting health equity cannot be overstated, and achieving it will require significant effort and continued support. The Universal Health Coverage, Communicable and Noncommunicable Diseases (UCN) Cluster within the WHO Regional Office for Africa provides critical support towards disease management through a health system-strengthening approach.

In 2023, the UCN Cluster at the WHO Regional Office for Africa provided support to the Region's Member States and their partners to achieve their increasingly challenging goal. In April 2023, UCN and its partners brought together representatives from Ghana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe to discuss the integration of mental health services into Global Fund proposals, marking a significant step forward in achieving UHC, particularly for people living with HIV. Thanks to continued efforts, in May 2023, Senegal ceased onchocerciasis mass drug administration in all its formerly endemic districts, while Benin and Mali were validated as having eliminated trachoma as a public health problem, making them the fifth and sixth countries, respectively, in the Region to achieve this significant milestone. In July 2023, the Regional Office supported the Global TB Caucus "4th Africa TB Summit", where parliamentarians endorsed the Nairobi TB Declaration, which calls for accelerated research and development; improved access to new TB vaccines, diagnostics, treatment and care, and other essential new tools; and improvements in domestic financing, policy and legislation.

Mauritius became the first country in the African Region to fully implement WHO's package of tobacco control measures in July 2023. In September 2023, the WHO Regional Office launched an initiative to support better access to breast and cervical cancer detection, treatment and care services in Côte d'Ivoire, Kenya and Zimbabwe. As part of efforts to boost integration and deliver human-centred care, at the Fifth annual meeting of the network of Buruli ulcer PCR laboratories (BU-LABNET) in the WHO African Region, held in October 2023, members agreed to expand their mandate and transitioned to the Skin NTD LABNET Platform, thereby strengthening capacity for integrated laboratory diagnosis. Following critical side meetings on cervical cancer held during the Seventy-third session of the WHO Regional Committee for Africa, in October 2023, the Regional Office worked with Nigeria to introduce the human papillomavirus (HPV) vaccine into routine immunization schedules, aiming to reach more than 7 million girls, the largest number in a single round of HPV vaccination in the African Region. In December 2023, Algeria successfully interrupted the transmission of schistosomiasis, after reporting zero indigenous cases for the past three years. In January 2024, Cabo Verde became the third country in the Region to be certified as malaria-free. Meanwhile, Cameroon has introduced the RTS,S malaria vaccine into its routine national immunization schedule. This makes it the first country to do so outside of the pilot programme.

None of the success stories from 2023 would have been possible without the vital support from partners and donors. However, despite these and other gains, much remains to be done. Health system strengthening is key to identifying and resolving vulnerabilities in health care across the Region. The ability of health systems to adapt and respond to emerging conflicts or climate-driven health crises is determined by their underlying foundations. Supporting the Region to build these foundations is a significant challenge, but one that, with long-term commitment from all partners, is within our reach.

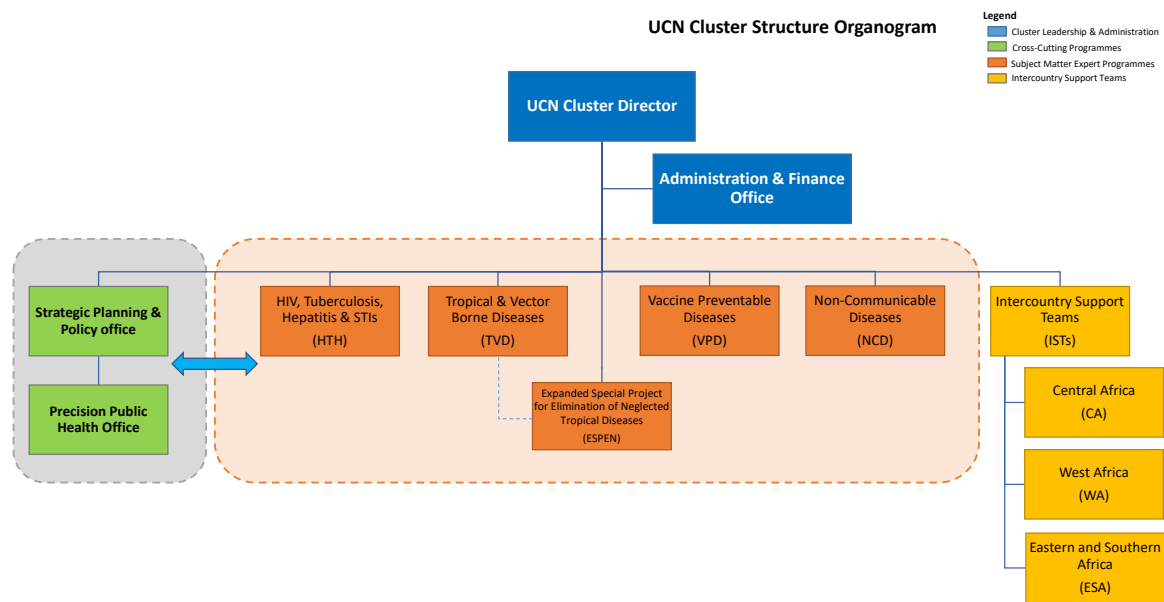


Ending disease in Africa: The UCN Cluster

This is the second progress report produced by the Universal Health Coverage, Communicable and Noncommunicable Diseases (UCN) Cluster of the World Health Organization (WHO) Regional Office for Africa. The UCN Cluster was established in 2019 to better integrate disease management programmes into the framework of health systems strengthening. It is responsible for delivering WHO AFRO's strategic agenda of the Sustainable Development Goals: universal health coverage, NCDs and ageing, communicable and noncommunicable disease control, and the endgame strategies for neglected tropical diseases.

The UCN Cluster comprises four subject matter teams, supported by two cross-cutting policy offices (Figure 1). Focusing on priority communicable and noncommunicable diseases, the [WHO Regional Office for Africa Strategic Agenda 2023–2030](#) aims to close the gaps in disease prevention and control by working with governments and development partners to better direct and coordinate their services. The goal is to ensure equitable and sustainable solutions to long-standing problems in the Region.

Figure 1 Structure of the Universal Health Coverage, Communicable and Noncommunicable Diseases (UCN) Cluster



The WHO Regional Office for Africa envisions a future where the African Region is free from the heavy burden of disease, and people have access to affordable and equitable quality prevention, treatment and care services. The mission of the UCN Cluster is to use analytics and policy to deliver public health interventions by setting evidence-informed disease control agendas and guiding investments. To deliver on its vision and mission, the UCN Cluster is mandated by the Regional Office to support Member States by:

1. providing leadership on coordination, partnerships and resource mobilization;
2. generating strategic information and knowledge products to guide disease control, elimination and eradication agendas and investments;

3. developing WHO technical products, services and tools for disease control;
4. providing country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality.

These regionally mandated work areas align with the Cluster's four special initiatives: strengthen systems and governance; strengthen institutional capacity; support precision public health for Africa; and promote research and innovation for public health impact (Figure 2).

Figure 2 Regional vision, strategies and special initiatives



Source: <https://www.afro.who.int/publications/ending-disease-africa-vision-strategies-and-special-initiatives-2023-2030>

This progress report provides an update on activities, against each of the four mandated areas, with detailed programme updates in the annexes.



Key achievements in 2023

Jan. 2023

Strategic plan for the elimination of visceral leishmaniasis in East Africa, 2023-2027.

Feb. 2023

Launch of the [Global Alliance to End AIDS in Children by 2030](#).

Mar. 2023

Consensus reached on updating the number of people requiring preventive chemotherapy for schistosomiasis in the Region

Apr. 2023

Regional workshop to integrate mental health services as part of Global Fund proposals.

WHO and partners launch '[the Big Catch-up](#)' during African Vaccination Week.

May 2023

Benin publishes a report on [palliative care development](#).

Senegal ceases onchocerciasis mass drug administration in all its formerly endemic districts.

WHO validates Benin and Mali as having eliminated trachoma as a public health problem, a [significant milestone](#).

June 2023

Ghana validated for achieving elimination of gambiense human African trypanosomiasis at the [Fifth WHO stakeholders meeting on human African trypanosomiasis elimination](#).

July 2023

[Statement](#) released, committing to accelerate efforts to end TB by 2030, through concerted efforts to strengthen leadership and financing and create an enabling environment.

Parliamentarians endorse the Nairobi TB Declaration at the [Global TB Caucus 4th Africa TB Summit](#).

Mauritius becomes the first country in the African Region to fully implement WHO's package of tobacco control measures.

Aug. 2023

Botswana National HIV Reference Laboratory designated as a WHO Collaborating Centre for HIV drug resistance

First cohort of the Mwele Malecela Mentorship Programme announced.

Side events on cervical cancer elimination and financing for malaria hosted during the Seventy-third session of the WHO Regional Committee for Africa.

Sep. 2023

Political declaration on TB adopted by Member States at the **United Nations high-level meeting on the fight against tuberculosis.**

Initiative to support better access to breast and cervical cancer detection, treatment and care services launched in Côte d'Ivoire, Kenya and Zimbabwe.

Oct. 2023

Members of the network of Buruli ulcer PCR laboratories (BU-LABNET) expand the mandate to transition to the **Skin NTD LABNET Platform.**

Nigeria introduces the HPV vaccine into its routine immunization schedule.

Nov. 2023

3rd International Conference on Public Health in Africa (CPHIA 2023) held in Zambia.

Dec. 2023

WHO officially recognizes noma as an NTD.

Algeria interrupts the transmission of schistosomiasis, reporting zero indigenous cases for the past three years

Jan. 2024

Cabo Verde certified as malaria-free, the third country in the African Region to achieve this **elimination milestone.**

Cameroon launches the RTS,S malaria vaccine into its routine national immunization services.



UCN Cluster achievements in 2023

Leadership in coordination, partnerships and resource mobilization

The health sector has a dual focus on improving health outcomes and ensuring equitable access to appropriate health care services). As the specialized UN agency responsible for global public health, WHO provides both strategic and technical leadership on critical health issues. It also provides adaptable and collaborative leadership with partners on issues such as localization and inclusivity.

The UCN Cluster participated in over 65 critical meetings, consortiums, workshops and conferences in 2023, which means more than one meeting every week. The Cluster provided leadership on health issues by convening expert dialogue, advocating for the right to health and well-being for everyone, everywhere, and ensuring partner coordination by working through established networks and channels (see Annex Tables A1.1 & A1.2). These impactful events, which brought together key stakeholders from across the Region and the world at large, served as catalysts for knowledge exchange, capacity-building and strategic planning.

Supporting regional networks for country impact

The Cluster played a pivotal role in strengthening political commitments, leadership and governance at the regional level by supporting regional networks and country priorities. At the Regional Joint HIV/AIDS Team for Eastern and Southern Africa (RATESA) annual retreat in May 2023, participants discussed effective ways of working together at the regional and country levels to drive meaningful outcomes. In November 2023, the Annual National NTD Programme Managers Meeting provided a forum for fostering collaboration and sharing experience and insights to accelerate progress towards an Africa free of NTDs. For all these events, the UCN Cluster worked closely with regional partners to mobilize resources, provide technical support, increase awareness and political commitment on health issues, and support health systems strengthening.

In alignment with the Addis Declaration on Immunization, the UCN Cluster supported the establishment of national immunization

technical advisory groups (NITAGs) in seven new countries in 2023.¹ This accomplishment increases the total number of countries with operational NITAGs to 42 in the Region. Multidisciplinary bodies of national experts, NITAGs provide evidence-based recommendations to policymakers and immunization programme managers. NITAGs develop recommendations by systematically gathering, reviewing and evaluating available evidence and incorporating this into the local epidemiological and social context. In addition, and with the support of the Cluster, external assessments of NITAGs were conducted in seven countries,² with self-assessments conducted in Eswatini and Seychelles. Outcomes from these assessments were used to inform tailored support packages to countries, including the development of improvement plans based on findings from the assessments.

¹ Botswana, Chad, Congo, Guinea-Bissau, Liberia, Mauritania and Namibia.

² Algeria, Burkina Faso, Cameroon, Ethiopia, Uganda, United Republic of Tanzania and Zambia.

Success snapshot

Providing end-to-end support in Ethiopia

In alignment with the comprehensive global strategy to eliminate yellow fever epidemics (**EYE Strategy**) the UCN Cluster and its partners convened an annual meeting for high-priority countries in November 2023, providing a platform to review successes, challenges and best practices in yellow fever immunization activities. As the lead technical agency, the WHO Regional Office, through the UCN Cluster, played a central role in providing policy guidance and technical support for documenting country progress in the EYE Strategy implementation. In Ethiopia, the Cluster disseminated findings from a subnational yellow fever risk assessment conducted in 2022 and early 2023, which aimed to identify and address localized risks, laying the foundation for targeted interventions.

Following the assessment, a high-level advocacy meeting was organized in conjunction with the Ethiopian Ministry of Health in October 2023 to advocate for the country-wide introduction of the yellow fever vaccine into the routine immunization schedule.



The UCN Cluster staff organized major side events on strengthening regional responses to cervical cancer during the Seventy-third session of the WHO Regional Committee for Africa, held in August 2023 in Botswana. The Region, which is home to 19 of the world's 20 countries with the highest burden of the disease, could avert 70 000 cervical cancer deaths each year if efforts are increased to ensure access to critical services for timely detection, care and prevention. On the ground, leadership and advocacy efforts are making a significant impact in countries like Nigeria, which introduced the human papillomavirus (HPV) vaccine into its routine immunization schedule in October 2023. The country aims to reach 7.7 million girls, the largest number in a single round of HPV vaccination in the African Region, in a vaccination drive against the virus that is responsible for nearly all cases of cervical cancer.

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Success snapshot

African initiative to boost cervical and breast cancer care

With support from Roche, the WHO Regional Office and UCN Cluster launched an initiative in September 2023 to support better access to breast and cervical cancer detection, treatment and care services in Côte d'Ivoire, Kenya and Zimbabwe. Breast and cervical cancer currently constitute over half the cancer burden for women in sub-Saharan Africa. Between 60% and 70% of women in African countries are diagnosed at a late stage, and only one in two women diagnosed with breast cancer in an African country will survive five years. Breast cancer five-year survival rates in high-income countries exceed 90%.

The initiative in the three countries includes health promotion, screening, early diagnosis and treatment, as well as general primary care and screening

for other noncommunicable diseases. In addition, early detection services will be integrated into existing cervical cancer screening clinics to ensure that both the old and new systems are unified. The aim is to provide an integrated and holistic system of health care that will contribute to addressing the burden of breast and cervical cancer in the African Region.

The new initiative being rolled out in the three countries seeks to increase health care workers' ability to provide cancer care within communities through training and will supply and deliver the necessary equipment and essential supplies to support women at the primary health care level.

Source: adapted from <https://www.afro.who.int/countries/cote-divoire/news/three-african-countries-pilot-initiative-boost-cervical-and-breast-cancer-care>



Through close multisectoral partnerships, the UCN Cluster endeavours to enhance essential prevention, treatment and healthcare services, as well as support advocacy and resource mobilization initiatives. In 2023, the Cluster served as a knowledge broker, facilitating exchanges between countries and encouraging collaborative efforts to address shared challenges, including strategies to reduce the risk of HIV transmission in the Region. The use of pre-exposure prophylaxis (PrEP) is a proven method to prevent the transmission of HIV – reducing the risk by more than 90%. However, West and Central Africa are lagging behind in PrEP programming and implementation. As part of measures to strengthen national and regional responses to HIV/AIDS, the UCN Cluster, in partnership with the South-to-South Learning Network, Ghana AIDS Commission and UNAIDS, hosted a Collaborative Regional Convening on PrEP in October 2023. Over 105 participants from 25 countries within the Region attended the meeting, where they shared challenges, emerging practices and lessons learnt in advancing HIV prevention efforts. High-level advocacy and commitment to prevention strategies are having a direct impact in countries such as Ghana, where WHO and partners are working with the Government to step up efforts to promote PrEP uptake. In 2023, the UCN Cluster assisted in the review of national PrEP guidelines and worked with local civil society organizations to conduct community outreach and educate people about HIV prevention services, including PrEP.

Collaborative efforts have been instrumental in the Region's successes. The UCN Cluster worked closely with multidisciplinary partners across the United Nations, international and bilateral organizations, Africa-based institutions, research entities, governments and civil society, to strengthen integration within and between disease programmes and implement person-centred models of care. In collaboration with UNAIDS, in April 2023, the Cluster provided financial and technical support to bring representatives from Ghana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe together as part of developing integrated proposals for the Global Fund. The meeting gave countries the opportunity

to integrate NCDs and mental health components into their funding proposals. Traditionally, investments from the Global Fund have focused on the HIV, TB and malaria response. However, evidence has shown distinct overlaps between NCDs and HIV. With advances in HIV treatment, people living with HIV face a higher risk of NCD comorbidities such as cardiovascular diseases, diabetes and hypertension, attributable to increased survival rates due to antiretroviral treatment, increasing exposure to NCD lifestyle-related risk factors and ageing. The meeting marked a step up in action towards achieving universal health coverage by ensuring improved health outcomes, well-being and quality of life, particularly for people living with, or at risk of, HIV.

The UCN Cluster worked closely with multidisciplinary partners across the United Nations, international and bilateral organizations, Africa-based institutions, research entities, governments and civil society, to strengthen integration within and between disease programmes and implement person-centred models of care.

Success snapshot

Strengthening collective efforts to address skin-related neglected tropical diseases

Marking a pivotal milestone in the fight against NTDs, at the fifth annual meeting of Buruli ulcer PCR laboratories (BU-LABNET), held in Ghana in October 2023, participants endorsed the transition to Skin NTD LABNET.

Established in 2019 with the support of WHO, BU-LABNET is a collaboration of 13 laboratories from nine endemic countries in the Region. The network is supported by WHO, American Leprosy Missions, the Anesvad Foundation and the Raoul Follereau Foundation. Its primary goal is to enhance the diagnosis of Buruli ulcer using standardized testing protocols and external quality assessment programmes.

In October 2023, over 70 participants from member laboratories, external skin disease experts, national NTD programme managers, officials from the Ghana Health Service and front-line health workers, as well as representatives from partner organizations came together for the meeting. This gathering demonstrated the global collaborative effort in addressing Buruli

ulcer and other skin NTDs. Moreover, the participation of skin NTD experts at the national, regional and global levels and representatives from WHO collaborating centres in Spain, Sudan and Tunisia underscored the importance of the global collective initiative in tackling these diseases. The event was supported by WHO NTD focal points from the WHO Country Office in Ghana, the WHO Regional Office for Africa, the UCN Cluster and WHO headquarters.

The most significant outcome of the meeting was the transition from BU-LABNET to the Skin NTD Laboratory Network, or Skin NTD LABNET, in line with changing global health policy. This change marks a significant step forward in ongoing efforts to improve the integrated diagnosis and management of skin diseases and in fostering access to person-centred healthcare in endemic regions.

Source: adapted from <https://www.afro.who.int/news/transitioning-bu-labnet-skin-ntd-labnet>



Ensuring regional representation at the global level

The UCN Cluster participated in several key global events in 2023. These include the International Symposium at the Vatican on Hansen's Disease in January; side meetings for ministers of health from Guinea worm-endemic countries as part of the Seventy-sixth World Health Assembly held in Geneva in May; and the 13th International Conference on Typhoid and other Invasive Salmonellosis in December. Each of these events provided the WHO Regional Office for Africa, through the UCN Cluster, with the opportunity to ensure regional representation at global events, bringing an African 'voice' to the table, while facilitating the flow of information from the global level back to the Region and fostering opportunities to create new partnerships and funding streams. The strong advocacy for disease control and elimination seen in the Region has been achieved through these effective global partnerships and collaboration among various organizations and donors.

The UCN Cluster has partnered closely with other UN agencies and partners beyond the UN system, as part of its remit to contribute and share technical expertise, mobilize resources, secure funding and engage in advocacy efforts to support country-led initiatives. In July 2023, the Cluster participated in the Global TB Caucus 4th Africa TB Summit, where parliamentarians endorsed the Nairobi TB Declaration, calling for accelerated research and development; improved access to new TB vaccines, diagnostics, treatment and care, and other essential new tools; and improvements in domestic financing, policy and legislation. In September 2023, the Second UN High-level meeting on the fight against tuberculosis was held in New York. Attended by the UCN Cluster and several development partners, the meeting allowed for a comprehensive review of progress in the context of achievement of targets set in the 2018 political declaration, and in the Sustainable Development Goals. A key outcome of the meeting was the [Political declaration of the high-level meeting on the fight against tuberculosis](#), which reaffirms commitments to end the tuberculosis epidemic by 2030.

Generation of strategic information and knowledge products to guide disease control, elimination, and eradication agendas and investments

Information and knowledge for decision-making are critical for strategic planning, responsive support to countries, resource allocation, communication and advocacy for health, and to inform strategic shifts in disease control, elimination and eradication agendas and investments. The UCN Cluster plays a key role in developing normative guidelines, standards and evidence-informed policies and interventions by shaping the research agenda, translating and disseminating important knowledge and information and monitoring the implementation of public health recommendations and evaluating their impact on health outcomes.

Addressing the imbalance in global research

A country's ability to create, acquire, translate and apply scientific and technological advancements is a major determinant of its socioeconomic and industrial development. Many of Africa's current and future health challenges can only be addressed by conducting research on population-based approaches towards effective disease prevention and control, which are then translated into policy and practice. Despite Africa's disproportionate burden of disease, the Region produced 0.7% of global research in 2000, 1.3% in 2014 and an estimated 2% more recently.³ In response, the UCN Cluster and partners published over 25 peer-reviewed articles in scientific journals in 2023 as part of efforts to address the imbalance in global research and ensure regional representation in academic literature.

³ HIV, Sexually Transmitted Infections, and Viral Hepatitis in the African Region: Progress in the epidemic response and reach toward 2025 and 2030 targets. Brazzaville: WHO Regional Office for the African Region; in press.

The range of published articles was broad and included research to address specific challenges in disease control in the Region, including [subnational mapping](#) of zoonotic cestode *Taenia solium* in Uganda to identify high-risk areas; a [community-based cross-sectional study](#) to investigate skin ulcers in Ghana, the findings of which emphasized the importance of integrating multiple skin diseases on a common research platform; and the use of spatio-temporal [modelling of routine health facility data](#) to better guide community-based malaria interventions in mainland United Republic of Tanzania.

Several papers were examples of operational and implementation research, conducted to identify and ensure the successful adoption and/or adaptation of evidence-based interventions within clinical and public health settings in the African Region. Findings from an [impact assessment](#) of a school-based preventive chemotherapy programme for schistosomiasis and soil-transmitted helminth control in Angola, for instance, demonstrated its limited impact in controlling the diseases, highlighting the need for a comprehensive understanding of individual, community and environmental factors associated with transmission, and consideration for a community-wide control programme. In Malawi, results from a survey on [treatment-seeking behaviour](#) among guardians of children with malaria-related fever demonstrated the need to target health interventions among communities with low socioeconomic status and those far from health facilities. One article, based on experiences in Nigeria using a [novel schistosomiasis community data analysis tool](#) developed by the UCN Cluster, demonstrated the usefulness of the tool for strategic planning purposes, setting the scene for use of the tool at-scale in the Region.

Research supported by the UCN Cluster included health policy and systems research, which aims to better understand how collective health goals are reached using a range of disciplines including economics, sociology, anthropology, political science and public health. An article examining [five decades of infectious diseases outbreaks](#) in the African Region, published in a social sciences and humanities journal, suggested that concerted public health action may help reduce outbreaks in the Region – the results of which can be used to inform preparedness and prevention activities.

Knowledge translation and localization for country impact

Knowledge translation is the synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health. It typically focuses on implementation outcomes such as adaptation, adoption, affordability, fidelity and sustainability. In the African context, knowledge translation generally includes an aspect of localization, considering local African perspectives and approaches, and the effects of the social, cultural, political, environmental and health system context on an intervention's impact.

In 2023, the UCN Cluster worked to translate and localize several global knowledge products for use in the African Region. About 44% of the population in the Region suffer from oral diseases, and while the Region has experienced the steepest rise globally in oral diseases over the last three decades, spending on treatment costs remains extremely low. In collaboration with WHO headquarters, the Cluster contributed to the [Global oral health status report: Towards universal health coverage for oral health by 2030: Regional summary of the African Region](#). The regional summary draws on WHO's Global oral health status report, published in 2022, and focuses on oral health in the African Region. Providing comprehensive country information on the burden of the main oral diseases in the Region, the document will serve as a reference for regional policy-makers and a wide range of stakeholders.

Following publication of a WHO technical report on the development of global palliative care indicators in 2021, national health and education authorities responsible for the National Palliative Care (PC) Plan and the Benin National Association of PC agreed to pilot the indicators – the first country in the African Region to do so. In May 2023, the UCN Cluster and partners organized a two-day hybrid meeting to examine and adapt the set of palliative care indicators for the country. Participants discussed the indicators and their potential data sources and rated

them using a four-level system. The resulting [Report on palliative care development in Benin based on WHO indicators](#) highlights the strengths and weaknesses of each indicator and provides a summary of the level of implementation in each area. It is a useful tool for policy and planning. In addition, UCN Cluster staff developed national training modules for palliative care and assisted in training 330 health workers from 11 health districts in the country. As a result, all 11 districts have begun integrating palliative care into primary health care services.

Supporting national strategic plans for targeted disease investments

The UCN Cluster worked with Member States to identify recommendations for improvements or changes to disease control models, structure, resourcing and operations, and sustainability considerations, and use these to create or update national strategic plans. In 2023, the UCN Cluster played a pivotal role in supporting the development and finalization of 3rd generation NTD Master Plans in 36 countries in the Region,⁴ with ongoing support for the remaining 11 countries. At the disease level, the Cluster convened a Stakeholders' meeting for the Development of a Strategic Plan for the Elimination of Visceral Leishmaniasis in East Africa. Attended by six countries from the East African subregion and two from the WHO Eastern Mediterranean Region, participants discussed how to ensure long-term and sustainable financing and the procurement of medical supplies for visceral leishmaniasis. The meeting concluded with the drafting of a high-level elimination strategic plan (2023–2027). The plan includes regional and country-level elimination targets, and a call for action to eliminate visceral leishmaniasis as a public health problem.

⁴ Republic of Congo, Democratic Republic of Congo, Equatorial Guinea, Mali, Benin, Botswana, Cote D'Ivoire, Madagascar, Gambia, Sierra Leon, South Africa, South Sudan, Zimbabwe, Algeria, Angola, Burundi, Chad, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea Bissau, Kenya, Liberia, Malawi, Namibia, Nigeria, Rwanda, Senegal, Togo, Uganda, Cameroon, United Republic of Tanzania, Mauritania, Zambia.

In April 2023, the UCN Cluster organized a training workshop to build the capacity of representatives from 13 countries⁵ on the development of their national immunization strategies. In June, the Cluster organized a workshop focused on the development of national plans to defeat meningitis by 2030 and advance the elimination of measles and rubella. The event brought together representatives from 15 priority countries.⁶ Each delegation comprised six key personnel, reflecting a comprehensive approach to strategic planning. In addition to strategic planning, side meetings were organized on the introduction of the multivalent meningococcal conjugate vaccine and the implementation of enhanced meningitis surveillance. This approach reflects the UCN Cluster's commitment to a holistic disease control strategy. At the conclusion of the workshop, each participating country emerged with a draft of their national strategic plan to defeat meningitis by 2030. This milestone sets the stage for comprehensive and targeted interventions in 2024 and beyond.

In addition to strategic planning, side meetings were organized on the introduction of the multivalent meningococcal conjugate vaccine and the implementation of enhanced meningitis surveillance.

⁵ Algeria, Angola, Cabo Verde, Chad, Congo, Eswatini, Ethiopia, Gabon, the Gambia, Mauritius, Mozambique, Sao Tome and Principe and Senegal.

⁶ Burundi, Congo, Côte d'Ivoire, Gambia, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Namibia, Senegal, Sierra Leone, Uganda and United Republic of Tanzania.

Generating evidence for informed action

Precision public health is defined as the use of data-driven approaches to optimize disease control programming and investments, without which, disease burden reduction targets are unlikely to be achieved. In March 2023, the UCN Cluster organized a two-level consensus-building desk review meeting with WHO headquarters to update the number of people requiring preventive chemotherapy for schistosomiasis in the WHO African Region. The desk review produced a country-by-country schistosomiasis community data status review and provided additional criteria for data analysis and categorization. A second meeting was held to review progress on schistosomiasis community data analysis and alignment with the new reporting guidelines, which led to the development of an updated community data workbooks analysis criteria. The workbooks contain detailed information for Member States on how to collect and analyse community data on schistosomiasis for national control

programmes. As a result, 44 schistosomiasis community data workbooks were produced for all endemic countries requiring mass drug administration. These will be used as a guide for planning community interventions and to make medicine requests for the endemic countries that require mass drug administration.

In July 2023, the UCN Cluster published [Trends in communicable and noncommunicable disease burden in Africa](#), presenting national trends in communicable and noncommunicable disease burden and control in the Region. The report tracks progress made in disease burden reduction, elimination and eradication. It also highlights the major emerging threats, opportunities and priorities in the fight against communicable and noncommunicable diseases in the Region. This is invaluable in informing future actions to regain the momentum lost during the COVID-19 pandemic.



Precision public health is defined as the use of data-driven approaches to optimize disease control programming and investments, without which, disease burden reduction targets are unlikely to be achieved.

Impact story

Reducing TB cases and deaths through comprehensive support

The African Region has made significant progress in reducing the burden of tuberculosis, with a continuous decline in the estimated number of new TB cases and TB-related deaths from 2005 to 2022 (see figures 3 & 4). In 2021, the African Region passed the 2020 milestone of the [End TB Strategy](#), with a 22% reduction in new cases compared with 2015. Eight countries (Eswatini, Kenya, Mozambique, South Sudan, Togo, Uganda and Zambia) have reached a 35% reduction from their 2015 baseline.

The UCN Cluster remains committed to providing comprehensive, end-to-end support to Member States in their TB prevention, control and elimination efforts. At the regional level, this commitment includes supporting the newly established Southern and East African Regional Network for TB Control (SEARN-TB), designed to enhance regional cooperation among national TB programmes and strengthen capacity for TB surveillance and implementation research. At the country level, this commitment is reflected in countries such as Zimbabwe, which launched their Multi-Sectoral Accountability Framework for TB to address challenges and increase efforts to end TB by 2030.

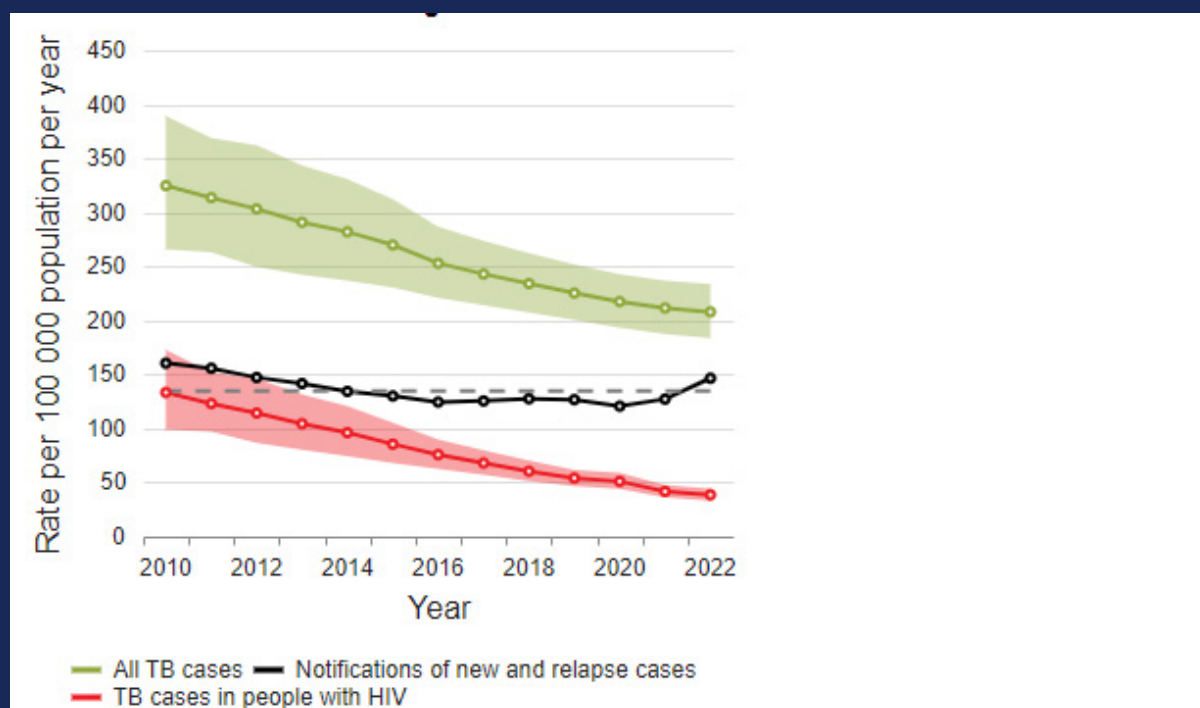


Figure 3 Trends in estimated TB incidence rates, WHO African Region, 2010–2022

Source: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-1-tb-incidence>

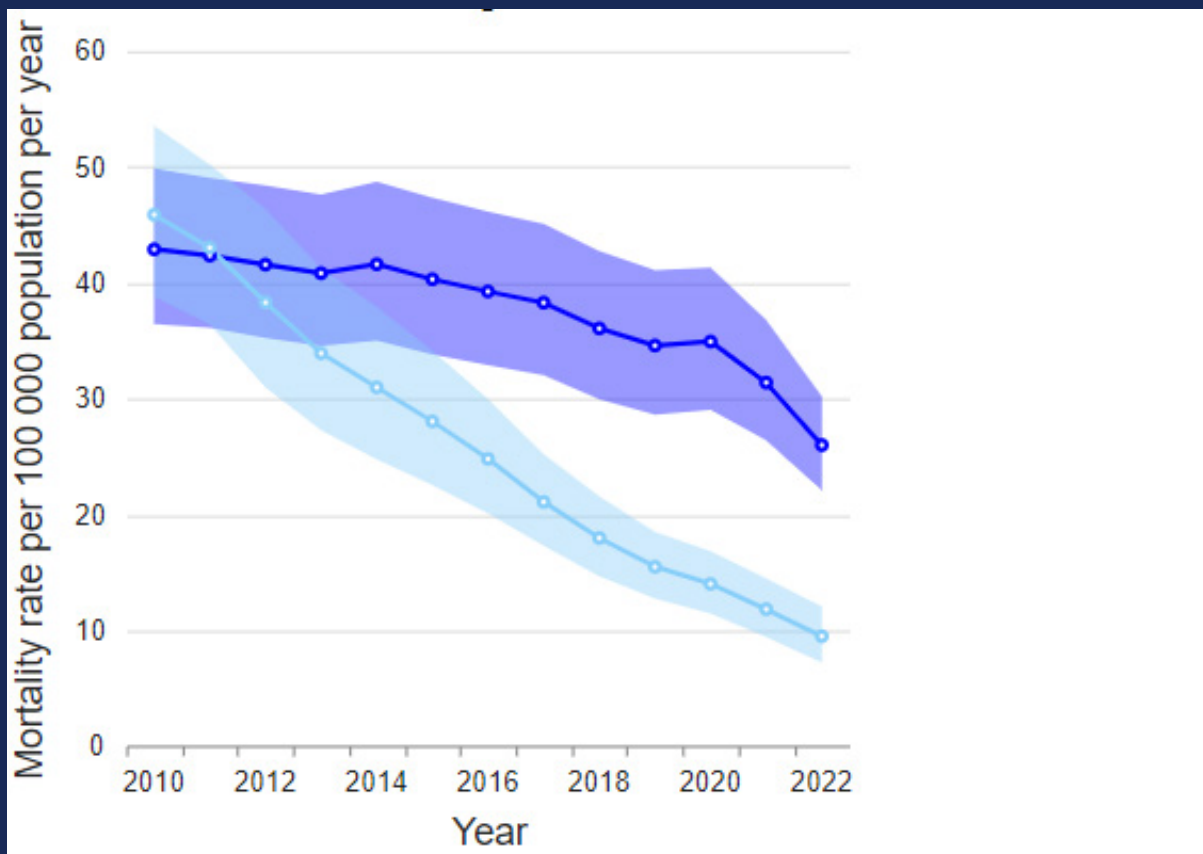


Figure 4 Trends in estimated TB mortality rates, WHO African Region, 2010–2022

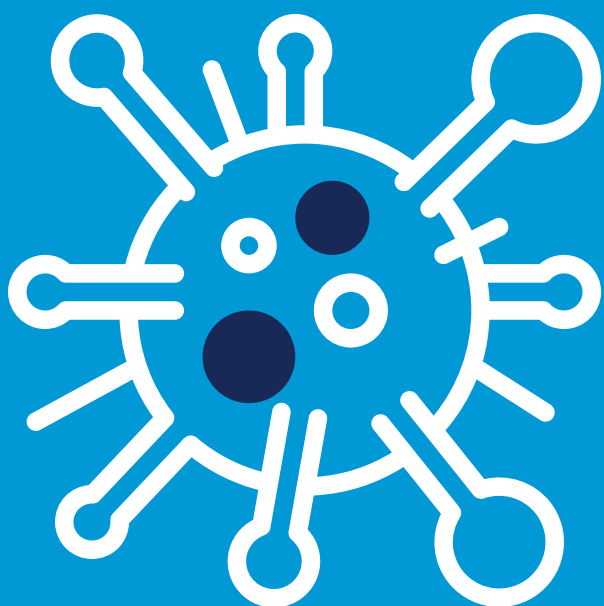
**Key: HIV-negative people (blue line);
People living with HIV (light blue line)**

Source: adapted from <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-2-tb-mortality>

As an active member of several networks and consortia, the UCN Cluster provided leadership and advocacy for TB prevention and control efforts. In 2023, this culminated in three significant milestones, beginning with the Statement by Permanent Secretaries for Health and NTP Managers in Africa, which committed ministries of health to accelerate efforts to end TB by 2030 through concerted efforts in strengthening leadership, financing, and an enabling environment. Following the Global TB Caucus 4th Africa TB Summit, parliamentarians endorsed the Nairobi TB Declaration, calling for accelerated research and development; improved access to new TB vaccines, diagnostics, treatment and care, and other essential new tools; and improvements in domestic financing, policy and legislation.

In 2023, this culminated in three significant milestones, beginning with the Statement by Permanent Secretaries for Health and NTP Managers in Africa, which committed ministries of health to accelerate efforts to end TB by 2030 through concerted efforts in strengthening leadership, financing, and an enabling environment.

Reaffirming commitments to end the TB epidemic by 2030, the declaration put forward several recommendations, including supporting a call for bold policies and programmatic actions to strengthen equitable access to high-quality WHO-recommended diagnostic tests, treatment and care, delivered to all people in need, free of stigma and discrimination.



In September 2023, participants endorsed the Political declaration of the high-level meeting on the fight against tuberculosis at the Second UN high-level meeting on the fight against tuberculosis. Reaffirming commitments to end the TB epidemic by 2030, the declaration put forward several recommendations, including supporting a call for bold policies and programmatic actions to strengthen equitable access to high-quality WHO-recommended diagnostic tests, treatment and care, delivered to all people in need, free of stigma and discrimination.

As a member of the Integrated Diagnostics Consortium, the UCN Cluster provided technical advice at the operational level, with a focus on the key challenges with diagnostics procurement and information and evidence on diagnostic use and implementation strategies and the provision of diagnostic tests for clinical care. Also, as a member of the Technical Working Group for the Global Fund Service Delivery Innovations Strategic Initiative on laboratory system strengthening, the Cluster advocated for the integration of diagnostic services into multi-disease platforms.

As part of their role in resource mobilization, UCN Cluster staff developed a successful USAID funding proposal for TB to support priority countries; accelerate integrated TB prevention and care; support rapid adaptation and implementation of new strategic guidance, tools and interventions for TB prevention and care; strengthen TB surveillance, monitor progress and accountability towards achieving global and regional tuberculosis targets; and finally, to establish and strengthen partnerships to achieve universal access to TB prevention and care.

Given the critical role of information and knowledge in guiding disease control, elimination and eradication agendas and investments, the UCN Cluster was actively engaged in the development of the Regional Strategy on Diagnostics and Laboratory Services and Systems. Accepted by the Seventy-third session of the WHO Regional Committee for Africa (RC73) in August 2023, the strategy aims to enhance a coordinated approach towards expanding diagnostic services to all levels of the health system, establish leadership and governance mechanisms, promote quality-assured services, and provide guidance for improvement. The Cluster contributed to the review, development and publication of the WHO standard: Universal access to rapid tuberculosis diagnostics, which aims to improve access to and use of WHO-recommended rapid diagnostics.

In helping to develop technical products, services and tools for disease control, the Cluster was involved in designing and developing a TB cost survey protocol, and supported its implementation in six countries. As part of efforts to improve the management of multi-drug resistant TB, the UCN Cluster helped develop a drug resistance survey protocol, which will provide essential data on the national burden and distribution of drug-resistant TB. As of December 2023, the UCN Cluster is supporting two countries in their final stages of implementation, while another eight countries are being supported in their initial planning phases.

The UCN Cluster provided responsive technical assistance to 11 Member States to conduct TB programme reviews. This was critical in assessing the performance of strategies implemented to fight TB and in identifying the strengths and weaknesses of current interventions. Five countries were supported in developing their national TB strategic plans, while another nine countries were supported in developing their funding requests. Through the Regional Green Light Committee (r-GLC), the Cluster provided support to all 47 Member States to address the need for scaling up the programmatic management of drug-resistant

tuberculosis in the Region. Several in-country missions were organized to respond to requests for technical assistance raised during programme reviews and via GLC mechanisms.

In building institutional capacity for improved programme governance, the UCN Cluster coordinated with the WHO-TB Supranational Reference Laboratory (SRL) network and oversaw its expansion, so as to better support Member States in improving TB laboratory diagnostics. As part of monitoring the implementation status of the roadmap developed to qualify the candidate SRL of Maputo (Mozambique) to become a fully functioning SRL, the Cluster participated in joint missions to Mozambique, with representatives from the Uganda SRL and the East, Central and Southern Africa Health Community.

As part of efforts to improve the management of multi-drug resistant TB, the UCN Cluster helped develop a drug resistance survey protocol, which will provide essential data on the national burden and distribution of drug-resistant TB.

Development of WHO technical products, services and tools for disease control

Critical to the success of disease control efforts is the development of technical products, services and tools tailored to local circumstances and realities. Along with using its global reach and convening powers to scan the research horizon across new health products, technologies and tools for clinical and public health use, the UCN Cluster is actively engaged in supporting countries to monitor the “real-world” adoption, effectiveness, affordability and sustainability of newly introduced health technologies and tools for disease prevention and control.

Strengthening products and tools in the fight against drug resistance

In 2023, the UCN Cluster actively contributed to the development, review and publication of the [Target product profile for HIV drug resistance tests in low- and middle-income countries: Africa](#). HIV drug resistance tests may be useful tools for optimizing antiretroviral therapy regimens when used in the context of information about viral load, immune and clinical status, adherence practices and available treatment options. The target product profile is designed to guide the development of new HIV drug resistance tests and to facilitate the evaluation of the suitability of currently available HIV drug resistance tests for specific applications.

As part of efforts to improve the management of multi-drug resistant TB, the UCN Cluster was involved in the design and development of a drug resistance survey protocol to provide essential data on the national burden and distribution of drug-resistant TB. With the support of the Cluster, as of December 2023, two countries (Burundi and Togo) are in the final stages of survey implementation, while another eight countries are being supported through their initial planning phases.⁷ In collaboration with WHO’s Global TB Programme, the Cluster also contributed to the review, development and publication of the [WHO Standard on universal access to](#)

⁷ Chad, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Madagascar, Senegal, Uganda and Zimbabwe.

[rapid tuberculosis diagnostics](#). The standard aims to improve access to and use of WHO-recommended rapid diagnostics, to increase detection of bacteriologically confirmed cases and drug resistance, and to reduce the time to diagnosis. Following on from this, the UCN Cluster provided technical support to countries in the Region to implement the standard.

Innovative solutions for skin NTDs and noma control

The African Region has experienced an increase of more than 257 million in oral disease cases over the last 30 years, affecting people from early life to old age. The growing burden of oral diseases such as dental caries, gum diseases and tooth loss disproportionately impact marginalized groups, reflecting wider inequalities in access to health services. An example is the persisting prevalence of noma, a disease that occurs in contexts of extreme poverty and is primarily found in sub-Saharan Africa. Noma destroys the mouth and face of mostly young children. If left untreated, it is fatal in 90% of cases.

In partnership with Until No Leprosy Remains

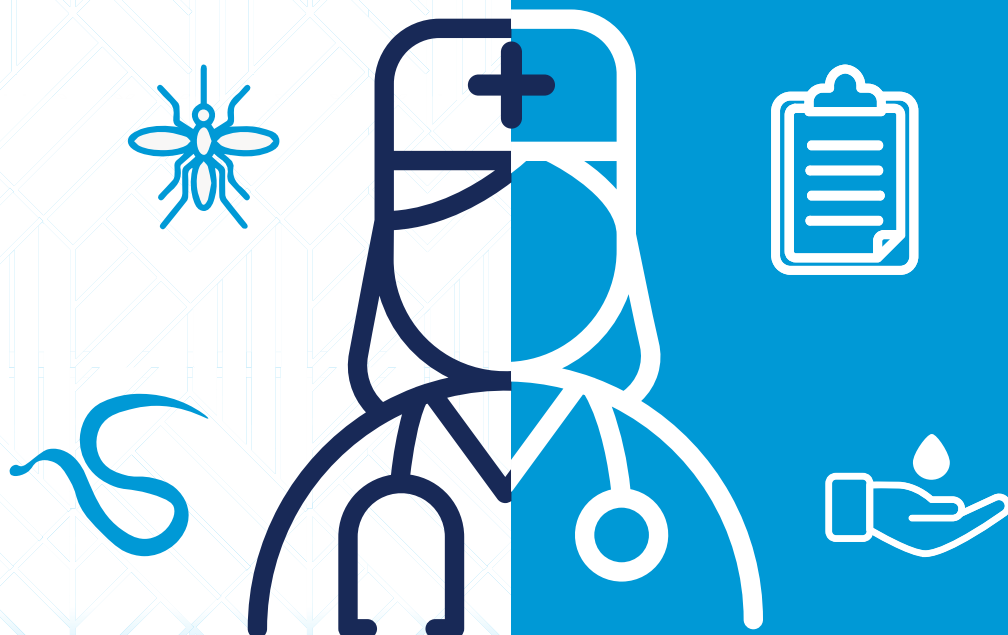
The standard aims to improve access to and use of WHO-recommended rapid diagnostics, to increase detection of bacteriologically confirmed cases and drug resistance, and to reduce the time to diagnosis.

(NLR), WHO headquarters launched an enhanced version of its [Skin NTDs App](#) in October 2023, a valuable tool designed to assist front-line health workers in diagnosing and managing skin-related neglected tropical diseases (skin NTDs). NLR transferred the content of its SkinApp, which encompassed information on skin NTDs, 24 common skin diseases, and some HIV-related skin conditions, to the WHO Skin NTDs App. This collaboration has resulted in a comprehensive and user-friendly resource that aligns with the latest WHO recommendations. To ensure an integrated and holistic approach to health in the Region, during the development process, the UCN Cluster worked closely with WHO headquarters and NLR to include noma in the app.

Enhancing online clinical data collection

Research Electronic Data Capture (REDCap) is a secure, browser-based web application used in collecting, maintaining and managing different types of data for clinical research and to create databases for research projects. In 2023, the UCN Cluster contributed to the successful introduction of REDCap in Benin, Burkina Faso, Nigeria, Senegal and Togo. The integration of REDCap as part of clinical research enhances data collection efficiency and accuracy, marking a transformative step toward advanced surveillance methodologies when implementing new vaccines.

Research Electronic Data Capture (REDCap) is a secure, browser-based web application used in collecting, maintaining and managing different types of data for clinical research and to create databases for research projects.



Impact story

Sustained collaborative efforts and innovation see significant progress in the fight against malaria

immunization services, becoming the first country to do so outside the malaria vaccine pilot programme established in 2019. The introduction comes as efforts gather pace to scale up vaccination against the disease in high-risk areas in the African Region.

In 2023, the UCN Cluster supported 12 countries⁸ with their submissions to Gavi, the Vaccine Alliance, for a share in the initial 18 million dose allocation of the malaria vaccine. The allocation process was based on the principles outlined in the WHO [Framework for allocation of limited malaria vaccine supply](#), which prioritizes the distribution of doses to the areas with the highest need, where the risk of malaria illness and death among children is greatest. In support of vaccine rollout, UCN organized a side event during the 3rd International Conference on Public Health in Africa (CPHIA) – ‘Evidence and lessons from the malaria vaccine implementation programme and next steps for malaria vaccine in Africa’. The event provided a forum for countries to share lessons learnt to inform the broader rollout

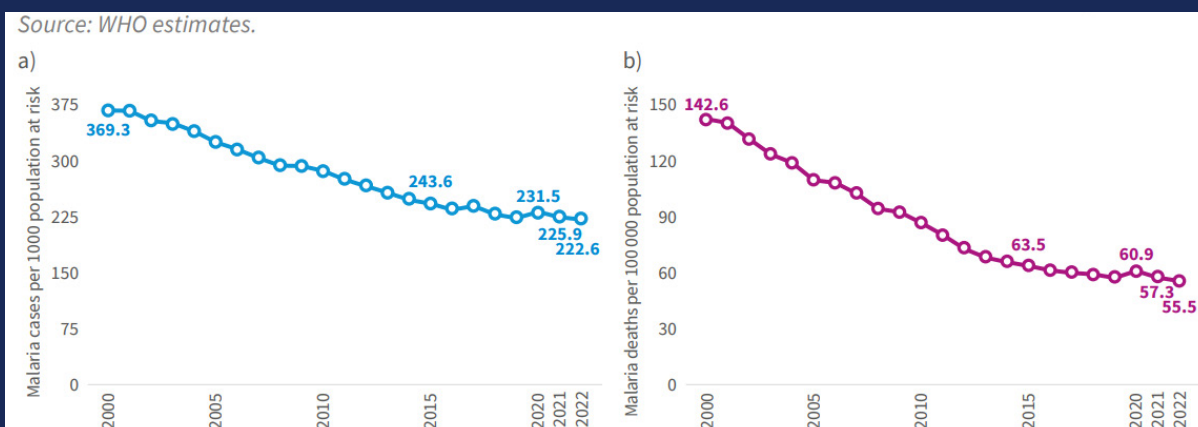
of malaria vaccines across the Region.

Nine countries in the Region are poised to launch the malaria vaccine in 2024. In addition to Cameroon, Benin, Burkina Faso and Liberia have received the vaccine and are finalizing vaccine rollout plans. WHO, Gavi, the Vaccine Alliance, UNICEF and other partners are working closely with countries that are introducing the malaria vaccine to ensure delivery and a successful rollout.

Since 2019, Ghana, Kenya and Malawi have been administering the RTS,S vaccine in a four-dose schedule to children from five months of age in selected districts as part of the pilot programme, known as the Malaria Vaccine Implementation Programme (MVIP). More than 2 million children have been reached with the malaria vaccine in the three countries through MVIP, with over 8 million doses administered. This resulted in a remarkable 13% drop in all-cause mortality in children age-eligible to receive the vaccine, and substantial reductions in severe malaria illness and hospitalizations (see Figure 5).

⁸ Benin, Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Ghana, Liberia, Mozambique, Niger, Sierra Leone, Sudan and Uganda.

Figure 5 Trends in a) malaria case incidence (cases per 1000 population at risk) and b) mortality rate (deaths per 100 000 population at risk), and c) malaria case by country in WHO African Region, 2010–2022



Source: <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2023>

Supporting innovation in malaria elimination

Malaria rapid diagnostic tests detect specific antigens produced by malaria parasites that are present in the blood of individuals infected by the disease. The tests that are most sensitive in diagnosing *falciparum* malaria contain antibodies to detect the histidine-rich protein 2 (HRP2) and/or the related HRP3 protein. In some countries, increasing levels of deletions in the genes that encode these proteins (HRP2/3) threaten the ability of health providers to diagnose and appropriately treat people infected with *Plasmodium falciparum* malaria. As part of its end-to-end role in supporting malaria elimination, the UCN Cluster provided training on survey protocol implementation for HRP2/3 gene deletion surveillance in five countries,⁹ who all completed surveys following the training. Eight countries¹⁰ are being supported to do both HRP2/3 gene deletion surveys and molecular markers of resistance under an E8-funded project.

In Uganda, the UCN Cluster provided technical assistance as part of efforts to integrate malaria surveillance into its incident management system. In Chad, Eritrea, Ethiopia, Mauritania, Namibia, South Sudan, Togo, Uganda and United Republic of Tanzania, the Cluster is supporting the rollout of therapeutic efficacy studies and tests as part of drug resistance monitoring. The use of these standardized procedures facilitates the comparison of results within and across regions over time. The UCN Cluster worked with Eritrea, Rwanda, Uganda and United Republic of Tanzania, to develop response plans to partial artemisinin resistance, defined as the delay in the clearance of malaria parasites from the bloodstream following treatment.

Providing targeted technical support

As part of perennial malaria chemoprevention, several countries, including Benin, Cameroon, Côte d'Ivoire and Mozambique received technical support and guidance, under the Plus Project, a Unitaid-funded project that covers training, routine monitoring, supervision and community engagement activities, which are integrated into existing country systems. In Mozambique, Sierra Leone and Togo, the UCN Cluster is engaged in

⁹ Kenya, Rwanda, Uganda, United Republic of Tanzania and Zambia.

¹⁰ Angola, Botswana, Eswatini, Namibia, Mozambique, South Africa and Zambia.

the MULTIPLY Project, an implementation research study that aims to deliver the intermittent preventive treatment of malaria in infants (IPTi) intervention through the Expanded Programme on Immunization (EPI) and vitamin A supplementation in the first two years of a child's life to prevent malaria in areas of moderate-to-high malaria transmission in sub-Saharan Africa.

In Cabo Verde, UCN provided technical assistance as part of the country's preparation for certification of elimination through field missions, training sessions, advocacy and the development and dissemination of strategic documents. Malaria elimination audits were conducted in Botswana, Eswatini, Namibia, South Africa and Zimbabwe; and malaria surveillance assessments were conducted and DHIS modules for malaria elimination developed in Botswana and South Africa.

Enhancing monitoring and evaluation

The African Leaders Malaria Alliance (ALMA) [Scorecard for Accountability and Action](#) tracks priority malaria, RMNCAH and NTD indicators. It shows the progress being made at the country-level and allows comparisons between countries on the African continent. The scorecard is produced in collaboration with WHO and the RBM Partnership to End Malaria. The scorecard is updated and shared every three months, along with country-specific reports. In addition to providing continued technical support, in August 2023, the UCN Cluster participated in a workshop hosted by ALMA as part of validation of the scorecard and annual report.

Throughout 2023, the Cluster provided technical support to the South African Development Community (SADC) and Malaria Elimination 8 (E8) initiatives for the development of SADC subregional malaria elimination reports and verification of subnational activities among E8 countries. The Sahel malaria elimination initiative received support in eight countries. The support included the revision of national malaria strategies for Global Fund concept note development. As part of the High Burden to High Impact (HBHI) Initiative, the UCN Cluster assisted in assessments in four countries – Cameroon, Ghana, Mali and Niger.

Country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality

Countries in the African Region have expanded their national capacities and capabilities in disease control and require customized and flexible technical assistance from WHO and its development partners. Support can range from policy dialogue and strategic assistance to WHO's traditional ways of working, which include in-country technical assistance and the deployment of WHO's subregional, regional and global assets, as needed. WHO has a long history of working collaboratively with governments, governing bodies, international and local development partners, technical institutions and communities. It has also established long-term partnerships for providing technical assistance and institutional capacity strengthening.

In 2023, the UCN Cluster worked with countries and partners to ensure that disease control programmes are fit for purpose and resilient against shocks by supporting national programme reviews, implementing disease control activities, delivering responsive technical assistance and providing quality capacity-building.

National programme reviews for improved governance and programme outcomes

Understanding the existing system is the first step towards informing system changes and measuring programme outcomes and impact in terms of system changes. WHO recommends that countries should conduct comprehensive national programme reviews regularly to help them identify system-wide barriers or gaps and monitor performance against set targets. The purpose of these reviews is to document successes, operating environment challenges and shortfalls of national disease control programmes and support the development of an improvement plan to strengthen national strategies and activities.

The UCN Cluster's technical expertise and networks were used in 2023 to create and deploy multidisciplinary teams of subject matter experts who worked collaboratively with countries to conduct programme reviews, including providing technical support to (see Annex Table A1.4):

- ▶ 10 countries as part of HIV/AIDS programme reviews
- ▶ Cabo Verde, Malawi, Rwanda, Seychelles and South Africa, with the development of roadmaps for the prevention-of-mother-to-child transmission of HIV, viral hepatitis and syphilis
- ▶ Thirty-two countries to conduct a review of their national malaria programmes, with 28 of them revising or developing a national malaria strategic plan following the reviews
- ▶ Comoros, Kenya, Democratic Republic of the Congo, Ethiopia, Madagascar, Namibia and Nigeria for leprosy programme or project reviews
- ▶ Eleven Member States to conduct TB programme reviews
- ▶ Botswana, Eswatini, Lesotho, Mali, Malawi, Sierra Leone and Zimbabwe to conduct comprehensive EPI reviews. Guided by existing [WHO guidelines on conducting an EPI review](#), the approach included desk reviews of immunization and surveillance documents and evaluating adherence to standards. Field assessments were conducted by expert teams, blending internal and external reviewers. At the conclusion of each review, each country produced a detailed report offering insights into programme status, adherence to policies and the operational effectiveness of the reviewed programmes.

Responsive technical assistance for country impact

The WHO Regional Office for Africa is committed to tailoring technical assistance to meet national needs, with an established history of using national institutions for national and international purposes (see Annex Table A1.4). The value of localizing technical cooperation within the African Region was evident during the border closures and travel restrictions imposed in response to the COVID-19 pandemic, which resulted in shifting roles for local, national and international health and humanitarian actors. The localization of technical cooperation elevates local actors and provides opportunities for leadership and decision-making roles. It facilitates sustainability through their long-term presence and local knowledge, and creates a supportive environment for locally-led collective action.

In 2023, the UCN Cluster supported several countries as part of integrated skin NTD activities. The Cluster provided technical assistance to Chad, the Democratic Republic of the Congo and Ethiopia to assess the NTD burden and strengthen skin NTD surveillance. In Chad, this support resulted in improved case detection, reporting and treatment for skin NTDs. Twenty Guinea-worm priority countries were supported to implement country-specific activities based on their epidemiological status and guidelines developed by WHO. The Cluster provided technical assistance to Ethiopia and Kenya in the adaptation of the visceral leishmaniasis/HIV treatment guideline for national use, while in Ghana, the UCN Cluster led a technical mission to support the development of national guidelines on the diagnosis and treatment of cutaneous leishmaniasis.

In response to the growing burden of NCDs in the Region, the UCN Cluster worked in partnership with local ministries of health in Benin, Gambia, Ghana, Nigeria, Uganda and United Republic of Tanzania to conduct STEPs surveys. Planning missions in support of integrated cervical and breast cancer services were conducted in Côte d'Ivoire, Kenya and Zimbabwe, while technical assistance in the development of oral health policy documents was provided in Botswana, Burkina Faso, Lesotho, Mali, Nigeria and Sierra

Leone. In Senegal, the Cluster supported the phasing down of the use of dental amalgam, while in Guinea and Zimbabwe, Cluster staff piloted an ear health module for primary care. Uganda received support to implement the [SAFER Initiative](#) to reduce alcohol-related harm, including the establishment of a multisectoral coordination mechanism to strengthen tax and pricing measures.

High-quality, appropriate and localized capacity-building

Capacity-building, coupled with standardized guidance and policy frameworks, is a transformative tool towards achieving SDG targets in the Region. As a result, the UCN Cluster has strategically invested in human resource capacity at the regional and country levels. In 2023, the Cluster hosted over 25 distinct capacity-building activities and workshops, reaching thousands of health workers across the Region (see Annex Table A1.5).

In collaboration with partners, the UCN Cluster provided technical and financial support to countries to implement regional and global oral health strategies, as well as build health worker capacity and strengthen integrated surveillance. As part of building capacity in early detection, referral and control of noma, a series of training workshops were held in 2023 in Benin, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Guinea Bissau, Mali, Niger, Nigeria, Togo and Senegal. Over 4300 health care workers, including community workers, primary health care staff, oral health professionals and surveillance officers benefitted from the training organized and co-delivered by the Cluster.

Eleven Member States were supported by the UCN Cluster in implementing active pharmacovigilance of fexinidazole, a medication for the treatment of human African trypanosomiasis. Based on the request of the European Medicines Agency, the use of fexinidazole must be closely monitored, so each treated patient has a pharmacovigilance sheet to report any side events during or after treatment. Forms are

shared with the national pharmacovigilance programme in the country, and a copy is sent to WHO headquarters for centralization in a database. In support of this, the UCN Cluster provided training in all countries implementing the system, including on how to correct and validate data collection forms.

It is important to have effective disease surveillance to promptly monitor and respond to epidemics and situations with high case fatality rates during treatment. Nine major capacity-building events were conducted by the UCN Cluster in 2023 to improve the capacity and knowledge of NTD staff from ministries of health in endemic Member States. A total of 317 NTD staff from 31 endemic countries participated in these training sessions. Following two training workshops held in Côte d'Ivoire and Guinea, respectively, on strengthening integrated surveillance for skin NTDs, over 380 participants were provided with updated information on diagnostic techniques for Buruli ulcer, yaws, leprosy and scabies. Several countries were supported by the Cluster as part of strengthening leishmaniasis surveillance integrated with other diseases, including through capacity-building on how to integrate leishmaniasis indicators in their national health management information system. Following training on active case finding for visceral leishmaniasis in Uganda, the country recorded a significant improvement in case reporting.

In an effort to strengthen collaboration and minimize the reporting burden, in 1998, WHO and UNICEF developed the Joint Reporting Form (JRF), which is sent to all Member States. The JRF collects immunization data in a standardized manner. In 2021, this form was updated to a cloud-based solution known as the electronic Joint Reporting Form (eJRF). The eJRF collects annual immunization data from countries to identify trends and gaps at the country, regional and global levels. The data are also used for informing progress towards the Immunization Agenda 2030. In 2023, the UCN Cluster facilitated the successful use of the eJRF in all 17 countries in West Africa. This achievement was realized through comprehensive briefing sessions, peer reviews and meticulous post-workshop monitoring to ensure effective reporting by countries.

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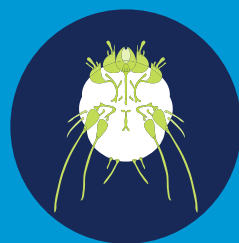
Buruli ulcer



Leprosy



Scabies



Yaws



Impact story

Achieving the Immunization Agenda 2030 in the African Region

The UCN Cluster is spearheading an ambitious drive to place Africa firmly on the path to achieving its Immunization Agenda 2030. This comes after the recently published [WHO/UNICEF estimates of national immunization coverage](#) (WUENIC), which reported an estimated 24% increase in zero-dose children in 2022 compared to 2019, bringing the Region's burden of zero-dose children to 28 million.

From 2022 to October 2023, 22 countries in the Region implemented 28 mass vaccination activities, of which six were outbreak response campaigns, while 22 were preventive supplementary immunization activities. To date, over 117 million children have been vaccinated as part of these activities, with 14 of the 28 mass vaccination activities reaching over 95% administrative coverage. As of December 2023, over 350 million individuals have been successfully vaccinated against meningitis in 24 meningitis belt countries, as part of preventive vaccination campaigns.¹¹ In collaboration with partners, the UCN Cluster provided guidelines for campaign implementation and risk assessments to determine priority Regions, as part of preventive mass vaccination campaigns against yellow fever in the Democratic Republic of the Congo, Nigeria and Uganda in 2023. As a result, over 62 million people were reached during the year.

Throughout the year, nine countries (Cameroon, Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Liberia, South Africa, South Sudan and Zambia) reported confirmed outbreaks of measles at various times, largely due to delays in implementing periodic preventive vaccination campaigns in the context of routine immunization coverage gaps. In response, the UCN Cluster worked with ministries of health to implement outbreak response activities and/or bring forward preventive vaccination efforts. Over 59 million children from eight countries were reached as a result of these

efforts, with the Cluster providing policy guidance and technical support, including training workshops on vaccine-preventable disease surveillance.

In 2023, 28 countries in the Region introduced the HPV vaccine into routine immunization schedules. However, the coverage rate for two doses remains low (21%). In response, the UCN Cluster provided strategic support to enhance the adoption, accessibility and coverage of the HPV vaccine, including targeted support to 15 countries to adopt the single-dose HPV vaccine based on [updated WHO guidelines](#). Eswatini, Nigeria and Togo emerged as focal points for vaccine introduction, with Nigeria embarking on a groundbreaking vaccination campaign targeting 7.7 million girls, constituting the largest-ever HPV vaccination campaign in Africa. In October 2023, Nigeria launched a five-day mass vaccination campaign across 16 states and the Federal Capital Territory. With technical support from the UCN Cluster and based on updated policy guidance, over 35 000 health workers received training, ensuring comprehensive preparedness and subsequent vaccine delivery across all health facilities.

Throughout 2023, the UCN Cluster worked to identify and address gaps in logistics and vaccine management, implement innovative solutions, and foster infrastructure development. The Cluster provided critical remote and on-site technical support to four West and Central African countries actively engaged in Effective Vaccine Management Assessments (EVMAs). Developed to systematically monitor the evolution of the vaccine supply chain, identify operational gaps and formulate targeted improvement plans, EVMAs aim to enhance vaccine availability, distribution and administration, ensuring the delivery of high-quality vaccines. UCN Cluster support included assistance in the preparatory stages of data analysis, culminating in the development of bespoke improvement plans to address the deficiencies identified. A comprehensive report entitled, [Status of Routine Immunization Coverage in the World Health Organization African Region Three years into the COVID-19 Pandemic](#), was published in *Vaccines*.

¹¹ Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, South Sudan, Sudan, Togo and Uganda.



Looking back and thinking ahead

Central to the approach of the UCN Cluster is improving health for the millions of people living in the WHO African Region. Achieving this goal requires a framework that recognizes the connections and influences of other sectors on the capacity, capability and functioning of the health system. Strengthening the health system therefore, requires an understanding that extends beyond the health sector and incorporates a broader view of the health system. Initiatives that are driven through a system strengthening approach aim to improve the functioning of the health system. This is achieved by coordinating efforts across programmes and partners, thereby reducing duplication and preventing a negative impact on other functions of the health system.

Although there have been significant successes across the Region, the situation remains challenging, with the Sustainable Development Goal to achieve universal health coverage by 2030 becoming less tangible. During the 2023 review, programme-specific issues and difficulties were explored to identify broader themes impacting efforts of the UCN Cluster in the Region. Three key areas stood out: resourcing and workforce challenges; insufficient coordination and fragmented initiatives; and continued insecurity in the Region. Although each of these areas covers a broad remit of issues (discussed below), they are also components of the overarching need for health system strengthening in the Region.

WHO defines health system strengthening as both (i) the process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges; and (ii) any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality or efficiency.¹²

Resourcing and workforce challenges

Resourcing and workforce challenges are significant issues for all aspects of the UCN Cluster's work. A combination of an imbalance between capacity and need, along with donor fatigue, is creating increasing pressure to reduce support. The lack of technical capacity, limited opportunities for workforce development and inadequate staffing of key programmes and initiatives often result in national agencies working at full capacity to meet daily operational requirements, leaving little time for critical strengthening activities, such as interaction reviews and One Health assessments or planning. In addition, the increasing strain stemming from fewer partnerships is creating significant funding gaps that impact the ability of development partners to deliver valuable support.

Insufficient coordination and fragmented initiatives

There are many stakeholders undertaking development initiatives and programmes in the Region, and the limited coordination across these activities, both at the local level within countries, and at the regional level, is causing issues. In some countries, inadequate collaboration between international agencies and local partners is leading to delays in essential administrative functions, such as data reporting and submission of medicine requests. In addition, initiatives to enhance monitoring

¹² Health Systems Strengthening Glossary. Geneva: World Health Organization; ND (<https://www.who.int/docs/default-source/documents/health-systems-strengthening-glossary.pdf>, accessed 12 February 2024).

and evaluation when not coordinated, are creating confusion in countries and duplicity of tools.

Insecurity in the Region

Ongoing conflicts and intermittent climate disasters contribute to a large-scale humanitarian and health crisis in the Region. Insecurity within the Region is resulting in displaced persons – refugees and IDPs and mobile populations – creating restrictions on community access and hindering the ability of programmes to deliver the support needed.

The UCN Cluster was established to better integrate disease prevention and control programmes within a health systems strengthening framework, using a data-centric, results-focused and integrated cluster management approach. Core success factors of the COVID-19 pandemic response have informed four UCN Special Initiatives – governance and system capacity, institutional capacity, data science capacity and research and innovation capacity. Going forward, these are the four carefully curated priority areas that will guide the WHO Regional Office for Africa and the UCN Cluster in supporting Member States towards more robust pandemic preparedness, leveraging interventions such as surge missions and specialist hubs. There will also be a renewed focus on building more resilient health systems, boosting health promotion and prevention and improving health care delivery and access to services, with emphasis on primary health care. The cluster, recognizing the challenges in this diverse and rapidly changing Region, is committed to responding strategically and operationally, informed by an evidence-based approach to decision-making.

Annex 1. Summary tables

Annex Table A1.1. Regional events supported and attended by the UCN Cluster, WHO African Region, 2023

Month	Events and achievements
January	<ul style="list-style-type: none"> ▶ HAT eTAG meeting. The HAT eTAG (HAT Elimination Technical Advisory Group), which meets annually, plays a vital role as the lead technical advisory body to WHO on the elimination of Human African Trypanosomiasis (HAT). The role is to examine the indicators that will be used to assess the elimination of HAT, define requirements demonstrating evidence of low or no transmission and establish criteria for a functional surveillance system. ▶ Meeting on a south-south exchange platform for the preparation of the new Resilient and Sustainable Systems for Health (RSSH) funding round for the Global Fund. Attended by 13 countries from the Region, the meeting provided support to countries as part of the Global Fund application process for HIV, TB and malaria activities. ▶ Stakeholder meeting for the development of a strategic plan for the elimination of visceral leishmaniasis in East Africa. Key stakeholders convened to review the current epidemiological situation of visceral leishmaniasis in East Africa and develop a high-level elimination strategic plan 2023–2027, with regional- and country-level elimination targets.
February	<ul style="list-style-type: none"> ▶ Meeting on implementing the Economic Community of West African States (ECOWAS) regional strategy for HIV, tuberculosis, hepatitis B and C and sexual and reproductive health and rights among key populations. During the meeting, participants reviewed the implementation status of the strategy and discussed current areas in need of technical assistance. ▶ Optimizing the impact of the Seasonal Malaria Chemotherapy (OPT SMC) Advisory Committee annual meeting and Seasonal Malaria Chemotherapy (SMC) Alliance Annual review and planning meeting. ▶ African Union Heads of State and Government representatives attend the high-level side event, Building momentum for routine immunization recovery in Africa, held during the 36th Ordinary Summit of the African Union.
March	<ul style="list-style-type: none"> ▶ Consensus-building desk review meeting on updating the number of people requiring preventive chemotherapy for schistosomiasis in the Region.
April	<ul style="list-style-type: none"> ▶ African vaccination week commemoration. A critical advocacy tool, the event celebrated achievements and emphasized the ongoing commitment to expanding vaccine coverage across the Region. A targeted global effort to boost vaccination among children, ‘the Big Catch-up’, is launched by WHO and partners. ▶ Peer review regional workshop on Global Fund requests. Countries were supported in the peer review process of their draft funding requests to the Global Fund. ▶ Workshop on integrating NCDs and mental health components in HIV programming for the Global Fund. The meeting brought together representatives from Ghana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe as part of funding proposal development for the Global Fund.

Month	Events and achievements
May	<ul style="list-style-type: none"> ➤ First network meeting of the Southern and East African Regional TB Network (SEARN-TB). The meeting brought together scientists and technical advisors from 22 East and Southern African countries. The terms of reference for the network were drafted and discussed, including how the network would function, and communication among members. ➤ Joint East, Southern, West and Central Africa Regional Working Groups (RWG) Workshop held to harmonize immunization initiatives across the Region. ➤ Regional Joint HIV/AIDS Team for East and Southern Africa (RATESA) 2023 Annual Retreat. Participants discussed effective ways of working together at the regional and country levels to help drive meaningful outcomes. ➤ Regional NTD Meeting for Central and East Africa. National Programme Managers and NTD stakeholders attended the meeting to seek commitment for domestic resource allocation for NTDs. ➤ COVID-19 stocktake meeting, with representatives from 34 priority countries in the Region. ➤ Workshop to support development and peer review of immunization catch-up and recovery plans hosted with representatives from 14 countries.
June	<ul style="list-style-type: none"> ➤ East and Southern Africa Expanded Programme on Immunization (EPI) managers meeting. This provided a platform for regional managers to discuss challenges, share insights and strategize on enhancing immunization programmes. The outcomes of this meeting played a pivotal role in shaping regional immunization policies. ➤ East and Southern Africa regional working group first annual face-to-face meeting. This facilitated direct interactions, fostering a deeper understanding of regional challenges and opportunities and laying the foundation for ongoing collaboration. ➤ Workshop on meningitis national plans. Provided a forum for experts to deliberate on evidence-based approaches to meningitis control.
July	<ul style="list-style-type: none"> ➤ Africa Regional Commission for the Eradication of Polio Certification. A landmark event, the Commission underscored the Region's commitment to the final stages of polio eradication. Certification discussions were pivotal in assessing progress and charting the way forward. ➤ Meeting of the Permanent Secretaries and National TB Programme (NTP) Managers in Africa. A key outcome was the Statement by Permanent Secretaries for Health and NTP Managers in Africa, which commits to accelerating efforts to end TB by 2030 through concerted efforts in strengthening leadership, financing and an enabling environment. ➤ Regional consultative meeting on strategies for stigma reduction in regional and national HIV programmes. ➤ West African EPI Managers Meeting. The meeting facilitated a coordinated approach to immunization management. These gatherings enabled managers to share regional perspectives, align strategies and collectively address challenges. ➤ Central African EPI managers meeting. Facilitated a coordinated approach to immunization management. These gatherings enabled managers to share regional perspectives, align strategies and collectively address challenges.
August	<ul style="list-style-type: none"> ➤ Side events on cervical cancer elimination organized during the Seventy-third Regional Committee for Africa. ➤ Side meetings on financing for malaria as part of the Seventy-third Regional Committee for Africa. ➤ Southern African Development Community (SADC) National TB Programme Managers Meeting. Managers shared country data and experiences in the implementation of national TB programmes. The annual SADC TB Report 2023 was presented to participants and adopted. A SADC regional data repository platform was validated and signed off and actions taken to support a more comprehensive response.

Month	Events and achievements
September	<ul style="list-style-type: none"> <li data-bbox="327 403 1476 526">▶ Southern African Development Community (SADC) Elimination Eight (E8) High-level Meeting. The meeting brought together E8 Member States and partners to recommit to elimination efforts. The E8 initiative is a coalition of eight countries working across national borders to eliminate malaria in Southern Africa by 2030. <li data-bbox="327 537 1476 660">▶ UNITAID Plus Project 2nd Annual Meeting. The Plus Project aims to co-design, pilot and evaluate country-adapted models of perennial malaria chemoprevention based on WHO guidelines in four focus countries. WHO participated in the annual meeting and attended pre-meeting field visits in Benin, a focus country. <li data-bbox="327 672 1476 766">▶ Webinar on integrating services for STIs and HIV. Attended by over 350 participants from all 47 Member States, the webinar provided practical guidance to policy-makers, programme and facility managers, and other health workers on integrating and improving services for STIs and HIV.
October	<ul style="list-style-type: none"> <li data-bbox="327 777 1476 862">▶ Collaborative Regional Convening on PrEP held to strengthen national and regional responses to HIV/AIDS. The meeting, held in Accra, brought together over 105 participants from 19 countries and regional and global stakeholders. <li data-bbox="327 873 1476 952">▶ Meeting of the 5th Buruli Ulcer LABNET platform to expand the mandate of the Skin NTD LABNET Platform and strengthen laboratory diagnosis capacity for several diseases. <li data-bbox="327 963 1476 1041">▶ Intercountry learning meeting on the SAFER Initiative. Attended by eight countries in the Region, the meeting discussed ways to strengthen the implementation of cost-effective and evidence-based interventions to reduce the harmful use of alcohol. <li data-bbox="327 1052 1476 1187">▶ Side regional workshop on viral hepatitis held during the 3rd African Hepatitis Summit. The workshop aimed to motivate viral hepatitis elimination in the Region, provide a forum to share experiences and lessons learnt and advance discussions on the use of data and the need to improve hepatitis surveillance across the Region. <li data-bbox="327 1198 1476 1355">▶ Think tank meeting on targeting HIV and sexual and reproductive health programmes to better meet the needs of adolescent girls and young women (AGYW) in East and Southern Africa. Several important outcomes were reached during the meeting, including the development of a regional brief that documents programme implementation considerations to enable the improved targeting of services for AGYW in the Region. <li data-bbox="327 1366 1476 1460">▶ Yellow fever risk assessment results and high-level advocacy meeting to raise awareness among stakeholders on the risk of yellow fever and the need for vaccine introduction into the routine immunization schedule in Ethiopia.

Month	Events and achievements
November	<ul style="list-style-type: none"> ➤ 28th meeting of the Leishmaniasis East Africa Platform (LEAP). Organized by the Drugs for Neglected Diseases Initiative, the meeting provided updates on the development of new diagnostic and treatment tools. It also brought together national programme managers from high-burden countries to provide updates on preparations and readiness for implementation of the visceral leishmaniasis initiative in East Africa. ➤ 8th ESPEN PC-NTD Regional Programme Review Group (RPRG) meeting. Members reviewed regional progress made towards achieving the PC-NTD 2030 Roadmap targets and discussed specific challenges faced by the Region and countries and made recommendations. ➤ African Union malaria progress reports experts meeting. The meeting was held to address the major challenges that threaten to sidetrack the decades of progress made in the fight against malaria. The meeting concluded with a call for action to accelerate the fight against malaria in Africa and development of a draft progress report, which will be presented to Heads of State and Government in February 2024 at the African Union Assembly in Addis Ababa. ➤ Annual meeting on meningitis, maternal and neonatal tetanus, yellow fever, and measles-rubella. Served as a comprehensive platform, bringing together experts and stakeholders to address a spectrum of critical health issues. Focused discussions on meningitis, maternal and neonatal tetanus, yellow fever and measles-rubella aimed at refining strategies and fostering collaborative solutions. ➤ Annual national NTD programme managers meeting. Brought together over 150 participants comprising national NTD programme managers, NTD experts, stakeholders and donors to delve into critical aspects of NTD control, elimination and eradication. The meeting presented an excellent forum for fostering collaboration and sharing experiences and insights to accelerate progress towards an Africa free of NTDs. ➤ First meeting of the Global Onchocerciasis Network for Elimination (GONE). The meeting provided an opportunity for experts and participants to endorse the terms of reference of GONE, to highlight the progress made by various countries in eliminating onchocerciasis, and also to explore new opportunities for partnerships to support initiatives aimed at accelerating the global elimination of onchocerciasis. ➤ HIV differentiated service delivery strategic initiative workshop. Provided an opportunity for countries to engage in discussions about lessons learnt and key areas of focus to sustain efforts. ➤ Regional dissemination meeting on consolidated HIV, TB, hepatitis and STIs guidelines. The meeting targeted several high-burden countries, providing a forum to share experiences on testing and control. ➤ Regional Measles and Rubella Laboratory Network meeting. Emphasized the crucial role of laboratories in supporting the surveillance and control of measles and rubella, fostering collaboration among regional experts. ➤ Regional Immunization Technical Advisory Group (RITAG) meeting. Provided a forum for experts to deliberate on evidence-based approaches for vaccine preventable diseases and the Immunization Agenda 2030 implementation in the African Region.
	<ul style="list-style-type: none"> ➤ Immunization stakeholders meeting. Expert insights and collaborative discussions led to the agreement that all partners should ensure country ownership in immunization by engaging national institutions and enhancing country accountability. ➤ Southern African Development Community (SADC) Ministers of Health and Ministers responsible for HIV and AIDS joint meeting. The meeting reviewed the general state of health in the region, with a focus on major public health issues, including malaria. Ministers noted the current progress towards elimination and urged Member States to collaborate on strengthening laboratory interventions. ➤ Side events on immunization and cervical cancer held during CPHIA 2023. Side events during the Conference on Public Health in Africa (CPHIA) 2023, organized by WHO to highlight vaccine-preventable disease (VPD)-related discussions. These events played a pivotal role in aligning health priorities and showcasing the importance of VPD initiatives. ➤ Evidence to policy: Accelerating the implementation of the regional and global strategies on oral health in the WHO African Region. More than 70 delegates from academia and ministries of health came together to discuss and determine a set of actionable recommendations to accelerate the creation, dissemination, implementation, and monitoring and evaluation of evidence-informed oral health policies in the WHO African Region. in line with the WHO Global Oral Health Action Plan.

Month	Events and achievements
December	<ul style="list-style-type: none"> ▶ East and Southern Africa Regional Working Group (RWG) second annual face-to-face meeting. Facilitated direct interactions, enabling the exchange of insights and the consolidation of regional efforts in immunization strategies. ▶ 22nd International Conference on AIDS, Sexually Transmitted Infections in Africa (ICASA). The theme of the conference was ‘AIDS is not over: address inequalities, accelerate inclusion and innovation’. Cluster staff were involved in 17 sessions at the conference, with topics including stigma and discrimination, adherence, PrEP, STI vaccines, the WHO framework for triple elimination, and newly released guidance on HIV, hepatitis and STIs care and treatment. ▶ Third African regional polio eradication strategic review and planning retreat. The meeting brought together heads of the six major GPEI partners, including the Director of Polio at WHO headquarters. The 2024 workplan for polio eradication was adopted, with funding to support polio and other vaccine-preventable diseases in the context of transition and integration.

Annex Table A1.2. Global events supported and attended by the UCN Cluster, WHO African Region, 2023

Month	Events and achievements
January	<ul style="list-style-type: none"> ▶ International Symposium at the Vatican on Hansen’s Disease: Leave No One Behind. The two-day symposium brought together health and human rights experts, NGOs, religious organizations, persons affected by leprosy and other NTDs to discuss the actions needed to achieve the goal of “zero leprosy”. A significant outcome was the launch of the 2023 Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy.
April	<ul style="list-style-type: none"> ▶ Malaria Policy Advisory Group (MPAG) meetings. The MPAG provides independent, strategic advice to WHO on all technical areas relating to malaria control and elimination. ▶ Global Polio Surveillance working group meeting. This body is the surveillance wing of the Global Polio Eradication Initiative. The 2023 budget was adopted, and funds were made available to support polio and VPD surveillance in the context of transition and integration. The meeting brought together regional field and laboratory focal points from the six WHO Regions.
May	<ul style="list-style-type: none"> ▶ Guideline Development Group (GDG) meeting on targeted next-generation sequencing (tNGS) for the detection of TB resistance. The objectives of the meeting were to assess available evidence on the accuracy, impact on patient outcomes, costs and cost-effectiveness, and the feasibility, acceptability, and potential impact on equity of tNGS solutions for diagnosis of drug-resistant TB; and to issue global recommendations and guidance on the clinical and programmatic use of tNGS solutions for detection of TB drug resistance. ▶ Side meetings for ministers of health from Guinea worm endemic countries as part of the Seventy-sixth World Health Assembly held in Geneva.

Month	Events and achievements
July	<ul style="list-style-type: none"> ➤ Global TB Caucus 4th Africa TB Summit. Parliamentarians endorsed the Nairobi TB Declaration, which calls for accelerated research and development; improved access to new TB vaccines, diagnostics, treatment and care, and other essential new tools; and improvements in domestic financing, policy and legislation. ➤ Strategic and Technical Advisory Group for Tuberculosis. Provides a platform to discuss state-of-the-art scientific and technical guidance to contribute towards ending the TB epidemic.
August	<ul style="list-style-type: none"> ➤ Malaria Technical Expert Network Meeting. The meeting provided an opportunity to discuss the new Global Malaria Programme Strategy, 2024–2030, along with the global resource mobilization plan and technical products to be developed to guide countries with strategy implementation.
October	<ul style="list-style-type: none"> ➤ 19th Meeting of the Technical Advisory Group on Leprosy. The two-day meeting covered several topics, including finalization of the elimination dossier tool and defining the scope and scale of post-elimination surveillance. A significant outcome was the draft report of informal consultation on the use of assistive technologies and devices for people living with disabilities due to leprosy.
September	<ul style="list-style-type: none"> ➤ Second UN General Assembly high-level meeting on the fight against tuberculosis, 2023. A key outcome of the meeting was the Political declaration of the high-level meeting on the fight against tuberculosis, which reaffirms commitments to end the tuberculosis epidemic by 2030. ➤ WHO 3-level convening on immunization.
December	<ul style="list-style-type: none"> ➤ 13th International Conference on Typhoid and Other Invasive Salmonellosis. Provided an opportunity for WHO to demonstrate proactive engagement and leadership in disease control, exemplified by pivotal presentations on vaccine introduction.

Annex Table A1.3. Strategic information and knowledge products developed by the UCN Cluster, WHO African Region, 2023



Disease reports

Achievements in 2023

- ▶ **Cervical cancer:** current updates. Provides an update on the status of cervical cancer in the Region, current issues and proposed actions, and a disease ‘heatmap’ to track country progress against key performance indicators.
- ▶ Control, elimination and eradication efforts for neglected tropical diseases, scoping review of the literature in the WHO African Region since 1990. The findings of the report suggest a need to standardize diagnostic tools, mass drug administration campaigns, and monitoring and evaluation activities for NTD programmes. Additionally, NTD elimination, eradication and control need to be addressed in hard-to-reach areas. Academic partnerships and regional centres of excellence would also be beneficial. The findings of the review can contribute to regional strategy and position, to further NTD control, elimination and eradication initiatives and contribute to the scientific evidence base generated within the African continent. The report is aimed at a wide audience of policy-makers, partners, and other stakeholders.
- ▶ **Disease eradication in Africa:** dracunculiasis eradication. Provides an update on the status of dracunculiasis eradication in the Region, including epidemiology, the global eradication campaign, targets and strategies, progress in the Region, success factors and lessons learnt, the role of WHO, and emerging challenges and priorities.
- ▶ [Global leishmaniasis surveillance, 2022: Assessing trends over the past 10 years](#). The aim of this report is to: update the description of the Global Health Observatory (GHO) leishmaniasis indicators reported by Member States to WHO up to 2022: describe specific indicators of gender and age distribution, relapse, treatment, selected outbreaks, visceral leishmaniasis case fatality rates, rates of co-infection with HIV for visceral leishmaniasis; and the burden of post kalaazar dermal leishmaniasis.
- ▶ [Global oral health status report: Towards universal health coverage for oral health by 2030: Regional summary of the African Region](#). The regional summary draws on WHO’s Global oral health status report, published in 2022, and focuses on oral health in the African Region.
- ▶ Leishmaniasis situation in the African Region. Provides an update on the status of leishmaniasis elimination in the Region, including epidemiology, the global eradication campaign, targets and strategies, progress in the Region, success factors and lessons learnt, the role of WHO and emerging challenges and priorities.
- ▶ Leprosy elimination in the African Region. Provides an update on the status of leprosy elimination in the Region, including epidemiology, the global eradication campaign, targets and strategies, progress in the Region, success factors and lessons learnt, the role of WHO and emerging challenges and priorities.

Disease reports

Achievements in 2023

- [Control, elimination and eradication efforts for neglected tropical diseases, scoping review of the literature in the WHO African Region since 1990](#): This report outlines the results of a scoping review of the status of neglected tropical diseases in Africa over the past 30 years. The findings of the report suggest a need to standardize diagnostic tools, mass drug administration campaigns, and monitoring and evaluation activities for NTD programmes. Additionally, NTD elimination, eradication and control needs to be addressed in hard-to-reach areas. Academic partnerships and regional centres of excellence would also be beneficial. The findings of the review can contribute to regional strategy and position, to further NTD control, elimination and eradication initiatives and contribute to the scientific evidence base generated within the African continent. The report is aimed at a wide audience of policy makers, partners, and other stakeholders.
- [Ending the neglect: lessons learned from a decade of success in responding to neglected tropical diseases](#): This report summarizes the results of the scoping review, highlighting the significant progress made in reducing the heavy health burden caused by NTDs over the past decade, and the substantial improvement in quality of life for millions of our most vulnerable populations living with these conditions. It is aimed at wide audience of policy makers, partners, and other stakeholders.
- [Report on malaria in Nigeria, 2022](#): This report is a subnational malaria report, the first of its kind, produced in collaboration between the Global Malaria Programme, the Nigeria National Malaria Elimination Programme and the Precision Public Health Metrics programme, UCN cluster. The report presents an overview of the malaria situation across all States in Nigeria, focusing on population demographics, malaria interventions, climate and disease burden. For each State, the report presents trends in population, rainfall patterns, intervention coverage and use, and malaria prevalence and incidence. It is aimed at wide audience of policy makers, partners, and other stakeholders.
- [Responding to communicable and noncommunicable diseases: progress report 2020-2022](#): This is the first progress report produced by the UCN Cluster, and was written to a template based on the the three core strategies of eradication, elimination and control. The report highlighted that efforts in disease control through the region continue to yield strong reductions in the incidence, prevalence, morbidity, and mortality for several priority health concerns. It is aimed at wide audience of policy makers, partners, and other stakeholders.
- [Trends in communicable and noncommunicable disease burden and control in Africa](#): This report is one of the first major products of the newly established Precision Public Health Metrics programme of the UCN Cluster. The report presents national trends in communicable and noncommunicable disease burden and control in the WHO African Region. It tracks progress made with respect to disease burden reduction, elimination and eradication. It also highlights major emerging threats, opportunities and priorities in the Region. The report covers the period 2000-2022, but for some indicators information is available only up to 2021. It is aimed at wide audience of policy makers, partners, and other stakeholders.

Disease reports

Achievements in 2023

- ▶ **Country disease outlook profiles:** This report, produced by the PPHM programme, is the first of a series of living documents that will be produced for each of the 47 Member States in the region. The initial series of country profiles gave a broad disease outlook, and then moved to the major communicable diseases – malaria, tuberculosis and HIV, and NTDs. Immunization status and under-5 mortality were used as proxies for general population health. These reports are aimed at country offices, and through them, ministries of health, as well as a broad range of partners and stakeholders. They will be constantly updated and are likely to become interactive dashboards.
- ▶ [Tuberculosis in the WHO African Region: 2023 progress update:](#) This brief update on tuberculosis (TB) in the African Region covers the status of TB in the region, strategic priorities and targets and the impact of COVID-19 on essential services. It includes key figures for the region, the role of WHO in country support and a focus on strengthening laboratory networks, in the face of increasing drug resistance. There is also a brief update on the state of the science and how this is funded across the African Region, as well as challenges and opportunities, and a brief discussion of funding concerns. This report was presented at the UN General Assembly special meeting on TB in September 2023.
- ▶ [Status of immunization coverage in Africa as of the end of 2022:](#) This report pulls together the WUENIC estimates of immunization coverage for 2022. These show that immunization services in the African Region have not yet fully recovered from the disruptions caused by the COVID-19 pandemic. The estimates also highlight the need for all countries in the Region to speed up implementation of the immunization recovery plan, particularly for catch-up immunization in children un- or under-immunized since 2019. Other recommendations are to implement the African Union Declaration of February 2023; to take all appropriate actions to introduce the second dose of IPV into the national schedule to increase protection of children against all polioviruses; and the give fresh impetus to the implementation of the measles and rubella elimination plans to achieve the set target of coverage of 95% or more for CMV1 at national and district levels.



Normative guidance

Achievements in 2023

- Report on the elimination of human African trypanosomiasis in the African Region. Provides an update on the status of human African trypanosomiasis elimination in the Region, including epidemiology, the global eradication campaign, targets and strategies, progress in the Region, success factors and lessons learnt, the role of WHO and emerging challenges and priorities.
- [Status of immunization coverage in Africa as of the end of 2022](#). Summarizes the status of routine immunization in the African Region as of the end of 2022, in terms of immunization coverage, number and percentage of un- and under-immunized children as per the 2022 WHO and UNICEF estimates of national immunization coverage (WUENIC) revision.
- [Trends in communicable and noncommunicable disease burden and control in the African Region](#). The report presents national trends in communicable and noncommunicable disease burden and control in the Region. It tracks progress made with respect to disease burden reduction, elimination and eradication. It highlights major emerging threats, opportunities and priorities in the fight against communicable and noncommunicable diseases.
- [Tuberculosis in the WHO African Region: 2023 progress update](#). Covers the state of TB in the Region, strategic priorities and targets and the impact of COVID-19 on essential services. This is followed by key figures for the Region, the role of WHO in country support and, recognizing the importance of diagnosis and drug susceptibility testing, a focus on strengthening laboratory networks and the regional laboratory and diagnostic objectives.
- [WHO Standard on universal access to rapid tuberculosis diagnostics](#). Sets benchmarks to achieve universal access to WHO-recommended rapid diagnostics, increase bacteriologically confirmed tuberculosis and drug resistance detection, and reduce the time to diagnosis. WHO-recommended rapid diagnostics are highly accurate and cost-effective, reduce the time to treatment initiation, and impact patient-important outcomes.
- [Guidelines for poliovirus surveillance in the African Region](#). Provides health workers conducting AFP and poliovirus surveillance at all levels of the health system in Member States of the African Region with a comprehensive tool to guide and facilitate the implementation of surveillance activities.

Normative guidance

Achievements in 2023

- [Interruption of transmission and elimination of leprosy disease](#). Provides technical guidance on concepts, definitions, indicators, criteria, milestones and tools to assist leprosy programmes in their journey towards the goals of interruption of transmission and elimination of leprosy disease and through the post-elimination period.
- [Stepwise Laboratory Quality Improvement Process Towards Accreditation \(SLIPTA\) Version 3](#). Specifies requirements for quality and competency, aimed to develop and improve medical laboratory services to raise laboratory quality to established national and/or international standards. The SLIPTA Guideline and Checklist are intended for use by policy-makers, ministries of health, government and management officials, public health and medical professionals; laboratory technicians, clinicians, technical experts, laboratory and programme managers, and international, regional and local partners.
- [Target product profile for HIV drug resistance tests in low- and middle-income countries: Africa](#). The product profile is designed to guide the development of new HIV drug resistance tests in the era of dolutegravir-based ART and to facilitate the evaluation of the suitability of currently available HIV drug resistance tests for specific applications.



Lessons learnt

Achievements in 2023

- [Ending the neglect: Lessons from a decade of success in responding to NTDs](#). Summarizes the findings of a scoping review of published literature undertaken to highlight control, elimination and eradication efforts towards NTDs across the WHO African Region over the last 30 years.
- [ESPEN Annual Report 2022](#). Outlines major progress in NTD interventions in 2022, including key achievements by disease, activities relating to strengthening information management systems and data, The ESPEN NTD portal and other tools, partnerships and coordination, and the way forward.
- [Report on palliative care development in Benin based on WHO indicators](#). Examines the current state of palliative care in Benin and the challenges the country faces in providing accessible and effective palliative care to its citizens.
- [Responding to communicable and noncommunicable diseases: progress report 2020–2022](#). The first progress report produced by the UCN Cluster. It provides a comprehensive update of progress in disease management activities in the WHO African Region from 2020 to 2022. It presents high-level key achievements for the 33 selected diseases that have been targeted for eradication, elimination, or control.
- [The role of WHO in protecting Angolans against polio: A report on the 2023 national campaign](#). Provides a brief overview of the national polio campaign, highlighting WHO's role and the synergy of coordination and innovation.



Research articles

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Achievements in 2023

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Strategy

Achievements in 2023

- ▶ [Ending disease in Africa: vision, strategies and special initiatives, 2023–2030](#). Describes the vision, the strategy and the special initiatives developed by the WHO Regional Office for Africa, through the UCN Cluster, that, if implemented appropriately at the country and regional levels, will contribute to achieving disease eradication and elimination goals, universal health coverage and the SDGs.
- ▶ [Framework for implementing the Global alcohol action plan, 2022–2030 in the WHO African Region](#). Updates the existing regional strategy and operationalizes new action points in the Global Alcohol Action Plan, and addresses the challenges encountered in the implementation of alcohol harm reduction activities in the Region.
- ▶ [Regional strategy on diagnostics and laboratory services and systems](#). The regional strategy has been developed to increase the availability and accessibility of quality assured diagnostic and laboratory services in the WHO African Region. It aims to enhance a coordinated approach to expanding diagnostic services to all levels of the health system, establish leadership and governance mechanisms, promote quality-assured services, and provide guidance for improvement.
- ▶ Strategic framework for elimination of visceral leishmaniasis in East Africa (draft). Sets strategic goals, targets (regional and country) and strategies for the elimination of visceral leishmaniasis by 2030.

Annex Table A1.4. Technical support activities conducted by the UCN Cluster, WHO African Region, 2023



Guinea worm disease

Activities and achievements in 2023

- ▶ Supported 20 Guinea worm disease priority countries to implement country-specific activities based on their epidemiological status and guidelines developed by WHO.



HIV/AIDS

Activities and achievements in 2023

- ▶ Joint mission to Madagascar on strengthening disease surveillance, the health information system and the health workforce, and responding to NTDs, lymphatic filariasis, HIV and maternal and neonatal mortality.
- ▶ Technical support provided to 10 countries¹³ as part of HIV/AIDS programme reviews.
- ▶ Several countries, including Cabo Verde, Malawi, Rwanda, Seychelles and South Africa, supported with the development of roadmaps for the prevention of mother-to-child transmission of HIV, viral hepatitis and syphilis.
- ▶ Technical support provided to 15 countries to conduct verification studies for adopting the three-test strategy and implementing dual HIV/syphilis testing in antenatal care settings.
- ▶ Support to countries to improve access to viral load testing via the use of dry blood specimen.
- ▶ RATESA mission to Madagascar to review progress, identify key bottlenecks/challenges and opportunities, and determine catalytic actions and technical assistance required over the coming 12 months to accelerate the scale-up of HIV testing, prevention, treatment and care.

¹³ Botswana, Chad, Eswatini, Ghana, Kenya, Lesotho, Malawi, Mali, Niger, Sao Tome and Principe and South Sudan.



Leishmaniasis

Activities and achievements in 2023

- Supported Ethiopia and Kenya in the adaptation of the visceral leishmaniasis/HIV treatment guideline for national use.
- Technical country mission to Ghana in October to support the development of national guidelines on the diagnosis and treatment of cutaneous leishmaniasis.



Malaria

Activities and achievements in 2023

- Assisted several countries (including Liberia, Madagascar and Zimbabwe) with Global Fund application processes.
- 32 countries supported to conduct a review of their national malaria programmes, with 28 of them revising or developing a national malaria strategic plan following the reviews.
- Technical support provided to Côte d'Ivoire and Mauritania as part of implementation of malaria campaigns (seasonal malaria chemoprevention and long-life insecticide nets).



NCDs

Activities and achievements in 2023

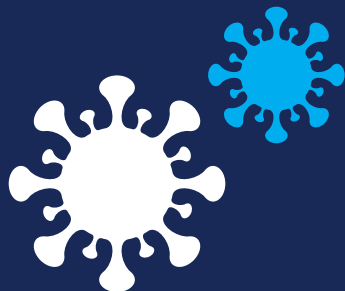
- ▶ Working in partnership with local ministries of health, conducted STEPs surveys in Benin, Gambia, Ghana, Nigeria, United Republic of Tanzania and Uganda.
- ▶ Planning missions in support of integrated cervical and breast cancer services in Côte d'Ivoire, Kenya and Zimbabwe.
- ▶ Provided technical assistance in the development of oral health policy documents in Botswana, Burkina Faso, Lesotho, Mali, Nigeria and Sierra Leone.
- ▶ Supported the phasing down of the use of dental amalgam in Senegal.
- ▶ Implementation of PEN in Burkina Faso, Namibia, Niger, Nigeria, and Zimbabwe.
- ▶ Piloted an ear health module for primary health care in Guinea and Zimbabwe.
- ▶ Technical and programmatic mission to Zimbabwe to support the implementation of the Special Initiative on Mental Health.
- ▶ Supported the implementation of the Child and adolescent WHO-UNICEF joint programme in Côte d'Ivoire.
- ▶ Technical support provided to Uganda as part of the implementation of the SAFER Initiative to reduce alcohol-related harm, including establishing a multisectoral coordination mechanism.



Skin NTDs

Activities and achievements in 2023

- ▶ Technical support provided to Comoros, Kenya, the Democratic Republic of the Congo, Ethiopia and Madagascar, Namibia and Nigeria on leprosy programme or project reviews.
- ▶ Provided technical support to Mauritania and South Sudan on leprosy situation assessments.
- ▶ Supported Côte d'Ivoire as part of mass drug administration activities integrated with active case findings for leprosy, Buruli ulcer, yaws and other skin NTDs.
- ▶ Technical support provided to Guinea on leprosy contact tracing integrated with active case finding for leprosy, Buruli ulcer, yaws and other skin NTDs.
- ▶ Strengthened yaws surveillance in Togo through technical missions.



TB

Activities and achievements in 2023

- Supported 11 Member States to conduct TB programme reviews.
- Five countries supported in developing national TB strategic plans.
- Eight countries received technical support to review TB Global Funding requests.
- Support to all 47 Member States to address the need for scaling up the programmatic management of drug-resistant tuberculosis in the Region.



Vaccine-preventable diseases

Activities and achievements in 2023

- All Member States supported for the development and implementation of the 2023 vaccine-preventable disease workplans.
- Seven countries supported to establish a national immunization technical advisory group.
- Supported Botswana, Eswatini, Lesotho, Malawi and Zimbabwe to conduct comprehensive EPI reviews, according to WHO guidelines.
- Annual polio-free certification documentation prepared and reviewed for 21 countries as part of submissions to the African Certification Commission, ensuring sustained efforts for polio eradication.
- Technical and financial support as part of 28 mass vaccination activities
- On-site measles-rubella laboratory accreditation reviews conducted in three laboratories in West Africa.
- 19 country applications to Gavi, the Vaccine Alliance, for the introduction of the malaria vaccine successfully supported.

Annex Table A1.5. Capacity-building activities and workshops supported by the UCN Cluster, WHO African Region, 2023

Activities and achievements in 2023

- ▶ African vaccinology course for NITAGs. Over 40 participants attended this unique vaccinology course developed through collaboration between UCN and the NITAG support hub based at Cape Town University.
- ▶ Inception and refresher training was held for over 250 National Immunization Technical Advisory Group (NITAG) members on NITAG operations and evidence-to-recommendation process for 19 countries, from 2022 to 2023.
- ▶ Twenty-three country teams oriented on NITAG's new evaluation material, the 'NITAG Maturity Assessment tool'.
- ▶ Eight webinars were held on evidence for the COVID-19, pneumococcal conjugate, Hepatitis B birth dose, RTS, S/AS01 malaria and human papillomavirus (HPV) single dose vaccines.
- ▶ Capacity-building for National Validation Committee/National Validation Secretariat for pre-assessment and development of the path to elimination validation roadmap (Namibia).
- ▶ Capacity-building workshop on vaccine-preventable disease data management and analysis for West African IST countries. Training was provided on a range of topics, including accessing the regional WHO data warehouse using DHIS-2, data standardization, vaccine-preventable diseases surveillance data entry modules, and data cleaning and analysis, among others (Guinea).
- ▶ Capacity-building workshop on data management. Focused on empowering West African countries in data management and vaccine-preventable disease control.
- ▶ Capacity-building workshop for the development of national immunization strategies in 13 countries.
- ▶ District Health Information System (DHIS-2) training.
- ▶ Epidemiological and entomological survey methods. Health professionals were provided with skills for implementing breeding site surveys, onchocerciasis elimination mapping (OEM), and pre-stop mass drug administration (MDA) for onchocerciasis (Burundi, Democratic Republic of the Congo and Republic of the Congo).
- ▶ Epidemiological modelling workshop held in Cameroon.
- ▶ Integrated skin NTDs and noma training. The training, attended by 22 primary-level health workers, improved knowledge on early case detection (Ethiopia).
- ▶ Passive surveillance of g-HAT in sentinel sites. Training for 11 participants as part of broader activities to strengthen the functionality of sentinel sites (Senegal).
- ▶ PC-NTDs microplanning training workshop held in United Republic of Tanzania.



Annex 2. UCN cluster programme updates

HIV, Tuberculosis, hepatitis and STIs (HTH) programme

In line with WHO's [regional Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region](#) (2021–2030), the goal of the HIV, tuberculosis, hepatitis and STIs (HTH) programme is to control these diseases as public health threats by 2030, through integrated interventions. A foundational role of the programme is to support and collaborate with Member States on the adoption of normative guidance, including the Global health sector strategy and regional frameworks, and to provide technical assistance in planning, implementing and monitoring programmes for HIV, TB, STIs and viral hepatitis.

Progress update

HIV, TB, viral hepatitis and STIs

- New HIV infections are decreasing. An estimated 660 000 people acquired HIV in the African Region in 2022: 200 000 less than in 2021.
- HIV-related deaths are decreasing. Approximately 380 000 deaths were attributed to HIV-related causes in 2022, a decrease of 56% compared to 2010.
- The African Region has passed the first milestone of the End TB Strategy. Between 2015 and 2022, new cases of TB decreased by 23%.
- Countries are investing in prevention. As of 2023, more than 95% of countries in the African Region have policies on the use of oral pre-exposure prophylaxis (PrEP)

Activities in 2023

Leadership on coordination, partnerships and resource mobilization

Collaborative partnerships leading the way in HIV prevention and care

The Regional Joint HIV/AIDS Team for East and Southern Africa (RATESA) plays a critical role in supporting the collective efforts of eleven co-sponsors to address HIV/AIDS in the Region. Guided by the Global AIDS Strategy 2021–2026 and draft regional strategy, the 2023 RATESA annual retreat was held in Maputo, in May 2023. At the retreat, participants discussed effective ways of working together at the regional and country levels, to help drive meaningful outcomes. Key recommendations included the prioritization of capacity-building; expanding the focus of interventions beyond biomedical issues to ensure a more comprehensive approach; and implementing targeted interventions that address the specific needs of communities in both rural and urban areas.

In collaboration with partners, UCN/HTH organized a regional consultative meeting to review current strategies for stigma reduction and to identify key strategies towards prioritization and scale-up in regional and national programmes. Held in Accra, in July 2023, the meeting covered perspectives from Côte d'Ivoire, Ghana, Nigeria, Senegal and Togo on how to deliver quality services to key populations in the context of human rights, gender and meaningful engagement of affected populations. Following the meeting, the Cluster provided technical support to several countries on developing HIV prevention road maps, including in Guinea Bissau and Gambia.

Effective leadership paves the way for strengthened TB responses

In 2023, the UCN Cluster played a critical role in organizing and/or attending several regional and global meetings on TB prevention and control. As an active member of several networks, UCN/HTH continued to provide leadership on TB prevention and control throughout the year. As a member of the Integrated Diagnostics Consortium, UCN/HTH provided technical advice on key challenges in diagnostics procurement, such as providing information and evidence on diagnostic use and implementation strategies and the provision of diagnostic tests to enable clinical care in low- and middle-income countries. Furthermore, as a member of the technical working group for the Global Fund Service Delivery Innovations Strategic Initiative on laboratory system strengthening, UCN/HTH advocated for the integration of disease-specific diagnostic services into single platforms. In September 2023, the Second UN high-level meeting on the fight against tuberculosis was held in New York. Attended by several development partners, the meeting aimed to implement a comprehensive review of progress in the context of the achievement of targets set in the 2018 political declaration, and in the Sustainable Development Goals. A key outcome of the meeting was the [Political declaration of the high-level meeting on the fight against tuberculosis](#), which reaffirms commitments to end the tuberculosis epidemic by 2030. Several recommendations were put forward including the WHO Director General's flagship initiative to combat tuberculosis, supported by partners and civil society. It sets targets for the next five years; the need to close the profound gaps in access to care; comprehensively addressing the health and social drivers of the TB epidemic through universal access to health and social benefits packages; supporting WHO's ongoing efforts to establish a TB vaccine accelerator council; and supporting a call for bold policies and programmatic actions to strengthen equitable access to high-quality WHO-recommended diagnostic tests, treatment, and care, delivered to all people in need, free of stigma and discrimination.

UCN/HTH staff have successfully developed a funding proposal to USAID for providing TB support to 22 priority countries.¹⁴ Worth over US\$ 340 000, the project will accelerate integrated TB prevention and care; support rapid adaptation and implementation of new strategic guidance, tools and interventions for TB prevention and care; strengthen TB surveillance; monitor progress and accountability towards achieving global and regional tuberculosis targets; and establish and strengthen partnerships to achieve universal access to TB prevention and care.

Generation of strategic information and knowledge products to guide disease control, elimination, and eradication agendas and investments

Regional strategies

In coordination with the Diagnostics and Laboratory Services unit, WHO headquarters, UCN/HTH actively participated in developing the [Regional Strategy on Diagnostics and Laboratory Services and Systems](#). Approved by the Regional Committee for Africa (RC73) in August 2023, the strategy aims to enhance a coordinated approach to expanding diagnostic services to all levels of the health system. This entails establishing leadership and governance mechanisms, promoting quality-assured services and providing guidance for improvement.

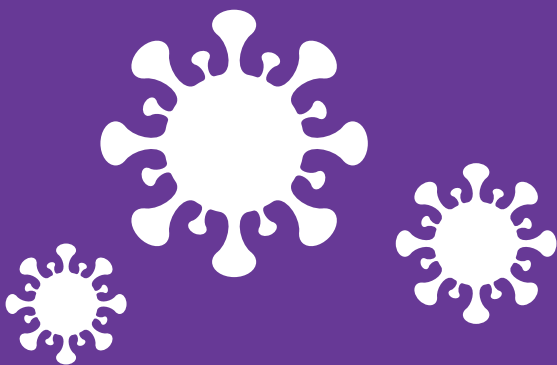
Development of WHO technical products, services and tools for disease control

Surveillance and testing

In collaboration with Diagnostic and Laboratory services, technical experts from UCN/HTH were actively engaged as part of the review of the [Stepwise Laboratory](#)

¹⁴ Angola, Botswana, Cameroon, Chad, Central African Republic, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea Bissau, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, Nigeria, Republic of the Congo, Sierra Leone, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

Following this, UCN/HTH has provided technical support to countries in the Region to implement the standard. By the end of 2023, all 47 Member States in the region have adopted implementation of the standard on the use of rapid molecular tests as a first line of diagnosis for all presumptive TB cases and rapid molecular tests for first- and second-line drug susceptibility testing.



[Quality Improvement Process Towards Accreditation Version 3: 2023](#). The document outlines key elements of the laboratory quality improvement process and details how Member States and partners can implement this initiative for strengthening laboratory systems.

UCN/HTH staff actively contributed to the development, review and publication of the [Target product profile for HIV drug resistance tests in low- and middle-income countries: Africa](#). HIV drug resistance tests may be useful tools for optimizing antiretroviral therapy regimens when used in the context of information about viral load, immune and clinical status, adherence practices and available treatment options. The target product profile is designed to guide the development of new HIV drug resistance tests and to facilitate the evaluation of the suitability of currently available HIV drug resistance tests for specific applications.

In collaboration and coordination with WHO's Global TB Programme, UCN/HTH contributed to the review, development and publication of the [WHO standard: Universal access to rapid tuberculosis diagnostics](#). The standard aims to improve access to and use of WHO-recommended rapid diagnostics, to increase the detection of bacteriologically confirmed cases and drug resistance, and to reduce the time to diagnosis. Following this, UCN/HTH has provided technical support to countries in the Region to implement the standard. By the end of 2023, all 47 Member States in the region have adopted implementation of the standard on the use of rapid molecular tests as a first line of diagnosis for all presumptive TB cases and rapid molecular tests for first- and second-line drug susceptibility testing.

As part of the efforts to improve the management of multi-drug-resistant TB, UCN/HTH was involved in the design and development of a drug resistance survey protocol to provide essential data on the national burden and distribution of drug-resistant TB. As of December 2023, with the support of WHO, two countries are in the final stages of survey implementation (Burundi and Togo), while another eight countries are being supported through their initial planning phases.¹⁵

¹⁵ Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Madagascar, Senegal, Uganda and Zimbabwe.

TB cost survey protocol

UCN/HTH was involved in the design and development of a TB cost survey protocol. Evidence generated from the survey will be used to inform policy discussions on how to improve TB services and their financing, and how to advance universal health coverage and improve social protection, with the overall aim of eliminating catastrophic costs due to TB disease. The Cluster supported the implementation of the survey, from data management to dissemination and policy guidance, in six countries;¹⁶ three more countries are in the planning phase.¹⁷

Monitoring and evaluation scorecard

Following the adoption of the [UN General-Assembly high-level meeting on the fight against tuberculosis](#) in October 2018, WHO worked with the African Union Commission to develop an [annual scorecard](#) to monitor country performance towards achieving key programmatic and end TB strategy targets. A valuable tool for monitoring, identifying challenges, informing policy and raising awareness for ending TB in Africa, the scorecard promotes accountability, encourages action and helps guide resource allocation.

Country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality

HIV, viral hepatitis and STIs

Several countries, including Cabo Verde, Malawi, Namibia, Rwanda, Seychelles and South Africa, received support in 2023 with the development of roadmaps for the prevention-of-mother-to-child transmission of HIV, viral hepatitis and syphilis. In Namibia, the UCN Cluster provided financial support, technical oversight and coordination for the regional validation process to develop the Regional Validation Report for submission to the Global Validation Advisory Committee (GVAC). GVAC provides independent advice to the WHO global secretariat to support countries' efforts towards elimination of mother-to-child transmission or path to elimination of

HIV, syphilis and hepatitis B. UCN/HTH also participated in the virtual training of the Namibia National Validation Committee on the elimination of mother-to-child transmission assessment tools for path to elimination validation, and WHO congenital syphilis tool training.

UCN/HTH encouraged countries to improve access to viral load testing by using dry blood specimens and point-of-care testing. This will allow increased access to HIV testing among pregnant and breastfeeding women, infant diagnosis and for virologically non-suppressed patients. UCN/HTH also provided technical assistance to countries as part of efforts to decentralize diagnostic services by expanding access into communities and offer integrated laboratory testing, using automated systems to detect and diagnose diseases such as TB, HIV, HPV, HVB and STIs via a single test.

TB

UCN/HTH provided effective support to 11 Member States to conduct TB programme reviews, which are critical to assessing the performance of strategies implemented to fight TB and identifying the strengths and weaknesses of existing interventions. Congo, Kenya, Namibia, Senegal and South Africa received support to develop their national TB strategic plans. In countries such as Angola, Gambia, Kenya, Madagascar, São Tomé and Príncipe, Senegal, Togo and Zimbabwe, UCN/HTH provided technical support to review TB Global Fund requests and ensure that they were aligned with national policies and normative guidance.

In Uganda, where approximately 240 people are diagnosed with TB and another 30 TB-related deaths occur each day, the Ministry of Health developed a robust TB and leprosy strategic plan, emphasizing patient care among other priority interventions. Beginning in December 2022, UCN/HTH supported the Ministry to conduct an internal mid-term review of the strategy, using WHO-recommended processes as described in the updated [TB Review Guidelines](#). In April 2023, a team of internal and external reviewers

¹⁶ Central African Republic, Congo, Namibia, Rwanda, Togo and Zambia.

¹⁷ Ethiopia, Mauritania and Mozambique.

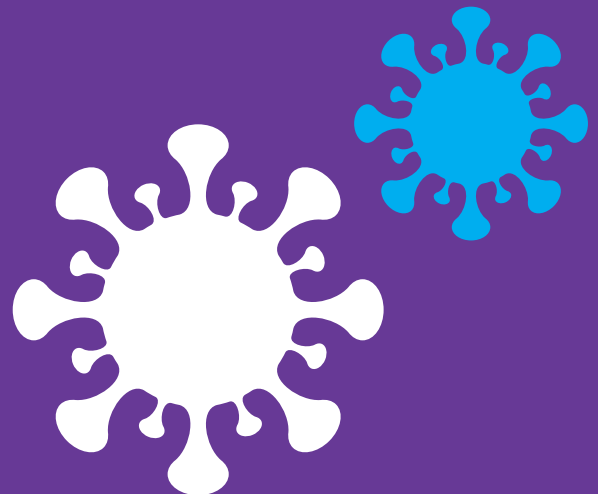
from the Ministry of Health, WHO, USAID, Global Fund, CDC, Family Health International, Stop TB Partnership and academia conducted an extensive programme review, visiting health facilities and communities, assessing the people-centred service delivery model, and evaluating the thematic areas of governance, project management and financing. Findings from the review, which also identified TB hot spots in the country, resulted in the Ministry of Health pledging to increase contact tracing targets to over 90%, among others.

Through the Regional Green Light Committee (r-GLC), the UCN Cluster provided support to all 47 Member States to address the need for scaling up the programmatic management of drug-resistant tuberculosis in the Region. Twenty-three in-country missions were organized to respond to requests for technical assistance raised during programme reviews and via GLC mechanisms, benefiting 23 countries.¹⁸ Building on lessons learnt during the COVID-19 pandemic, UCN/HTH actively assisted countries in addressing issues related to integrated laboratory systems, including technical support on using multi-disease platforms for diagnostic services.

Throughout 2023, UCN/HTH coordinated with the WHO-TB Supranational Reference Laboratory (SRL) network and oversaw its expansion to better support Member States in improving TB laboratory diagnostics. As part of monitoring the implementation status of the roadmap developed to qualify the candidate SRL from Maputo to become a fully functioning SRL, UCN Cluster staff participated in joint missions to Mozambique, with representatives from the Uganda SRL and the East, Central and Southern Africa Health Community.

¹⁸ Angola, Botswana, Burundi, Cameroon, Central African Republic, Chad, Eswatini, Ethiopia, Gambia, Kenya, Liberia, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania and Uganda.

Building on lessons learnt during the COVID-19 pandemic, UCN/HTH actively assisted countries in addressing issues related to integrated laboratory systems, including technical support on using multi-disease platforms for diagnostic services.



Challenges and priorities

Prevention of mother-to-child transmission

Challenges and lessons learnt

Human resources and capacity-building

- Regional policy-makers and service providers have no or limited understanding or knowledge of the WHO Triple Elimination initiative, and efforts are needed to address this capacity gap.
- The technical capacity of the Regional Office must be boosted through human resources to ensure the optimal continuation of path to elimination validation activities, especially in the frontrunner countries.
- To enhance coordination by UCN within regional governance structures and ensure the implementation of the WHO Triple Elimination initiative, it is imperative to provide the Regional Validation Secretariat (RVS) with the necessary human resources. This entails the recruitment of PMTCT staff for the UCN Cluster, to provide adequate technical and financial support for pipeline countries and engage RVS members from different organizations through regular meetings and capacity-building activities.

Support for small island nations

- Support for small island nations, including Cabo Verde, Mauritius and Seychelles, in their efforts towards the elimination of mother-to-child transmission (EMTCT), has been delayed due to shifts in national priorities. To address this obstacle in the path to elimination validation processes, UCN plans to leverage the experiences of validated Caribbean countries and facilitate knowledge sharing. Collaboration with the Pan American Health Organization (PAHO) will be instrumental in providing technical assistance and organizing consultative meetings for reviewing EMTCT programmes. These initiatives will revitalize support and progress in the small island nations' EMTCT progress.

Priorities

Human resources, capacity-building, and governance

- Development of the African Region PMTCT strategy and high-level advocacy and call for action for Member States to adopt and implement the PMTCT regional strategy.
- Develop a framework for PMTCT programme reviews and provide technical assistance for PTE pre-validation assessment exercises.
- Strengthen PMTCT programming through collaboration with UN partner agencies, and funders/donors such as World Bank Health and the Bill and Melinda Gates Foundation.
- Reinforce PTE governance structures at the regional level by streamlining the Regional Validation Secretariat (RVS), organizing quarterly RVS meetings, and nominating the Regional Validation Committee (RVC). Develop terms of reference and activity plans for the RVS and RVC.
- Organize capacity-building sessions for the RVS with technical support from the GVAC.

Support for countries

- Organize capacity-building training sessions on the EMTCT PTE validation tools for all the PTE pipeline countries in the Region.
- Provide technical and financial assistance to pipeline countries, such as Malawi, Rwanda, South Africa and Seychelles for application for WHO PTE certification.

HIV prevention, treatment and care

Challenges and lessons learnt

Human resources and capacity-building

- ▶ To effectively implement the five pillars for HIV prevention, namely key populations, ARV-based HIV prevention (PrEP, post-exposure prophylaxis (PEP) and PMTCT), adolescent boys and young men (ABYM), adolescent girls and young women (AGYW), and condom programming, HTH recognizes the need for additional personnel. These technical personnel will play a vital role in providing coordination support, offering normative guidance in the development of policy briefs, and contributing to regional strategic documents.

Monitoring and evaluation

- ▶ Improved monitoring and evaluation among Member States on service delivery for PrEP, and PEP with a focus on integration with STIs, opioid agonist therapy (OAT), and sexual and reproductive health SRH programmes in the Region.
- ▶ Improved reporting and monitoring and evaluation for evidence generation and resource mobilization.

Priorities

Governance

- ▶ HTH to coordinate with JURTA and RATESA for HIV prevention, treatment, and care activities in the West and Central Africa and East and Southern Africa (ESA) Regions respectively.
- ▶ In partnership with UNICEF ESARO, organize and participate in in-country missions by the Global Alliance Regional Hub for East and Southern Africa, to support the implementation of the Global Alliance country action plans for the Alliance countries in the ESA region.
- ▶ Commence engagements with UNICEF WCARO on the formulation of the regional hub for the WCA region to support countries to develop, implement and monitor country action plans within the four pillars of the Global Alliance to end AIDS in Children by 2030.
- ▶ Perform country policy analysis and implementation assessments for national HIV prevention, treatment and Care Guidelines to identify gaps in policy adoption and service delivery for HIV prevention, HIV treatment and care.
- ▶ Strengthen engagement and collaboration between the HTH and regional implementing partners and regional NGOs through regular meetings and coordinated technical and financial support to Member States through the WCOs.

HIV testing

Challenges and lessons learnt

Country-level challenges

- ▶ Many national policies and/or guidelines are not updated to be in full compliance with WHO recommendations. In some countries, the policies and guidelines are updated, but implementation is limited.
- ▶ Lack of funding to conduct verification studies.
- ▶ The majority of countries are using separate HIV and syphilis kits at antenatal care settings due to:
 - lack of treatment provided to women who test positive for syphilis
 - difficulties in procurement and supply of dual HIV/Syphilis testing kits
 - continued difficulties in integrating STI and HIV programmes.

Priorities

Country support

- ▶ Support countries in reviewing and updating HTS policies/guidelines in compliance with WHO recommendations and assist in implementation.
- ▶ Continue providing support to countries that are implementing dual HIV/syphilis testing in antenatal care settings, scaling up HIV self-testing and index contact testing.
- ▶ Provide support to countries on the demand creation approaches for targeted testing, including the use of social media.

Laboratory

Challenges and lessons learnt

Country-level challenges

- ▶ A few countries have developed or are implementing a viral load implementation plan, including aspects such as demand creation and education.
- ▶ Ad hoc sample referral and transportation systems.
- ▶ Limited implementation of laboratory quality management system (QMS).
- ▶ Lack of sufficient data and use of different data management systems.
- ▶ Interrupted testing service delivery due to frequent stock-outs.
- ▶ Addressing each step in the viral load/early infant diagnosis (VL/EID) continuum as a vital part of the initial planning process and detailed plans for better VL/EID implementation and scale-up approaches.
- ▶ Developing guidelines or plans for an integrated sample transportation and referral system helps to reduce costs and turn-around time.
- ▶ Strengthening the establishment of a quality management system and a step-by-step process of implementing the WHO SLIPTA checklist towards accreditation.
- ▶ Uninterrupted testing service delivery can be improved with the use of electronic monitoring systems to strengthen the procurement and supply chain management system.
- ▶ Mobilization of internal resources and country ownership strengthens the sustainability of interventions in the laboratory sector.

Regional external quality assurance (EQA), HIV viral load (VL) and early infant diagnosis (EID) scheme

- ▶ EQA coordinators are reluctant to distribute the EQA panels.
- ▶ Lack of proper channels of communication between the EQA coordinators and the registered facilities.
- ▶ Lack of reagents/expired test kits/equipment malfunctioning.
- ▶ Delay in specimen transportation and storage by the courier services.
- ▶ Implementation of a comprehensive laboratory quality management system and following good laboratory practices may reduce the frequency of testing errors. This is evident as the majority of the clinical laboratories have not received international accreditation. WHO AFRO should strengthen the use of the SLIPTA five-star process to support laboratories to gradually move towards accreditation.
- ▶ Capacity-building and the need for training for EQA coordinators from the different non-PEPFAR supported countries on coordination, standardization of services and harmonization to ensure quality VL/ EID testing and monitoring has been identified as a gap. This makes it particularly difficult to ensure continued participation in the scheme, increasing the number of participating facilities and in the long run establishing independent national EQA schemes.

Priorities

Regional support and governance

- ▶ Develop the Regional framework for an integrated laboratory system to TB, HIV, STIs and hepatitis, 2024–2030.
- ▶ Coordinate the WHO Collaborative Centre of Excellence for HIV Drug Resistance testing and oversee its expansion to better support member states.
- ▶ Support the rollout and scale-up of HIV viral load and Early Infant Diagnosis (EID).
- ▶ Support the rollout and scale-up of diagnosis of hepatitis and STIs in the African Region.
- ▶ Support quality management systems (EQA and accreditation) and biosafety, including waste management.
- ▶ Strengthen WHO leadership and provide support in coordination with implementing partners' laboratory activities related to TB, HIV, Hepatitis and STI interventions across the Region.

TB

Challenges and lessons learnt

Disease control challenges

- ▶ Incidence and mortality rates are not declining as expected and the UN General Assembly high-level meeting targets are off track.
- ▶ Non-sustainable financing mechanisms.
- ▶ Slow uptake of innovations in disease diagnosis and treatment.
- ▶ Disruption of health services due to humanitarian emergencies, including COVID-19.
- ▶ Growing social inequities as the major drivers of TB.
- ▶ Emergence of antimicrobial resistance to medicines for the treatment of TB.
- ▶ Lack of an integrated coordination mechanism.

Country-level challenges

- ▶ Many countries are yet to adopt or operationalize the Multisectoral accountability framework to end TB (MAF-TB) for better coordination and integration of service delivery as a multisectoral approach.
- ▶ National strategic plans are lacking ambitious targets to end the disease.
- ▶ Data on catastrophic costs are far from the End TB Strategy target of 0%. Data from 12 out of 47 Member States that have data show the average is around 48%.
- ▶ Stand-alone information systems and inadequate access to services.

Priorities

- Encourage the endorsement of the MAF-TB for a better coordination mechanism to integrate service delivery as a multisectoral approach.
- Support country programmes to develop or update national strategic and action plans that are consistent with recommended global strategies and regional frameworks. This will include supporting continuous updates of national case management policies and guidelines in line with new WHO-recommended guidelines.
- Support accelerated adoption of WHO-approved rapid and more sensitive laboratory diagnostic technologies and increasing coverage with DST services for both first- and second-line anti-TB medicines.
- Support countries to establish country-level accountability frameworks and surveillance systems to monitor progress towards set global and regional targets, including for drug susceptibility testing and TB/HIV indicators, and conduct of disease burden and patient cost surveys in the interest of social protection.



Noncommunicable diseases (NCD) programme

To achieve Target 3.4 of the SDGs, by 2030, reduce by one third, premature mortality from NCDs through prevention and treatment and promote mental health and well-being. The NCD programme has 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 services for the prevention and control of NCDs and mental health conditions; and (iii) strengthening and integrating NCD and mental health conditions surveillance systems into health management information systems.

Activities in 2023

Leadership on coordination, partnerships and resource mobilization

Regional leadership strengthens cervical cancer responses

UCN Cluster staff, in collaboration with partners, organized critical side events on strengthening regional responses to cervical cancer at the Seventy-third session of the WHO Regional Committee for Africa, held in Botswana in August 2023. The Region, which is home to 19 of the 20 countries globally with the highest burden of the disease, could avert 70 000 cervical cancer deaths each year if efforts are increased to ensure access to critical services for timely detection, care and prevention. On the ground, this leadership is making an impact in countries like Nigeria, which introduced the human papillomavirus (HPV) vaccine into its routine immunization system in October 2023. The aim is to reach 7.7 million girls in a single round of HPV vaccination, the largest number in the African Region. The vaccination drive is against the virus that causes nearly all cases of cervical cancer.

Integrating NCDs and mental health components in HIV programming

In April 2023, the UCN Cluster partnered with UNAIDS to provide financial and technical support to representatives from Ghana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe for the development of a funding proposal for the Global Fund. The meeting gave countries the opportunity to integrate NCDs and mental health components into their funding proposals. Traditionally, investments from the Global Fund have focused on HIV, TB and malaria response. However, evidence has shown distinct overlaps between NCDs and HIV. With advances in HIV treatment, people living with HIV face a higher risk of NCD co-morbidities such as cardiovascular diseases, diabetes and hypertension, attributable to increased survival rates due to antiretroviral treatment, increasing exposure to NCD lifestyle-related risk factors and aging. The meeting marks a step up in action towards achieving universal health coverage by ensuring improved health outcomes, well-being and quality of life, particularly of people living with and at risk of HIV.

Advocacy on noma and skin NTDs

In July 2023, UCN Cluster staff from the NCD and tropical and vector-borne diseases (TVD) programmes organized the first joint mission to Ethiopia to raise awareness about noma among high-level policy-makers and provide training on noma and skin NTDs, using an [online course on noma](#) developed by UCN. The course, which aims to increase the knowledge and skills of national and front-line health workers to help prevent, identify and treat noma, was launched in 2022 and, as of February 2024, has over 5700 enrolled learners.

On 15 December 2023, WHO officially recognized noma as a neglected tropical disease (NTD), following collective action for health by 32 countries, with the trail-blazing leadership of Nigeria and 14 other African countries and territories.¹⁹ This is a major milestone in noma control efforts, with integration opening the door for advocacy, funding, research and global visibility, as well as boosting political commitment.

Promoting research for oral health

In collaboration with the WHO Kenya Country Office, in November 2023, the University of Nairobi and the University of Pennsylvania, UCN/NCDs organized a regional meeting on accelerating the implementation of the regional and global strategies on oral health in the WHO African Region. More than 70 delegates from academia and ministries of health came together to discuss and determine a set of actionable recommendations to accelerate the creation, dissemination, implementation and monitoring and evaluation of evidence-informed oral health policies in the Region, in line with the WHO Global Oral Health Action Plan. Participants pledged to maintain relationships between academia and policy-makers and to work collectively towards

¹⁹ Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Guinea Bissau, Kenya, Liberia, Mauritius, Mozambique, Namibia, Niger, Rwanda and Senegal.

universal health coverage for oral health for all in the Region, based on the endorsed [Nairobi declaration on evidence to policy: Accelerating the implementation of the regional and global strategies on oral health in the WHO African Region](#).

Generation of strategic information and knowledge products to guide disease control, elimination, and eradication agendas and investments

Framework for implementing the global alcohol action plan

In 2010, the Regional Committee for Africa endorsed the strategy entitled, ‘Reduction of the harmful use of alcohol: A strategy for the WHO African Region’. The strategy aimed “to contribute to the prevention or at least reduction of the harmful use of alcohol and related problems in the African Region”. While progress has been made, several issues and challenges hampered implementation, including the lack of multisectoral coordination, limited legislation and poor enforcement of laws and regulations, weak health care systems, and alcohol industry interference. In response, UCN/NCD contributed to the development of the [Framework for implementing the Global Alcohol Action Plan, 2022–2030 in the WHO African Region](#). The Framework updates the existing regional strategy, which is 13 years old. It also operationalizes new action points in the Global Alcohol Action Plan and addresses the challenges encountered in the implementation of alcohol harm reduction activities in the Region.

Global oral health status report: regional summary

Around 44% of the population in the African Region suffer from oral diseases. While the Region has experienced the steepest rise globally in oral diseases over the last three decades, spending on treatment costs remains extremely low. In collaboration with WHO headquarters, UCN/NCD contributed to the [Global oral health status report: Towards universal health coverage for oral health by 2030: Regional summary of the African Region](#). The regional summary draws on WHO’s Global oral health status report, published in 2022, and focuses on oral health in the African Region. Providing comprehensive country

information on the burden of the main oral diseases in the Region, the document will serve as a reference for policymakers and a wide range of stakeholders.

Palliative care in Benin

An estimated 62 000 people require palliative care in Benin every year. Following the publication of a WHO technical report on the development of global palliative care indicators (2021), national health and education authorities responsible for the National Palliative Care (PC) Plan and the Benin National Association of PC agreed to pilot the indicators, becoming the first country in the African Region to do so. In May 2023, UCN/NCD and partners organized a two-day hybrid meeting to examine and adapt the set of palliative care indicators for the country. Participants discussed the indicators and their potential data sources and rated them using a four-level system. The resulting [Report on palliative care development in Benin based on WHO indicators](#) highlights the strengths and weaknesses of each indicator and provides a summary of the level of implementation in each area. Along with the publication of the report, a useful tool for policy and planning, UCN/NCD staff developed national training modules for palliative care in the country and assisted in training health workers from 15 health districts.

Strengthening responses to mental health

UCN/NCD supported several activities related to strengthening responses to mental health in the Region, including organizing a social media campaign on suicide, and launching a dedicated page on the African Region’s website, [SpeakUp4Life](#). In line with the UCN Cluster’s objective to provide holistic responses to health issues, a guide was developed on integrating mental health into HIV and TB programming in Namibia. As part of efforts to integrate mental health into maternal health programming, a perinatal mental health guide was developed by UCN staff.

In July, UCN/NCD developed and launched the online oral health training course for community health workers in Africa on OpenWHO.org. The introductory course aims to build the capacity of community health workers on oral health promotion, prevention and control to meet some of the unmet demand for oral health services and strengthen the oral health system using a cross-cutting approach.

Development of WHO technical products, services and tools for disease control

Online oral health training course

In July, UCN/NCD developed and launched the online [oral health training course for community health workers in Africa](#) on OpenWHO.org. The introductory course aims to build the capacity of community health workers on oral health promotion, prevention and control to meet some of the unmet demand for oral health services and strengthen the oral health system using a cross-cutting approach. The course includes a special module for designated trainers, and as of January 2024, has over 5600 enrolments.

Noma integrated into Skin NTD App

In partnership with Until No Leprosy Remains (NLR), WHO headquarters launched an enhanced version of its [Skin NTDs App](#) in October 2023 – a valuable tool designed to assist front-line health workers in diagnosing and managing skin-related neglected tropical diseases (skin NTDs). NLR transferred the content of its SkinApp, which encompassed information on skin NTDs, 24 common skin diseases, and some HIV-related skin conditions, to the WHO Skin NTDs App. This collaboration has resulted in a comprehensive and user-friendly resource that aligns with the latest WHO recommendations. As part of ensuring an integrated and holistic approach to health in the Region, UCN/NCD worked closely with WHO headquarters and NLR during the development process to include noma, a rapidly progressing severe gangrenous disease of the mouth and the face, in the app.

Country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality.

Building health worker capacity in noma

The African Region has experienced an increase of more than 257 million in oral disease cases over the last 30 years, affecting people from early life to old age. The growing burden of oral diseases such as dental caries, gum diseases and tooth loss disproportionately impacts marginalized groups, reflecting wider inequalities in access to health services. An example is the persisting prevalence of noma, a disease that occurs in contexts of extreme poverty and is primarily found in sub-Saharan Africa. Noma destroys the mouth and face of mostly young children. If left untreated, it is fatal in 90% of cases.

In collaboration with partners, UCN/NCD has provided technical and financial support to countries, in implementing regional and global oral health strategies, as well as building health worker capacity and strengthening integrated surveillance. As part of building capacity in the early detection, referral and control of noma, a series of training workshops were held in 2023 in Ethiopia, Guinea Bissau, Mali, Niger, Nigeria, Senegal and Togo. Over 2880 health care workers, including community workers, primary health care staff, oral health professionals and surveillance officers benefitted from the training organized and delivered jointly by UCN/NCD.

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Broadening access to hypertension care in Burkina Faso

UCN/NCD has prioritized its work with governments, partners and civil society to address the threat of hypertension and other NCDs. Twenty-seven countries have received support under the WHO-PEN approach to decentralize the management of noncommunicable diseases, including hypertension, at the primary health care level. Services include screening and diagnosis, treatment, lifestyle modification, patient education and self-management.

As part of an initiative to increase access to health services for chronic diseases in Burkina Faso, UCN/NCD and partners are supporting the decentralization of noncommunicable disease care from tertiary hospitals to district health facilities. In Kombissiri district in central Burkina Faso, one of the regions where services for chronic diseases are being decentralized,

measures under the initiative included the development of screening modules and delivering training to 10 doctors, 90 health workers and 150 community health workers. This improved access to care by enhancing screening and building health care capacity, in accordance with the project's goals.

Integrating HIV and mental health support services in Zambia

UCN/NCD worked with the Ministry of Health in Zambia to strengthen coordination and collaboration between partners and NGOs working in HIV programmes to better integrate mental health and psychosocial support (MHPSS) into their work. Cluster staff developed an implementation approach and training guidelines. In 2023, more than 500 adolescent girls and young women were trained in how to offer psychological first aid and how to screen and refer peers with symptoms of severe mental health issues to health workers.

Challenges and priorities

Challenges and lessons learnt

Programme management

- ▶ Lack of human resources and technical expertise at the Regional Office and country offices
- ▶ Funding often comes tied to specific projects, making integration efforts difficult
- ▶ More time is required for planning to ensure effective resource allocation and prioritization
- ▶ Difficulties in collecting NCD- and mental health-related data from routine country surveillance systems, which often leads to difficulties in monitoring the progress of interventions in the Region.

Priorities

- ▶ Implementation of the NCD priority work plan



Tropical and vector-borne diseases (TVD) programme

The Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN), located within the TVD Programme, focuses on the five most prevalent NTDs that can be controlled through preventive chemotherapy (PC-NTDs): lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma. ESPEN collaborates with countries to accelerate the elimination of these diseases by mapping the 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. ESPEN's mandate covers 52 countries, including 47 in the WHO African Region. 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 beyo

Progress update Tropical and vector-borne diseases

- ▶ Cabo Verde was certified as malaria-free, marking a historic milestone in the fight against the disease²⁰
- ▶ Significant progress continues to be made as part of endgame strategies against NTDs:
 - The number of Buruli ulcer cases in the Region decreased by 70% between 2004 and 2022
 - Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan were certified for elimination of Guinea worm disease
 - Ghana was validated as having eliminated *gambiense* human African trypanosomiasis as a public health problem
 - Leprosy prevalence decreased from 24.4 to 21.3 cases per million between 2013 and 2022
 - Seven countries halted mass drug administration for lymphatic filariasis
 - Senegal was able to stop onchocerciasis mass drug administration (MDA) in all of its formerly endemic districts in 2023 following an MDA in December 2022
 - An otherwise fatal disease, over 4189 visceral leishmaniasis deaths were averted through early case detection and treatment
 - Algeria and Mauritius interrupted schistosomiasis transmission
 - Soil transmitted helminthiasis transmission was reduced in Burkina Faso, Ghana, Mali and Niger
 - Benin and Mali were validated for the elimination of trachoma as a public health problem, bringing the total number of countries having achieved this milestone to six in the WHO African Region.

²⁰ Certification was approved on 12 January 2024.

Activities in 2023

Leadership on coordination, partnerships and resource mobilization

Advocacy for a One Health approach

With the support of UCN/TVD, several high-level partnership visits to the One Health Project in Madagascar took place in 2023. One Health is an integrated, unifying approach to balance and optimize the health of people, animals and the environment. It is particularly important to prevent, predict, detect and respond to global health threats, including infectious diseases. Partners present included the Livestock Vaccine Innovation Fund, which is supported by the Bill and Melinda Gates Foundation, Global Affairs Canada, Canada's International Development Research Centre, and the National Centre for Applied Research in Rural Development of Madagascar.

Resource mobilization for effective responses

In 2023, UCN/TVD provided technical assistance to 20 countries for resource mobilization for malaria activities for Global Fund applications, during proposal writing and grant-making by way of technical proposal writing workshops, training webinars and direct feedback to countries. In collaboration with UCN's VPD Programme, TVD also supported resource mobilization through Gavi, the Vaccine Alliance, for the rollout of malaria vaccines in 17 countries.

Significantly, through its existing partnerships, ESPEN/TVD secured a US\$ 1.498 million grant from the Bill and Melinda Gates Foundation to enhance supply chain management issues for NTDs, along with over US\$ 500 000 from the KUWAIT and END Funds to support activities in the Republic of the Congo and Madagascar.

Following heightened efforts by the Government and UCN/TVD in Ghana, including the establishment of an inter-agency Committee for Guinea worm eradication, the European Union and UNICEF funded a project to provide safe water supply to remaining endemic villages in

the northern region of Ghana. The project, dubbed I-WASH,²¹ was implemented by UNICEF, in partnership with local community water and sanitation agencies and local government authorities.

Collaboration in the fight to end malaria

The African Leaders Malaria Alliance (ALMA) [Scorecard for Accountability and Action](#) tracks priority malaria, RMNCAH and NTD indicators. It shows the progress being made at the country-level and allows comparisons between countries on the African continent. The scorecard is produced in collaboration with WHO and the RBM Partnership to End Malaria. The scorecard is updated and shared every three months, along with country-specific reports. In addition to providing continued technical support, in August 2023, UCN/TVD participated in a workshop hosted by ALMA as part of validation of the scorecard and annual report.

Throughout 2023, UCN/TVD provided support to the South African Development Community (SADC) and Malaria Elimination 8 (E8) initiatives for the development of SADC subregional malaria elimination reports and verification of subnational activities among E8 countries. Support was provided to the Sahel malaria elimination initiative, covering eight countries. The support included the revision of national malaria strategies for the Global Fund concept note development. Under the High Burden to High Impact (HBHI) Initiative, UCN/TVD assisted in assessments in four countries – Cameroon, Ghana, Mali and Niger.

²¹ Integrated Approach to Guinea Worm Eradication through Water Supply, Sanitation and Hygiene (I-WASH).

Generation of strategic information and knowledge products to guide disease control, elimination and eradication agendas and investments

Master plans for disease control

To support planning and promote efficient implementation of NTD programmes, it is imperative for countries to develop national strategic plans (NTD master plans) that align with the Global NTD Roadmap 2021–2030. TVD/ESPEN played a pivotal role in supporting the development and finalization of 3rd generation NTD master plans in 36 countries in the Region in 2023,²² with ongoing support for the remaining 11 countries. At the disease level, TVD/ESPEN convened a stakeholders' meeting for the development of a strategic plan for the elimination of visceral leishmaniasis in East Africa in January 2023. Attended by six countries from the East African sub-region and two from the WHO Eastern Mediterranean Region, participants discussed how to ensure long-term and sustainable financing and the procurement of medical supplies for visceral leishmaniasis. The meeting concluded with the drafting of a high-level elimination strategic plan (2023–2027), with regional and country-level elimination targets, along with a call for action on the elimination of visceral leishmaniasis as a public health problem.

Research for public health impact

Several research articles were published with contributions from UCN/TVD staff, including a study on cutaneous leishmaniasis, yaws and haemophilus ducreyi cutaneous ulcers in the Oti region of Ghana, which emphasized the importance of integrating multiple skin diseases into a common research platform. The study also helped in the development of a national guideline for the management of cutaneous leishmaniasis and other skin NTDs in Ghana.

²² Algeria, Angola, Benin, Botswana, Cameroon, Chad, Côte d'Ivoire, Gambia, Burundi, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Equatorial Guinea, Gabon, Ghana, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Namibia, Nigeria, Republic of the Congo, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe,

TVD/ESPEN continued to support the 12-month cross-border entomological study between the two banks of the Congo River in Brazzaville and Kinshasa, which has produced a provisional total of over 135 000 black fly samples, currently being analysed at the ESPEN laboratory. TVD/ESPEN and the Schistosomiasis Oversampling Study held a joint meeting in Nairobi in May 2023 to review the simulation results, comparing different impact assessment sampling strategies resulting from data generated by the study. The output from this workshop has informed the schistosomiasis and soil-transmitted helminths monitoring and evaluation framework and the development of a survey manual for schistosomiasis programme managers, which is currently being piloted in Guinea, Liberia and Malawi.

Strategic planning for schistosomiasis

In March 2023, TVD/ESPEN organized a two-level consensus-building desk review meeting with WHO headquarters on updating the number of people requiring preventive chemotherapy for schistosomiasis in the WHO African Region. The desk review produced a country-by-country schistosomiasis community data status review and provided additional criteria for data analysis and categorization. A second meeting was held to review progress on schistosomiasis community data analysis and alignment with new reporting guidelines, leading to the development of updated community data workbooks analysis criteria. The workbooks contain detailed information for Member States on how to collect and analyse community data on schistosomiasis for national control programmes. As a result, 44 schistosomiasis community data workbooks were produced for all endemic countries requiring mass drug administration. This will be used to guide planning for community level interventions and medicine requests for endemic countries requiring mass drug administration.

Development of WHO technical products, services and tools for disease control

Products and tools for disease elimination

UCN/TVD supported several activities to strengthen the availability of WHO technical products and tools for malaria control, including revising the malaria programme review operational manual, contributing to the updating of the seasonal malaria chemoprevention field implementation manual and development of the malaria intermittent preventive treatment during pregnancy community implementation manual. As part of efforts to eradicate Guinea worm disease, UCN/TVD staff contributed to the development of an assay tool to facilitate the early diagnosis of the disease (especially among animals) in partnership with WHO headquarters, The Carter Center and other partners.

In 2023, UCN/TVD provided technical assistance to 11 Member States that were implementing active pharmacovigilance of fexinidazole, which is a medication for the treatment of human African trypanosomiasis.

Country support facilitation through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality

Localized country support

A major role of the UCN Cluster is to adapt regional and global guidance for national use. In 2023, UCN/TVD provided technical assistance to 11 Member States that were implementing active pharmacovigilance of fexinidazole, which is a medication for the treatment of human African trypanosomiasis. Each patient treated with fexinidazole must have a pharmacovigilance sheet to report any side events during or after treatment, as requested by the European Medicines Agency. Forms are shared with the national pharmacovigilance programme in the country, and a copy is sent to WHO headquarters for centralization in a database. In support of this, UCN/TVD provided training in all countries where the system was implemented. The training included the correction and validation of data collection forms.

UCN/TVD also supported the adaptation of the visceral leishmaniasis and HIV treatment guidelines for countries in line with WHO guidelines for the treatment of visceral leishmaniasis in HIV co-infected patients in East Africa and South East Asia.

Building country capacity

Effective disease surveillance is important for prompt monitoring and act during epidemics and situations with high case fatality rates under treatment. Nine major capacity-building events were conducted by TVD/ESPEN in 2023 to improve the capacity and knowledge of NTD staff from ministries of health in endemic Member States. A total of 317

NTD staff from 31 endemic countries participated in the training sessions. Two training workshops were held in Côte d'Ivoire and Guinea respectively on strengthening integrated surveillance for skin NTDs for over 380 participants, who were provided with updated information on diagnostic techniques for Buruli ulcer, yaws, leprosy and scabies.

UCN/TVD supported several countries to strengthen leishmaniasis surveillance integrated with other diseases, including through capacity-building on integrating leishmaniasis indicators in their national health management information system. Following training on active case finding for visceral leishmaniasis in Uganda, the country recorded a significant improvement in case reporting.

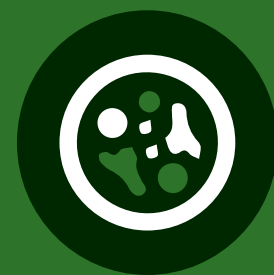
Throughout 2023, UCN Cluster staff helped organize and deliver training to National Malaria Control Programme staff on clinical malaria incidence estimation, stratification and subnational tailoring. As a result, all countries that participated in the training developed a draft malaria epidemiological stratification report using recent data – the first step in understanding patterns and trends in malaria transmission to plan and prioritize interventions and identify target populations.

Strengthening laboratories and surveillance

UCN/TVD supported several countries, in their integrated skin NTD activities, including providing technical assistance to Chad, the Democratic Republic of the Congo and Ethiopia as part of NTD burden assessments and strengthening skin NTD surveillance. In Chad, this support resulted in improved case detection, reporting and treatment for skin NTDs.

UCN/TVD supported several countries to strengthen leishmaniasis surveillance integrated with other diseases, including through capacity-building on integrating leishmaniasis indicators in their national health management information system.

Leishmaniasis



TVD/ESPEN provided technical support by reviewing the draft final trachoma elimination dossiers of Benin and Mali before official submission to WHO for validation in 2023, along with functioning as a secretariat for the Dossier Review Group who have examined the trachoma elimination dossiers of the two countries.

Trachoma



With UCN Cluster support, laboratory supplies for the collection of epidemiological samples for onchocerciasis elimination mapping (OEM) or pre-stop mass drug administration (MDA) were provided to Burundi, Cameroon, Democratic Republic of the Congo, Nigeria and Republic of the Congo. Laboratory supplies for breeding site survey and entomological assessment were also provided to Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Niger, Republic of the Congo and Senegal. As a result, in 2023, the ESPEN laboratory analysed over 16 000 dried blood spot samples collected in 2021/2022 and an additional 13 000 samples collected in 2023 from the Republic of the Congo as part of OEM in the country. OEM and MDA pre-stop activities implemented in Burundi and the Democratic Republic of the Congo in 2023 have yielded over 6090 and 12 780 dried blood samples, respectively, which are currently being analysed at the ESPEN laboratory.

Supporting certification efforts

TVD/ESPEN provided technical support by reviewing the draft final trachoma elimination dossiers of Benin and Mali before official submission to WHO for validation in 2023, along with functioning as a secretariat for the Dossier Review Group who have examined the trachoma elimination dossiers of the two countries. TVD/ESPEN also supported the establishment of the Onchocerciasis Independent Verification Team to review the elimination dossier submitted by Niger as well as the planning and conduct of the country field visit for the verification process.

End-to-end support for malaria elimination

Malaria rapid diagnostic tests detect specific antigens produced by malaria parasites that are present in the blood of individuals infected by the disease. The tests that are most sensitive in diagnosing falciparum malaria contain antibodies to detect the histidine-rich protein 2 (HRP2) and/or the related HRP3 protein. In some countries, increasing levels of deletions in the genes that encode these proteins (HRP2/3) threaten the ability of health providers to diagnose and appropriately treat people infected with *Plasmodium falciparum* malaria. As part of its end-to-end role in supporting malaria elimination, UCN/TVD provided training on survey protocol implementation for HRP2/3 gene deletion surveillance in five countries.²³ All the countries completed the surveys following the training. Eight countries²⁴ are also being supported to do both HRP2/3 gene deletion surveys and molecular markers of resistance under an E8 funded project.

In Uganda, UCN/TVD provided technical assistance in efforts to integrate malaria surveillance into its incident management system. While in Chad, Eritrea, Ethiopia, Mauritania, Namibia, South Sudan, Togo, Uganda and United Republic of Tanzania, UCN/TVD is supporting the rollout of therapeutic efficacy studies (TES) and tests (TET) as part of drug resistance monitoring. The use of these standardized procedures facilitates the comparison of results within and across regions over time. UCN/TVD also worked with four countries²⁵ in the Region to develop response plans to partial artemisinin resistance, defined as the delay in the clearance of malaria parasites from the bloodstream following treatment.

²³ Kenya, Rwanda, Uganda, United Republic of Tanzania and Zambia

²⁴ Angola, Botswana, Eswatini, Namibia, Mozambique, South Africa and Zambia.

²⁵ Eritrea, Rwanda, United Republic of Tanzania and Uganda.

In collaboration with the VPD programme, UCN/TVD supported 12 countries²⁶ with their submissions to Gavi, the Vaccine Alliance, for a share in the initial 18 million dose allocation of the malaria vaccine, with vaccine rollout scheduled for early 2024. Allocations were determined through the application of the principles outlined in the WHO [Framework for allocation of limited malaria vaccine supply](#), which prioritizes those doses to areas of highest need, where the risk of malaria illness and death among children is highest.

Technical support and guidance was provided to several countries as part of perennial malaria chemoprevention, including in Benin, Cameroon, Côte d'Ivoire and Mozambique under the Plus Project – a Unitaïd-funded project that covers training, routine monitoring, supervision and community engagement activities integrated into existing country systems. In Mozambique, Sierra Leone and Togo, UCN/TVD is engaged in the MULTIPLY Project, an implementation research study that aims to deliver the Intermittent Preventive Treatment of malaria in infants (IPTi) intervention through the Expanded Programme on Immunization (EPI) and vitamin A supplementation in the first two years of a child's life to prevent malaria in areas of moderate-to-high malaria transmission in sub-Saharan Africa.

In Cabo Verde, UCN/TVD provided technical assistance as part of the country's preparation for certification of elimination through field missions, training sessions, advocacy and the development and dissemination of strategic documents. Malaria elimination audits were also conducted in Botswana, Eswatini, Namibia, South Africa and Zimbabwe; while malaria surveillance assessments were conducted and DHIS modules for malaria elimination settings developed in Botswana and South Africa.

²⁶ Benin, Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Ghana, Liberia, Mozambique, Niger, Sierra Leone, Sudan and Uganda.

Challenges and priorities

Neglected tropical diseases

Challenges

Neglected tropical diseases (NTDs)

- ▶ Sociopolitical conflicts and insecurity prevent the delivery of services and interrupt post-elimination surveillance, causing the re-emergence of disease transmission.
- ▶ Insufficient ownership of the elimination process by endemic countries due to very low disease incidence, resulting in little or no government funding.
- ▶ Dwindling expertise and capacity for diagnosis and treatment at peripheral levels.
- ▶ Reduction in financial support from nongovernment organizations, partners and donors.
- ▶ Inadequate access to services and weak health systems.
- ▶ Competing health needs including concurrent outbreaks of other infectious diseases, growing complications from NCDs, and injuries and deaths from natural disasters and the effects of climate change.

Human African trypanosomiasis (HAT)

- ▶ Weak surveillance systems for HAT due to insufficient diagnostic tests, low capacity in microscopy and weak health information systems.

Skin NTDs

- ▶ Buruli ulcer: the exact mode of transmission is still unknown and there is no primary prevention for the disease.
- ▶ Leishmaniasis: imperfect tools for diagnosis and treatment (for example – unreliable tests, invasive tests, drugs with limited efficacy, limited and injectable medicines).
- ▶ Leprosy:
 - Lack of point-of-care tests to confirm diagnosis and detect infection in the population at risk
 - Long duration of the treatment. Multidrug therapy (a combination of rifampicin, dapsone and clofazimine) lasts for six months for paucibacillary and 12 months. However, the long duration of the treatment is a challenge. It is essential to explore more effective medicines or combinations of medicines to reduce the duration of the treatment
 - Emergence drug resistance. There is limited information on antimicrobial resistance, however evidence suggests it is increasing. Rifampicin-resistance has been reported from several countries including Benin, Burkina-Faso, Ethiopia, Mali, Madagascar, Mozambique and Niger, although the number of patients is small.
- ▶ Yaws: insufficient funding for implementation, limited access to rapid diagnostic tests and dual path platform assays, insufficient expertise in countries, weak integrated surveillance, unknown yaws status in 26 countries and potential emergence of azithromycin-resistance.

Priorities

Guinea worm disease

- Support endemic countries to strengthen surveillance in Guinea worm-free areas, including in refugee camps, and strengthen cross-border surveillance to support interruption of transmission and prevent disease spread.
- Support certified countries to maintain appropriate surveillance including integration with IDSR, strengthening post-certification surveillance, including cross-border surveillance and surveillance among refugees to prevent setbacks.

Human African trypanosomiasis (HAT)

- Strengthening surveillance in all transmission settings and better integration of HAT activities into the health system. This can be achieved through the establishment of sentinel sites in endemic centres, training, supply of tests and other reagents, strengthening reporting and data analysis and supervision.
- Coordination among partners and continued advocacy to maintain political commitment in endemic countries and across all HAT stakeholders.
- Development and supply of diagnostics to enhance case management and surveillance.
- Securing the continuation of donated medicines and laboratory consumables by Bayer and Sanofi.
- Strengthening multisectoral efforts by collaborating with partners to address current gaps in understanding the epidemiological role of human and animal reservoirs in transmission.

Skin NTDs

- Conduct advocacy to mobilize adequate resources, improve access to services, strengthen government ownership and increase research and development to improve tools for diagnosis, treatment and prevention.
- Strengthen integrated surveillance (including integrated capacity-building) of Buruli ulcer, leprosy, yaws and other skin NTDs in all endemic countries.
- Leishmaniasis:
 - develop and implement a standard surveillance tool for disease reporting and outbreak investigation in endemic countries
 - enhance research and development in tools for diagnosis, treatment and vector control as current options are limited
 - build the capacities of health care providers for case detection and management, including integration of leishmaniasis into national medical curricula.
- Visceral leishmaniasis: improve access to diagnostics and treatment services by building capacity among the health workforce, procuring medicines and equipment, and decentralizing services in all endemic localities.

Priorities

- ▶ Leprosy:
 - strengthen integrated surveillance and contact tracing, along with expanding capacity for integrated case-finding, scale up prevention and case management including multidrug therapy, improve rehabilitation services
 - expand advocacy efforts to mobilize more resources for disease programmes and strengthen health systems including country ownership and community engagement
 - fight against stigmatization and discrimination to ensure rehabilitation, access to services and inclusion in society
 - conduct feasibility/pilot studies on contact tracing and chemoprophylaxis
 - continue to focus on ensuring medicine supply, including access to multidrug therapy, second-line treatments and medicines to treat reactions.

Neglected tropical diseases (NTDs)

- ▶ Support countries in the development and implementation of integrated multi-year NTD master plans, ensuring strong country ownership with domestic funding for NTDs, and a cross-cutting and holistic approach to tackle NTDs.
- ▶ Strengthen advocacy and resource mobilization, community engagement, research and development and the One-Health approach for successful implementation of NTD control, elimination and eradication to achieve the target set on the NTD Roadmap 2030.
- ▶ Mapping and stratification: strengthen capacity for mapping surveys in endemic regions, identifying high-risk areas and underserved communities for targeted interventions, ensuring inclusivity.
- ▶ Sustainable surveillance for NTDs pre- and post-elimination: advocate for and support the integration of NTD surveillance into national routine systems, emphasizing post-elimination surveillance, with capacity-building for sustainable monitoring.
- ▶ Strengthening data systems: build capacity to improve NTD data collection, disaggregation by age and gender, and enhance the collection, analysis, reporting and utilization of data for informed decision-making.
- ▶ Supply chain for NTD medicines: integrate and strengthen the NTD medicines supply chain within national systems for essential medicines, ensuring efficient management and accountability in the delivery of NTD interventions.
- ▶ Country leadership and ownership of programmes: provide support for the establishment or enhancement of multi-sectoral coordination mechanisms for NTD partners, fostering joint planning, implementation and reporting, promoting the “Three Ones” principle and advocating for the inclusion of NTDs in One Health coordination efforts.
- ▶ Implement advocacy and visibility strategies for the Mwele Malecela Mentorship programme to secure participation from under-represented countries, as well as devise tailored leadership training and gender intentional approach.

Guinea worm disease

- ▶ Support endemic countries to strengthen surveillance in Guinea worm-free areas, including in refugee camps, and strengthen cross-border surveillance to support interruption of transmission and prevent disease spread.
- ▶ Support certified countries to maintain appropriate surveillance including integration with IDSR, strengthening post-certification surveillance, including cross-border surveillance and surveillance among refugees to prevent setbacks.

Vector-borne diseases

Challenges

Vector-borne diseases

- ▶ Humanitarian crises due to conflict, famine and flooding and other health emergencies.
- ▶ Health system challenges including weak supply chains, insufficient health workforce, inadequate supporting infrastructure, insufficient health information systems, and financial barriers to health care.
- ▶ Funding reductions coupled with rising costs.

Malaria

- ▶ Low coverage and insufficient quality of core malaria control interventions.
- ▶ A decline in the effectiveness of core malaria control tools is threatening progress against malaria. This includes insecticide resistance, decreased sensitivity of rapid diagnostic tests and rising resistance to artemisinin-based combination therapy drug regimens.
- ▶ Inadequate capacity of national malaria control programme and other health service staff to address malaria using a holistic approach working across multiple sectors.
- ▶ Inadequate human resource capacity at the regional level to provide country support.

Priorities

Vector-borne diseases

- ▶ Strengthen advocacy and partnerships to increase funding, including domestic resource mobilization, at the global, regional and national levels.
- ▶ Mobilize financial resources for vector control and research, including human resources, by sustaining collaboration with current partners and sourcing for new funding.
- ▶ Strengthen entomological surveillance to monitor and curb residual disease transmission, insecticide resistance and vector behaviour variations, including invasive vector species in the context of the Global Arbovirus Initiative.
- ▶ Carry out consultative conceptualization and development of a comprehensive arbovirus disease prevention and case management programme in the Region, particularly for dengue. Mapping of available arbovirus management resources in the Region and elaboration of a monitoring and evaluation framework for their optimal use in the context of cross-disease programme integration.
- ▶ Build capacity in decentralized health systems, including strong community health services and multisectoral action.
- ▶ Strengthen data analysis capacity and the use of data in decision-making, especially to inform prioritization of interventions in resource-limited settings and ensure maximum impact.

Priorities

Malaria

- ▶ Provide normative guidance to Member States for the prevention and management of malaria.
- ▶ Provide technical assistance to review malaria policy and address emerging threats such as insecticide resistance, drug resistance, HRP2/3 deletions and invasive vectors.
- ▶ Support the mainstreaming of intra-organizational learning, training and cross-learning platforms among Member States by participating in meetings with national malaria control programmes and partners.
- ▶ Strengthen health systems and governance of malaria programmes by revitalizing the High Burden to High Impact initiative. This will be achieved through political advocacy for resource mobilization, ensuring more strategic use of information including in-country capacity-building for epidemiologic stratification at subnational levels and the deployment of tailored interventions, fostering better technical guidance, improving the efficiency of malaria programmes and facilitating coordinated responses through multisectoral initiatives and partnerships.
- ▶ Develop technical and knowledge products such as progress reports, evaluation reports and best practices to support evidence-based agenda setting and resource mobilization.



Vaccine-preventable diseases (VPD) programme

Immunization saves lives, makes communities more productive and is a core component of strengthening health systems and attaining the Sustainable Development Goals. While the African Region has made tremendous gains towards increasing access to immunization, one in five African children still does not have access to life-saving vaccines. As a result, vaccine-preventable diseases continue to claim too many lives.

The vision of the Vaccine-preventable diseases (VPD) programme is an Africa with sustained disease eradication, elimination or control for polio, measles, rubella, tetanus and hepatitis; with reduced mortality from top killer diseases (rotavirus, pneumococcal, malaria and cervical cancer); and empowered high risk countries for meningitis, cholera, typhoid, and yellow fever.

The mission of the VPD programme is to support Member States to provide life-saving immunization services to tackle VPDs through an integrated, multi-sectoral life-course approach within the broader health system, utilizing available and new vaccines and technologies to ensure equitable access to immunization and other primary health care services.

Progress update Vaccine-preventable diseases

- The Region is close to eliminating maternal and neonatal tetanus. As of November 2023, 90% of countries in the WHO African Region have eliminated maternal and neonatal tetanus.
- Significant progress is being made against meningitis. As of December 2023, over 350 million at-risk individuals living in the meningitis belt have received vaccinations against meningitis A.
- Routine vaccination activities are slowly rebounding after the pandemic. Between 2022 and October 2023, 22 countries in the Region implemented 28 mass vaccination activities, of which six were outbreak response campaigns. Over 117 million children were vaccinated as part of these activities, with 14 of the 28 mass vaccination activities reaching over 95% coverage.
- The introduction of new vaccines into routine immunization schedules continues to expand. Twenty countries have been approved to introduce the malaria vaccine, with rollout in new countries, starting on 22 January 2024 in Cameroon.

Activities in 2023

Leadership on coordination, partnerships and resource mobilization

Several events organized and attended by the UCN Cluster provided platforms for experts, stakeholders and regional health professionals to collaborate, deliberate and finetune strategies. The year concluded with the East and Southern Africa Regional Working Group 2nd Annual Face-to-Face Meeting, which underscored the importance of direct interactions as part of consolidation of regional efforts and the effective exchange of insights for shaping a healthier and more resilient African Region. Initiatives and partnerships also played a crucial role in driving immunization strategies and strengthening regulatory oversight. Based on this foundation of strategic coordination and robust partnerships, the key achievements of UCN/VPD in 2023 include:

- Engagement in 10 high-level strategic partnerships to amplify the reach and impact of immunization efforts.
- Sustainable financing initiatives witnessed a 20% increase, ensuring the longevity and impact of activities.
- Reviving three Regional working groups to provide intensive country-level support as part of The Big Catch-up, a targeted global effort to boost vaccination among children.
- A 30% increase in National Immunization Technical Advisory Groups (NITAGs), amplifying localized immunization strategies.

- AVAREF's network surged by 25%, fortifying regulatory oversight and ensuring heightened vaccine safety.
- The ESA RWG 2nd Annual Face-to-Face Meeting witnessed a 35% increase in collaborative initiatives, shaping a healthier African Region.
- Effective global engagement sees a 30% increase in collaborative initiatives and shared knowledge.

Strengthening immunization efforts

In April 2023, WHO and partners announced [‘The Big Catch-up’](#), a targeted global effort to boost vaccination among children. The effort aims to reverse the declines in childhood vaccination recorded in over 100 countries since the COVID-19 pandemic, due to overburdened health services, closed clinics and disrupted imports and exports of vials, syringes and other medical supplies. The Big Catch-up aims to protect populations from vaccine-preventable outbreaks, save children's lives and strengthen national health systems.

In support of the initiative across the African Region, UCN/VPD revived three regional working groups (RWGs). Designed to provide coordinated technical support, the RWGs identified 14 priority countries for intensive support in 2023. WHO and partners collaborated closely to extend comprehensive support to prioritized countries. This involved the development of essential immunization recovery plans tailored to the unique needs of each country. Beyond technical support, the RWG model proved instrumental in amplifying advocacy efforts and mobilizing resources. RWGs facilitated enhanced communication, enabling effective resource allocation and garnering increased support for immunization programmes.

The Annual EPI Managers Meeting, organized by UCN, serves as a critical forum for the Expanded Programme on Immunization (EPI) across the African Region. In 2023, separate meetings were held for each of the three subregions to address unique subregional nuances. Countries had the opportunity to share successful strategies and lessons learnt, and promote knowledge

exchange. Major recommendations included the prioritization of cross-cutting issues, including strengthening health information systems to improve programme efficiency.

UCN/VPD organized several side events during the 3rd International Conference on Public Health in Africa (CPHIA), held in Zambia in November 2023. Attended by over 5000 participants from 90 countries, CPHIA is a unique African-led platform for leaders across the continent to reflect on lessons learnt in health and science and devise a way forward for creating more resilient health systems. The side event, ‘Putting Africa back on track to achieve the goals for the Immunization Agenda 2030’, was attended by over 460 in-person and online representatives from the health, education, humanitarian and emergency sectors. Key recommendations from the side event included:

- Strengthening political commitments at the country level by revisiting the [2016 Addis Declaration on Immunization](#), including tracking progress against the 10 commitments made by Heads of State in 2017.
- Optimizing available resources through innovation and utilizing opportunities for integration with other health programmes including emergency and humanitarian response.
- Ensuring equitable and affordable vaccine access by leveraging COVID-19 platforms and polio assets to advance immunization efforts.
- Expanding interdisciplinary collaboration and multi-sectoral partnerships, particularly involving communities, to overcome barriers to accessing immunization services.
- Intensifying funding mobilization and prioritization for immunization programmes by national governments, donors and partners to address the unprecedented zero-dose burden in the Region.

A side event on cervical cancer elimination, also hosted by UCN/VPD, provided a comprehensive overview of the current state and future strategies for cervical cancer prevention and treatment on the continent. Stakeholders advocated for the scaling up of the single-dose human papillomavirus (HPV) vaccine to expedite progress. The event underscored the importance of adopting the [2022 WHO recommendation for a single-dose HPV vaccine schedule](#) in 2024, ensuring robust protection against HPV.

In November 2023, the Regional Immunization Technical Advisory Group (RITAG) was convened at the WHO Regional Office for Africa in Brazzaville. It was the first in-person meeting since COVID-19. Close to 160 participants from 24 countries attended, including programme managers, donors, civil society and private sector representatives. The main objectives of the meeting were to review the progress, successes and challenges of immunization in the African Region. The meeting also aimed to assess the lessons learnt following the outbreak of the COVID-19 pandemic. RITAG is responsible for advising WHO on regional policies and strategies, ranging from vaccine research and development to delivery of immunization services and linkages between immunization and other health interventions. Strategic recommendations following the meeting included strengthening regional immunization policies through committed partnerships, implementing The Big Catch-up, and expanding vaccine integration efforts.

At the 13th International Conference on Typhoid & Other Invasive Salmonellosis, held in Rwanda in December 2023, the Cluster provided a pivotal presentation on the introduction of the typhoid conjugate vaccine (TCV). This reaffirmed UCN's leadership in disease control and commitment to knowledge exchange collaboration and strategy development. The event brings together researchers, policy-makers and advocates to invigorate and coordinate the global response to typhoid and other invasive salmonellosis.

AVAREF: Improving access to quality medical products

Established by WHO in 2006, the African Vaccine Regulatory Forum (AVAREF) has evolved into a strong network of partners and medical professionals who work with Member States to build capacity to improve the harmonization of regulatory practices on the African continent in support of product development. Its aim is to improve access to medical products across the continent by reducing review and approval times for clinical trial applications, while optimizing the quality of regulatory processes. As a result of AVAREF's efforts, vaccines against meningitis, malaria, rotavirus, pneumococcal pneumonia and Ebola have been developed, while medicines against neglected diseases such as human African trypanosomiasis and leishmaniasis are currently being developed.

The AVAREF Secretariat is located within the VPD Programme of the UCN Cluster. In 2023, the Secretariat recruited a full complement of staff and worked with Member States and partners to help strengthen regulatory and ethics oversight and ensure greater vaccine safety. AVAREF facilitated five joint reviews during the latter part of the year, evaluating and providing recommendations on clinical trials for malaria treatment and vaccines, mpox, TB and Lassa fever. The AVAREF Secretariat organized the African Advisory Committee on Vaccine Safety meeting in Zimbabwe in November, and actively participated in two major conferences on clinical trials and regulation of medicines in Africa. Participation in these events provided the Secretariat opportunities to present AVAREF work and learn about emerging programmes of work from other regions. Insights from these events were instrumental in defining priorities for AVAREF in 2024.

With support from UCN/VPD, the AVAREF Secretariat developed a comprehensive two-year strategic and operational plan (2024–2025) focusing on strengthening the core functions of AVAREF, strengthening existing partnerships and establishing new ones for effective delivery of results, provision of specialized capacity-building activities and effective communication of results.

The strategic and operational plan will enable AVAREF to provide the regulatory and vaccine life-cycle capacity-building services required by National Regulatory Agency staff and facilitate the realization of the African Medicines Agency to have Africa producing 60% of its vaccines by 2040.

Throughout 2023, AVAREF collaborated with key donors and partners, including the African Union Development Agency New Partnership for Africa's Development, Bill and Melinda Gates Foundation, US United States Food and Drug Administration, Paul Ehrlich Institute, European Medicines Agency, Coalition for Epidemic Preparedness Innovations, and European & Developing Countries Clinical Trial Partnership. In December, the Secretariat received a grant of US \$1 million dollars from the Wellcome Trust to support the ongoing programme of work as well as contribute to new work on anti-venom therapies in Africa.

Strengthening immunization networks

In alignment with the Addis Declaration on Immunization, UCN/VPD supported the establishment of National Immunization Technical Advisory Groups (NITAGs) in seven new countries in 2023.²⁷ This accomplishment increases the total number of countries with operational NITAGs to 42. NITAGs are multidisciplinary bodies of national experts that provide evidence-based recommendations to policy-makers and immunization programme managers. NITAGs develop recommendations by systematically gathering, reviewing and evaluating available evidence and incorporating this into the local epidemiological and social context.

With the support of UCN/VPD, external assessments of NITAGs were conducted in seven countries,²⁸ with self-assessments conducted in Eswatini and Seychelles. The outcomes of these assessments inform tailored support to countries, including the development of improvement plans based on identified strengths and weaknesses. UCN/VPD supported the capacity-building of NITAG members.

²⁷ Botswana, Chad, Congo, Guinea-Bissau, Liberia, Mauritania and Namibia.

²⁸ Algeria, Burkina Faso, Cameroon, Ethiopia, Uganda, United Republic of Tanzania and Zambia.

Generation of strategic information and knowledge products to guide disease control, elimination and eradication agendas and investments

Polio surveillance guideline update

In collaboration with the polio programme and with support from the GPEI, the United States Centers for Disease Control and Prevention, and the Bill and Melinda Gates Foundation, UCN/VPD played a pivotal role in updating the [Guidelines for poliovirus surveillance in the WHO African Region](#). The guidelines provide health workers conducting poliovirus surveillance a comprehensive tool to guide and facilitate the implementation of surveillance activities. It updates a preceding version, developed in 2009, to incorporate important recent technical and operational developments in surveillance.

The guidelines provide health workers conducting poliovirus surveillance a comprehensive tool to guide and facilitate the implementation of surveillance activities.

Collaborative efforts to defeat meningitis

In June 2023, UCN/VPD organized a workshop focused on the development of national plans to defeat meningitis by 2030 and advance the elimination of measles and rubella. The event brought together 15 priority countries,²⁹ each contributing a delegation of six key personnel, reflecting a comprehensive approach to strategic planning. Each country's delegation comprised four representatives from the ministry of health and two representatives from the local WHO country office. In addition to strategic planning, side-meetings were organized on the introduction of the multivalent meningococcal conjugate vaccine (ACWXY) and the implementation of enhanced meningitis surveillance. This approach reflects UCN's commitment to a holistic disease control strategy. At the conclusion of the workshop, each participating country emerged with a draft of their national strategic plans to defeat meningitis by 2030. This milestone sets the stage for comprehensive and targeted interventions.

From 14 to 16 November 2023, WHO, in conjunction with MenAfriNet, hosted an annual meeting on meningitis, maternal and neonatal tetanus, yellow fever and measles-rubella. Seventeen countries³⁰ participated in the meeting, which focused on strengthening epidemic prevention, preparation and response, enhancing national planning, and increasing vaccination integration into primary health care. All participating nations committed to finalizing and validating their preparedness and VPD outbreak response plans, and national plans to defeat meningitis by December 2023, with resource mobilization and implementation slated to commence in January 2024.

In a significant move towards sustaining vigilance and surveillance, UCN/VPD successfully mobilized funding resources from the Takeda Foundation as part of a five-year grant that started in 2020. This financial support played

²⁹ Burundi, Congo, Côte d'Ivoire, Gambia, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Namibia, Senegal, Sierra Leone, Uganda and United Republic of Tanzania

³⁰ Angola, Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Central African Republic, Democratic Republic of the Congo, Ethiopia, Ghana, Mali, Niger, Nigeria, South Africa, South Sudan and Togo. Guinea joined virtually.

a pivotal role in reinforcing surveillance activities for measles and other vaccine-preventable diseases, ensuring a robust and comprehensive approach to disease control. Recognizing the urgency of proactive measures, the Elma Foundation also continued its crucial support in 2023. Funds were strategically allocated to support measles outbreak preparedness and response in 14 priority countries,³¹ enhancing their capacity to detect, respond to and mitigate the impact of measles outbreaks effectively.

Development of WHO technical products, services and tools for disease control

Standard training modules for surveillance

In collaboration with several partners, UCN/VPD developed standard training modules on surveillance. These modules, designed for national-level training of trainers and in-country vaccine-preventable disease surveillance training, are based on international best practices, ensuring access to comprehensive, standardized training resources for the Region.

Introduction of REDCap for new vaccine surveillance

Research Electronic Data Capture (REDCap) is a secure, browser-based web application used in collecting, maintaining and managing different types of data for clinical research and to create databases for research projects. In 2023, UCN/VPD contributed to the successful introduction of REDCap in Benin, Burkina Faso, Nigeria, Senegal and Togo. The integration of REDCap as part of clinical research enhances data collection efficiency and accuracy, marking a transformative step toward advanced surveillance methodologies when implementing new vaccines.

³¹ Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Gabon, Guinea, Liberia, Madagascar, Mali, Niger, Nigeria, Sierra Leone and South Sudan.

During the COVID-19 pandemic, countries benefited from the procurement and distribution of cold chain equipment to accommodate storing additional vaccines at different supply chain levels. To ensure the effectiveness and sustainability of the equipment and broader cold chain supply, WHO developed a web- and mobile-based inventory and gap analysis tool.



Innovation in logistics and vaccine management

Throughout 2023, UCN/VPD worked to identify and address gaps in logistics and vaccine management, implement innovative solutions and foster infrastructure development, using [Effective Vaccine Management](#) (EVM) – a global initiative to increase immunization coverage through the continuous improvement of vaccine supply chains, ensuring that vaccines are available through the life course when and where they are needed. Eleven countries completed training in EVM,³² with three countries (Benin, Cabo Verde and Senegal) achieving a minimum composite score of 80%, the standard recommended for a supply chain performance.

UCN/VPD supported the rollout of a web-based stock management tool, eSMT. Designed to facilitate real-time monitoring of vaccine supplies, eSMT promotes efficient vaccine management, minimizing stock-outs and shortages. To date, 13 countries are implementing the tool.³³ In collaboration with UNICEF, UCN/VPD provided essential training of trainers in the use of eSMT. Two workshops were conducted, one for English speaking countries in Nairobi and another for French speaking countries, in Saly, Senegal.

During the COVID-19 pandemic, countries benefited from the procurement and distribution of cold chain equipment to accommodate storing additional vaccines at different supply chain levels. To ensure the effectiveness and sustainability of the equipment and broader cold chain supply, WHO developed a web- and mobile-based inventory and gap analysis tool. UCN/VPD have provided training to 10 countries in the Region on the use of the tool, and five countries (Democratic Republic of the Congo, Mozambique, Nigeria, South Africa and Zimbabwe) have begun rolling it out.

In the Central African Republic, UCN/VPD supported the formulation of a comprehensive proposal to establish a modern national warehouse for the country, aligning with the broader mission to optimize storage and distribution capabilities, thereby reinforcing the overall efficiency of the national vaccine supply chain.

³² Angola, Benin, Cabo Verde, Central African Republic, Comoros, Congo, Liberia, Mauritania, Sao Tome and Principe, Senegal and Sierra Leone.

³³ Burkina Faso, Cameroon, Congo, Cabo Verde, Côte d'Ivoire, Gambia, Guinea, Mauritania, Mozambique, Niger, Sao Tome and Principe, Sierra Leone and Togo.

Country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality

The UCN Cluster is committed to tailoring technical assistance to meet national needs, while supporting the development of comprehensive national disease plans and reinforcing routine immunization activities. Key pillars of technical assistance and institutional capacity strengthening provided by UCN/VPD include support in immunization strategy development, laboratory strengthening and accreditation, advancements in new and underutilized vaccines, and logistics and vaccine management improvements. Notable achievements from 2023 include:

- 80% of supported countries develop comprehensive national disease plans tailored to their unique needs.
- A 40% increase in accredited laboratories in West Africa fortifies the backbone of high-quality vaccine delivery.
- A 25% increase in investments in bacteriology laboratories bolsters disease surveillance capabilities.
- Over 15 000 professionals benefited from comprehensive training initiatives, strengthening the foundation of global immunization.
- Peer-to-peer learning initiatives contributed to a commendable 30% improvement in data verification strategies.

Strengthening national disease control programmes

Comprehensive national EPI programme reviews

UCN/VPD provided technical and financial support to five countries³⁴ to conduct comprehensive Extended Programme on Immunization (EPI) reviews in 2023. Guided by existing [WHO guidelines on conducting an EPI review](#), the approach included desk reviews of immunization and surveillance documents

³⁴ Botswana, Eswatini, Lesotho, Malawi and Zimbabwe.

UCN/VPD provided technical and financial support to five countries to conduct comprehensive Expanded Programme on Immunization (EPI) reviews in 2023. Guided by existing WHO guidelines on conducting an EPI review, the approach included desk reviews of immunization and surveillance documents and evaluating adherence to standards. Field assessments were conducted by expert teams, blending internal and external reviewers.



and evaluating adherence to standards. Field assessments were conducted by expert teams, blending internal and external reviewers. At the conclusion of each review, each country produced a detailed report offering insights into the programme's status, adherence to policies and the operational effectiveness of the reviewed programmes.

Workplan development and implementation

In April 2023, UCN/VPD organized a training workshop to build the capacity of representatives from 13 countries in the Region on the development of their national immunization strategies.³⁵ With generous funding support exceeding US \$2 million from GPEI, UCN/VPD also provided substantial assistance to all countries in the Region for the development and implementation of 2023 workplans. These plans were meticulously crafted to enhance vaccine-preventable disease surveillance, ensuring a robust and responsive framework to monitor and manage vaccine-preventable diseases.

UCN/VPD conducted on-site measles-rubella laboratory accreditation reviews in three laboratories in West Africa. Laboratory accreditation is integral to ensuring quality compliance processes.

Laboratory

UCN/VPD conducted on-site measles-rubella laboratory accreditation reviews in three laboratories in West Africa. Laboratory accreditation is integral to ensuring quality compliance processes. Currently, nine laboratories hold full accreditation, 10 have achieved provisional accreditation, while three are awaiting confirmation of their status. UCN/VPD's proactive engagement in 2023 led to provisional accreditation for two laboratories in serology and the full accreditation for one in serology. Currently, West Africa boasts 22 laboratories integrated into the network for measles and rubella testing in the African Region.

Capacity-building

Strengthening immunization data

As part of strengthening collaboration and minimizing reporting burden, WHO and UNICEF developed the Joint Reporting Form (JRF) in 1998. Sent to all Member States, the JRF collects immunization data in a standardized manner. In 2021, this form was updated to a cloud-based solution known as the electronic Joint Reporting Form (eJRF). The eJRF collects countries' annual immunization data, helping to identify trends and gaps at the country, regional and global levels. The data are also used to inform progress towards the Immunization Agenda 2030. In 2023, UCN/VPD facilitated the successful use of the eJRF in all 17 countries in West Africa. This achievement was realized through comprehensive briefing sessions, peer reviews and meticulous post-workshop monitoring to ensure effective reporting by countries.

³⁵ Algeria, Angola, Cabo Verde, Chad, Congo, Eswatini, Ethiopia, Gabon, Gambia, Mauritius, Mozambique, Sao Tome and Principe and Senegal.

Epidemiological modelling workshop

In collaboration with the Center for Epidemiological Modelling and Analysis, University of Nairobi, UCN hosted a three-day epidemiological modelling workshop. Aimed at staff from WHO country offices and the ministries of health of Burkina Faso and Cameroon, the workshop focused on enhancing research capabilities using 'susceptible-infected-recovered' models. The initiative aims to empower the teams to contribute to the co-creation of models estimating the evolution of COVID-19 based on vaccination coverage scenarios in the general population and among high-risk groups.

Vaccine implementation

The UCN Cluster is spearheading an ambitious drive to place Africa firmly on the path to achieving its Immunization Agenda 2030. This comes after the recently published [WHO/UNICEF estimates of national immunization coverage \(WUENIC\)](#), which reported an estimated 24% increase in zero-dose children in 2022, compared to 2019, bringing the Region's burden of zero-dose children to 28 million.

Mass vaccination activities

In 2023, a total of 12 countries in the Region implemented measles/measles-rubella mass vaccination activities, of which one was an outbreak response campaign, while 11 were preventive supplementary immunization activities. Over 65.6 million children were vaccinated as part of these activities, with six of the mass vaccination activities reaching over 95% administrative coverage.

From 2022 to October 2023, 22 countries in the Region implemented 28 mass vaccination activities, of which six were outbreak response campaigns, while 22 were preventive supplementary immunization activities. To date, over 117 million children have been vaccinated as part of these activities, with 14 of the 28 mass vaccination activities reaching over 95% administrative coverage. In Malawi, UCN/VPD actively participated in the integrated typhoid, measles and polio vaccination campaign

implemented in May and June 2023. Providing technical and financial support as part of the planning, preparation and implementation, the campaign reached over 7.2 million children, with a 79% coverage rate.

In response to outbreaks of meningitis, UCN/VPD worked with the Governments of Niger and Nigeria to conduct reactive vaccination campaigns. The Zinder region in Niger achieved 100% vaccination among the targeted 528 000 children and young adults, resulting in a significant reduction in cases. In Nigeria's Jigawa State, 100% vaccine coverage was also achieved, accompanied by a drastic reduction in cases post-campaign. Guinea-Bissau integrated MenAfriVac into routine immunization, expanding coverage. Additionally, a catch-up campaign saw a commendable 73% vaccination rate among children aged 1 to 7 years. Overall, as of December 2023, over 350 million individuals had been successfully vaccinated in 24 meningitis belt countries with MenAfriVac.

In collaboration with partners, UCN/VPD provided guidelines for campaign implementation and risk assessments to determine priority regions as part of preventive mass vaccination campaigns against yellow fever in the Democratic Republic of the Congo, Nigeria and Uganda in 2023. As a result, over 62 million people were reached during the year. UCN/VPD continues to provide technical support for COVID-19 vaccination, focusing on strategic planning and seamless integration into routine immunization programmes. Along with the development of strategic plans and monitoring frameworks, high-level advocacy efforts were conducted to ensure political commitment at both country and regional levels. Due to these collaborative efforts, almost one-third of eligible individuals have been immunized against COVID-19 in the Region.

In response to a diphtheria outbreak in Nigeria, UCN/VPD mobilized resources from within the organization, playing a critical role in overseeing incident management tasks, risk communication and community

engagement activities. Between September and October 2023, UCN/VPD supported the government to implement a two-phase vaccination initiative aimed at containing the outbreak.

Throughout the year, nine countries³⁶ reported confirmed outbreaks of measles at various times, largely due to delays in implementing periodic preventive vaccination campaigns in the context of routine immunization coverage gaps. In response, UCN/VPD worked with ministries of health to implement outbreak response activities and/or bring forward preventive vaccination efforts. Over 59 million children from eight countries were reached as a result of these efforts, with UCN/VPD providing policy guidance and technical support, including training workshops on vaccine-preventable disease surveillance.

Introducing new vaccines

The UCN Cluster played a crucial role in supporting countries' Gavi applications for malaria vaccines. Technical assistance was provided for application development, quality assurance and securing political commitment. To-date, 20 countries have been approved to introduce the malaria vaccine, with rollout anticipated in 2024.

As of 2023, 28 countries in the Region have introduced the HPV vaccine into routine immunization schedules; however, the coverage rate for two doses remains low (21%). In response, the UCN Cluster provided strategic support to enhance the adoption, accessibility and coverage of HPV vaccine, including targeted support to 15 countries to adopt the single-dose HPV vaccine, based on the [updated WHO guidelines](#). Eswatini, Nigeria and Togo emerged as focal points for vaccine introduction, with Nigeria embarking on a groundbreaking vaccination campaign, targeting 7.7 million girls, constituting the largest-ever HPV vaccination campaign in Africa.

In October 2023, Nigeria launched a five-day mass vaccination campaign across 16 states and the Federal Capital Territory. With technical support from UCN/VPD and partners, over 35 000 health workers were trained in preparation for the campaign and subsequent vaccine delivery in all health facilities. Vaccination sites

were established in all 4163 wards across the 16 states included in the phase one rollout to ensure that no eligible girl is left behind. Mobile vaccination units were also set up to ensure that remote communities could access the vaccine. A five-day mass vaccination campaign in schools and communities was carried out during the inaugural rollout in 16 states and the Federal Capital Territory in November 2023. The second phase of the vaccination introduction is set to start in May 2024 in 21 states.

Challenges, lessons learnt and priorities

Key challenges faced by the VPD programme include difficulties in resource mobilization, staff capacity limitations, vaccine shortages and policy changes. These challenges and lessons learnt underscore the need to reinforce surveillance systems, invest in bacteriology laboratories, centralize data for effective analysis, strategically manage the supply chain, and foster peer-to-peer learning. Proposed interventions for 2024 aim to address weaknesses, fortify the foundation of immunization initiatives, and ensure a resilient and responsive global immunization ecosystem.

In response, UCN/VPD worked with ministries of health to implement outbreak response activities and/or bring forward preventive vaccination efforts

³⁶ Cameroon, Central African Republic, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Liberia, South Africa, South Sudan and Zambia.

Challenges and lessons learnt

Governance and leadership

- ▶ Several challenges are preventing the timely introduction of new vaccines in the Region, including inadequate preparedness, frequent postponements and competing priorities including recurring outbreaks.
- ▶ Finalizing catch-up plans posed significant financial challenges for countries, with the need to bridge resource gaps, which are a critical component in moving forward.
- ▶ While RWGs played a pivotal role in information flow and coordination, their capacity needs enhancement. Strengthening RWGs is imperative to optimize support and maximize impact, especially in the implementation of The Big Catch-up.
- ▶ Ensuring effective implementation of Big Catch-up plans hinges on increased country ownership and political commitment. Tailoring responses to diverse country contexts is essential to drive activities in zero-dose communities effectively.
- ▶ The success of organizing group training for NITAG has demonstrated the efficacy of peer-to-peer learning. Lessons learnt underscore the value of collaborative knowledge exchange within the NITAG community.

Data analysis capacity

- ▶ The lack of capacity for data analysis poses a hindrance to effective disease control. Building capacity among data managers is crucial to enhancing data triangulation. Centralizing data on a unified platform, facilitated by a centralized data warehouse, is recommended. This approach would not only streamline information but also facilitate analytics and visualizations, enabling informed decision-making.

Supply chain management

- ▶ Vaccine shortages, including for pentavalent/DTP, measles, yellow fever, meningitis and polio, underscored the importance of robust supply chain management.
- ▶ Building resilience in vaccine supply chains is imperative to mitigate shortages. Continuous reviews, adjustments and advocacy contribute to an agile and responsive supply management system. Addressing supply chain challenges necessitates a strategic approach, including the augmentation of human resources and mitigating delays caused by competing priorities.
- ▶ The implementation of supply chain activities faces hurdles, primarily stemming from limited human resources at the country level. Delays in executing planned activities, attributed to competing priorities, further compound these challenges. Strategic measures to address these concerns are needed to ensure a seamless supply chain.

Challenges and lessons learnt

Supporting systems

- Weaknesses in surveillance systems have been identified as a critical challenge leading to delayed outbreak detection. This, in turn, necessitates more extensive and costly outbreak responses, given that outbreaks would often have reached widespread levels by the time they are identified. To address this, intensified training on surveillance, coupled with the revision of outbreak preparedness and response plans, is deemed essential.
- Bacteriology laboratories in most countries have significant weaknesses. Addressing this challenge requires additional investments for procuring essential supplies for bacteriology laboratories. There is also an urgent need to scale up training initiatives on basic bacteriology so as to bolster laboratory capacities.

Supply chain management

- WHO is committed to assisting countries in conducting thorough and effective vaccine management assessments. These assessments serve as a critical mechanism for evaluating the existing vaccine supply chain, identifying areas for improvement, and implementing strategies to enhance efficiency. Regular assessments, aligned with global standards, will be conducted to monitor progress, ensuring the continuous optimization of vaccine distribution.
- Embracing technological advancements, WHO will facilitate the introduction of the online Supply Chain Management Tool (eSMT) for vaccine management. This initiative aims to streamline and digitize vaccine management processes at the central, regional and health district levels. The implementation of eSMT will enhance real-time monitoring, reduce manual errors, and provide a comprehensive overview of the vaccine supply chain, ensuring timely and accurate vaccine distribution.
- As part of a proactive strategy, countries will receive support in preparing submission documents to Gavi for the Cold Chain Equipment Platform (CCEOP). This platform is integral to maintaining the integrity of vaccines by ensuring that they are stored at the optimal temperature throughout the supply chain. Assistance in the submission process will enhance countries' access to critical cold chain equipment, further fortifying their immunization programmes.

Supporting new vaccines

- A key imperative for 2024 is the acceleration of human papillomavirus (HPV) and malaria vaccine introduction. Technical support will be provided to countries for seamless vaccine introduction and campaigns. Advocacy efforts will be enhanced through the establishment of a regional network of cervical cancer champions. Health systems will be strengthened for cervical cancer prevention, and community engagement will be intensified, addressing cultural barriers. Collaborative partnerships across governments, civil society and the private sector will be fostered to maximize impact.
- Ongoing support for the introduction of new vaccines in targeted countries will be a priority. This includes the hepatitis B birth dose, measles-containing vaccine 2 (MCV2), and other crucial vaccinations. The focus is on expanding immunization coverage and ensuring equitable access to life-saving vaccines.
- A dedicated effort will be made towards meningitis control, with a specific focus on the rollout of MenAfriVac in countries that have not yet introduced it into routine immunization. Additionally, support will be provided to high-risk countries applying for the meningococcal multivalent vaccine through Gavi. Initiatives to detect, confirm, and respond to meningitis epidemics will be implemented, along with the finalization and implementation of national plans.

Priorities

Governance and leadership

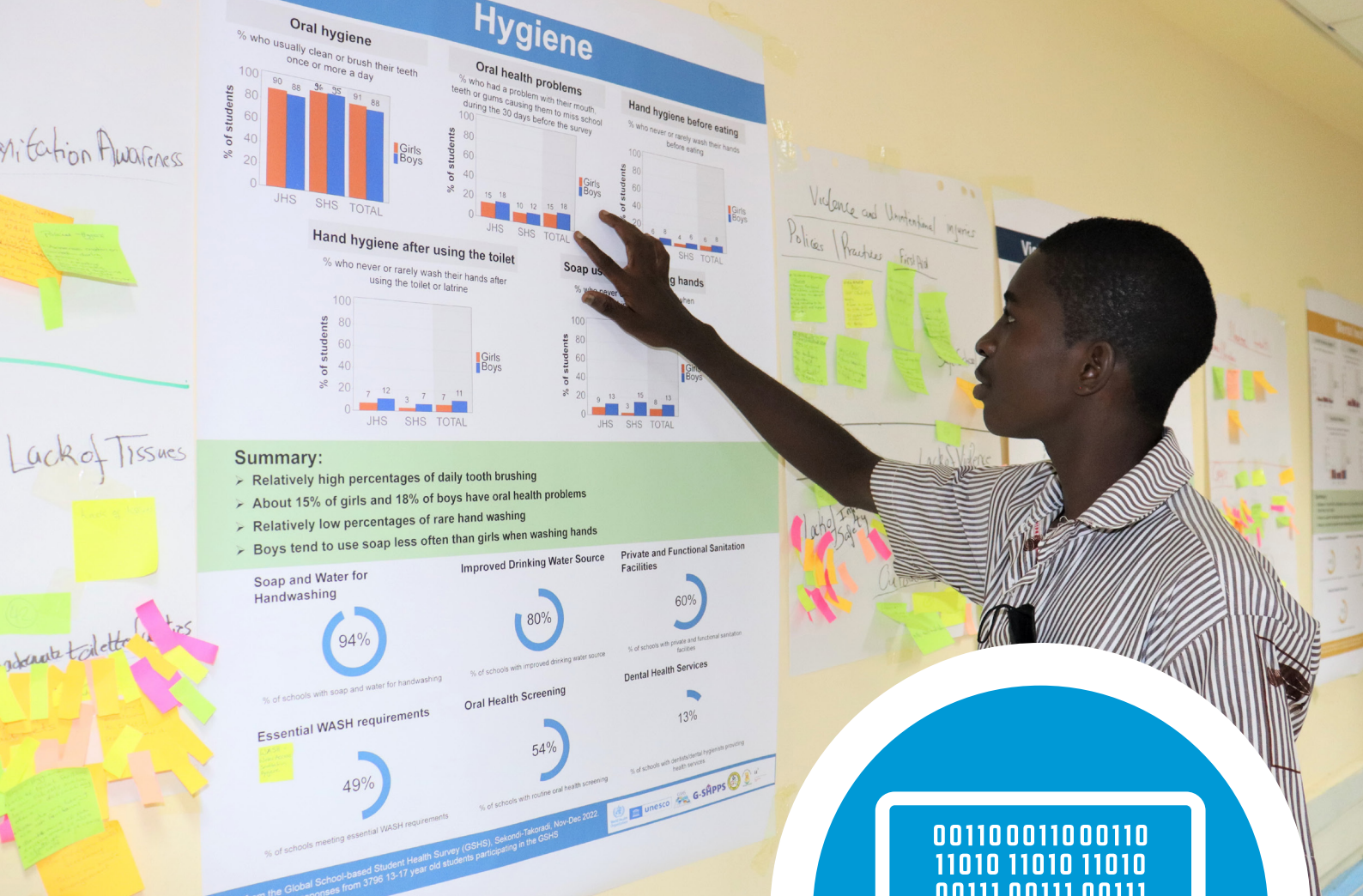
- ▶ WHO is dedicated to supporting countries in the finalization of national immunization strategies (NIS) initiated in 2023. This critical step aligns with the overarching goal of harmonizing immunization efforts with national health sector strategies
- ▶ Recognizing the pivotal role of RWGs in catalysing effective vaccine programmes, strategic emphasis will be placed on bolstering support by RWGs to countries. This support will encompass technical assistance, resource mobilization for the Big Catch-up, high-level advocacy for Gavi's "4 Must Wins," the development of national immunization strategies, Gavi application processes, and addressing cross-cutting thematic areas such as social and behavioural issues, demand generation, data systems and vaccine supply.
- ▶ The African Vaccine Regulatory Forum (AVAREF) will be strategically repositioned within the vaccine ecosystem. A leadership role will be re-established through the effective implementation of the AVAREF 2024 work plan, fostering new partnerships and alliances. This initiative aims to enhance regulatory and ethics capacity-building, ensuring the integrity and safety of vaccine programmes.
- ▶ A core priority is to support the establishment of NITAGs in the remaining countries. Simultaneously, efforts will be directed towards forming an African NITAG network, fostering collaboration and expertise exchange.
- ▶ In alignment with the programme's commitment to disease prevention, contributions to the control of VPD outbreaks will be a key focus. This includes measles, rubella, and yellow fever. Countries will receive comprehensive support for preparedness plans, funding applications for disease outbreaks, implementation of vaccination campaigns, and capacity-building in VPD surveillance.

Sustainable resourcing

- ▶ A comprehensive approach involves the capacitation of 30 participants from seven countries, representing diverse functions such as primary health care (PHC) directors, directors of planning, EPI programme managers and WHO family planning for health systems. These participants will be equipped with the skills and knowledge to develop resource mobilization frameworks. This capability is pivotal in bridging gaps in national resource availability for sustained immunization programmes.
- ▶ Two countries, Uganda and Rwanda, are set to make significant strides in immunization investment, pending finalization of their respective immunization investment cases. These investment cases serve as strategic documents outlining the financial requirements and benefits of sustained immunization efforts. They play a crucial role in attracting investments and securing resources for long-term programme success.

Data analysis capacity

- ▶ A dominant focus in 2024 will be the meticulous monitoring and evaluation of the Addis Declaration on Immunization (ADI) by Member States. Progress towards the Immunization Agenda 2030 (IA2030) will be closely tracked by developing dashboards, scorecards and comprehensive reports. This strategic initiative ensures transparency, accountability, and evidence-based decision-making.
- ▶ Building capacity in epidemiological modelling. The focus will be on modelling the impact on the burden of targeted diseases and developing specific models to estimate the incidence trends of these diseases for elimination, with a particular emphasis on measles.



Precision Public Health (PPH) Office

The goal of the Precision Public Health (PPH) Office is to increase the use of data science at the WHO Regional Office, in UCN Cluster programmes and among Member States. The aim is to leverage health informatics and health data analysis to inform better interventions and advance healthcare responses in Africa, through regional coordination and oversight. The aim is linked to other strategic initiatives within the Cluster, including providing leadership and governance on analytics and data, supporting countries through tailored technical assistance and building capacity in advanced data analytics and data use for decision-making.

Activities in 2023

Leadership on coordination, partnerships and resource mobilization

Resource mobilization for impact

In 2023, UCN/PPH submitted three funding proposals to the Grand Challenge:

1. Fine-scale risk mapping of NTDs for optimal mass drug administration (MDA) in low-resource, fragile and conflict-prone areas. In partnership with the African Institute for Development and Policy and Sub-Saharan consortium for advanced biostatistics at Wits School of Public Health and University of Southampton, this project will allow for the integrated application of multi-disease interventions.
2. Policy modelling to address severe disease burden in Africa. In partnership with the African Institute for Development and Policy and Sub-Saharan consortium for advanced biostatistics at Wits School of Public Health and Northwestern University, this project aims to apply mathematical models to inform policy alternatives for disease control.
3. Policy Modelling Partnership for Precision Public Health - Africa (4PH-Africa). In partnership with institutions in Cameroon, Ghana and Kenya, this project looks at policy translation within the data-to-action framework for applications in immunization.

Data for monitoring equity

As part of a regional grant agreement with the Susan Thompson Buffett Foundation, UCN/PPH is implementing a project aimed at generating and promoting gender-specific disease indicators to inform equity monitoring, tracking and progress in 13 countries. As part of the project, PPH will develop data systems that will allow countries to capture sexual and reproductive health data, including gender-disaggregated disease data.

Generation of strategic information and knowledge products to guide disease control, elimination, and eradication agendas and investments

Trends in communicable and noncommunicable diseases in Africa

In July 2023, UCN/PPH published [Trends in communicable and noncommunicable disease burden in Africa](#), presenting national trends in communicable and noncommunicable disease burden and control in the Region. One of the first major products of UCN/PPH, the report tracks progress made in disease burden reduction, elimination and eradication. It also highlights major emerging threats, opportunities and priorities in the fight against communicable and noncommunicable diseases in the Region. This is invaluable in informing future actions to regain the momentum lost during the COVID-19 pandemic.

Development of WHO technical products, services and tools for disease control

UCN data portal

PPH is a cross-cutting programme that leverages data-driven technologies and advanced analytics to improve the understanding, prevention and response to public health challenges in the WHO African Region. This requires data of varied types. A comprehensive data portal is required to facilitate the acquisition and use of data at all levels, from collection to dissemination. This requires standardized data collection tools that can be used in a variety of environments and diverse datasets that are stored in a way that is easily accessible and allows multiple

UCN/PPH have developed a digital platform to facilitate digitalized programme reviews and strategic planning processes for malaria, HIV and TB. However, the platform has not been implemented at the country level.



uses. In response, in October 2023, UCN/PPH drafted a proposal to create a UCN data portal, which will provide a centralized platform for sharing data collection tools and raw data, and timely publication of information and analytical products, in formats such as CSV, XLSX, PDFs, and dashboards originating from programmes within the UCN Cluster. By making these datasets easily accessible to stakeholders and the public, the portal aims to foster transparency, collaboration and evidence-based decision-making in public health.

Digital platform for malaria programme reviews

Collating evidence through programme reviews and using it in the development of strategic plans is pivotal to the attainment of national health development goals and the SDGs. However, a major challenge in this work is the resource-heavy and intensive nature of disease programme-specific reviews and planning processes. At the country level, a digital platform for programme reviews and planning will promote the digitalization of available guidance documents and processes to enhance review, refinement, integration and updating of planning and coordination.

UCN/PPH have developed a digital platform to facilitate digitalized programme reviews and strategic planning processes for malaria, HIV and TB. However, the platform has not been implemented at the country level. As such, UCN/PPH are working to:

- develop tools, standards and guidance on the digital platform, roll out these tools and monitor their use
- pilot the implementation of the platform for digitally enabled review and planning in three priority countries in the WHO African Region and monitor uptake and use
- build continuous capacity and roll out the new tools across the Region
- integrate the platform with national data repositories to support national strategic plan implementation, monitoring, evaluation and learning.

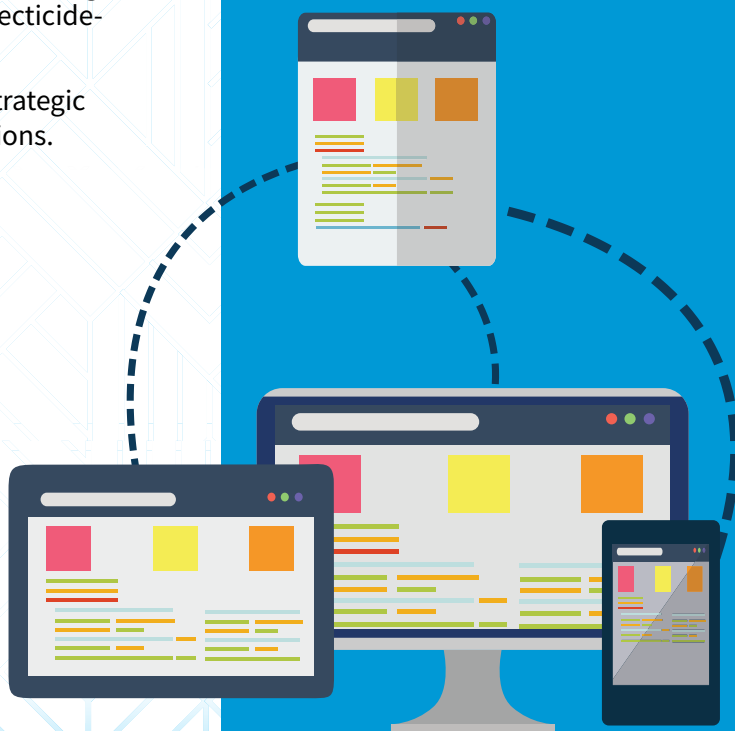
Country support through technical assistance and institutional capacity strengthening for improved programme governance and intervention coverage and quality

In 2023, UCN/PPH continued its regional partnership with the Global Fund as part of enhancing analytical capacity and data use in East and Southern Africa through the PERSuADE Project. The project, which includes 12 universities, provides in-country technical support to ministry of health staff on enhancing analytical capacity and data use of routinely collected data.

PPH worked with countries and partners in the Region to build capacity in data analysis for evidence-informed malaria programming and subnational tailoring (SNT) of interventions. Through such workshops, countries are able to assess data quality, data gaps and suggest possible actions for improving data for better decisions. During the year, PPH supported, among others:

- The Central African Republic and Senegal with SNT for vaccine allocations
- Chad for seasonal malaria chemotherapy
- Comoros and the Republic of the Congo with SNT for malaria strategic planning
- The Democratic Republic of the Congo with SNT for allocation of insecticide-treated nets
- Guinea Bissau with SNT for strategic planning and vaccine allocations.

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Challenges and priorities

Challenges and lessons learnt

Programme management

- Lack of financial and human resources, and technical expertise at the Regional Office
- Limited funding for scaling up activities
- There is a need for increased communication and advocacy with key partners in the Region.

Priorities

Strategic partnerships for health and disease control

- A multi-stakeholder engagement strategy has been developed, partners have been mapped, a roster generated, and pilot countries have been identified with partners contacted
- Continue to serve on advisory boards and networks.

Generation and use of knowledge products for ending disease

- Produce knowledge products including disease outlook reports and country disease profiles
- Initiate and contribute to scientific papers in disease control, elimination and eradication
- Optimize the UCN data warehouse and initiate data transfer from countries
- Develop standard operating procedures on subnational tailoring, data for action and geospatial information systems.

Technical support to countries

- Subnational tailoring to countries in alignment with the Global Fund PERSuADE project
- Zero-dose microplanning
- Identify capacity-building needs and develop training plans.



Strategic Planning and Policy (SPP) Office

The goal of the Strategic Planning and Policy (SPP) Office is to reduce disease burden through coherent policy and strategies. The strategic agenda of the SPP Office is fostering policy coherence across UCN Cluster programmes, driving investment efficiency and impact on priority diseases, and supporting programme management across the Cluster.

Activities in 2023

Generation of strategic information and knowledge products to guide disease control, elimination, and eradication agendas and investments

SPP/UCN produced several strategic documents in 2023, including the 2024/2025 intra-cluster strategic and operational plan, which aligns UCN Cluster results with relevant Global Programme of Work (GPW) 13 outputs across all UCN programmes and teams. 'Branded UCN initiatives' was developed as a set of special UCN investment packages focused on 'adding value' to disease burden reduction activities in the Region. It was part of a broader strategy to engage strategically with partners around issues of common interest. Each initiative includes a description of the problem/activity, key stakeholders and the investments required for each strategic action.

SPP/UCN also developed several disease-specific products including a proposal on repositioning strategic and technical leadership for malaria responses, a proposal on piloting an enhanced person-centred care model to improve the coverage and quality of disease management,

preventive chemotherapy and vaccination, and a regional strategy for the development and deployment of gene therapy for HIV. A UCN guide for the integrated review of country disease control programmes was drafted and will be piloted in 2024.

Development of WHO technical products, services and tools for disease control

UCN/SPP developed a methodology and associated tools for the technical audit of regional disease control investments at the country level, which is designed to improve policy coherence between regional disease control policy frameworks and country office disease control investments.

Challenges and priorities

Challenges and lessons learnt

Programme management

- ▶ Lack of financial and human resources, and technical expertise at the Regional Office
- ▶ Policy coherence across UCN subject matter teams needs to be strengthened
- ▶ UCN Cluster investment efficiency and impact could be further improved through the adaptation of business models, digitalization of business processes, adoption of technologies and innovations, horizon scanning and the generation of health intelligence

Priorities

Development of strategic partnerships for health and disease control

- Support engagement with strategic partners by contributing to proposals, missions and meetings with targeted partners, including consultation on a special initiative aimed at engendering integrated SDG3-focused coordination and investing of GHI resources + RC resolution; and project on optimizing impact of GF investments through AFRO value addition
- Contribute to UCN presence at high-level cross-cutting events including meetings of the RC, WHA, UNGA and health ministers of the respective regional economic communities
- Coordinate cross-cutting collaboration with other clusters in furtherance of joint strategic approaches to health development, and joint resource mobilization.

Generation and use of knowledge products for disease control

- Contribute to the development and dissemination of knowledge products including: economic analyses of disease control enterprises and development of relevant investment cases in support of subject matter teams; documentation of best practices; and publication of reports and research papers
- Contribute to evidence-based development of special UCN “ending diseases initiatives,” such as: digitalization of disease control programme reviews and planning; ending malaria deaths by, for instance, appointing Africa malaria ambassadors and integrated malaria and NTDs mass vaccination and mass drug administration campaigns; eliminating zero immunization among children; people-centred healthcare, and community-based NCDs control using deployment of digital point of care (wearable) blood pressure monitoring tools as entry points
- Support programme development, planning and coordination across UCN teams and programmes including: development of frameworks and tools for improved coherence of plans and reports; and coordination of strategic/operational planning and statutory monitoring.

Development and dissemination of normative tools for disease control

- Monitor through technical audit missions in targeted countries, adoption and/or level of implementation of regional and global disease control policies, strategies, norms and standards, by WCOs
- Contribute to scoping, standardization and deployment of innovative tools and products for disease control including gene therapy for sickle cell disease and HIV/AIDs, point of care digital tools for NCDs, and other emergent digital tools for disease control
- Contribute to the development of the African network on disease control research and development, including of diagnostics, pharmaceuticals, vaccines and digital apps and tools.

Supporting improvement in the quality of care provided

- Develop and disseminate integrated disease control quality of care improvement manual
- Support national public health and research institutions in targeted countries to lead enterprise for monitoring adherence to WHO normative standards for prevention and case management of targeted diseases
- Design and implement in targeted countries, interventions for improving adherence to WHO normative standards, based on evidence generated through the enterprise for monitoring adherence to WHO normative standards.

Priorities

Supporting improvement in the quality of care provided

- ▶ Develop and disseminate integrated disease control quality of care improvement manual
- ▶ Support national public health and research institutions in targeted countries to lead enterprise for monitoring adherence to WHO normative standards for prevention and case management of targeted diseases
- ▶ Design and implement in targeted countries, interventions for improving adherence to WHO normative standards, based on evidence generated through the enterprise for monitoring adherence to WHO normative standards.

Driving coherence in country-level implementation of policy frameworks for ending disease

- ▶ Technical audit missions in targeted countries to monitor adoption and/or level of implementation of regional and global disease control policies, strategies, norms, and standards, by WCOs.
- ▶ Support national public health and research institutions in targeted countries to lead enterprise for monitoring and improving adherence to WHO normative standards.

Implementation of UCN special initiatives

- ▶ Manage the setting up and coordination of the work of the cross-UCN working groups on the four UCN special initiatives (strengthening systems and governance; strengthening institutional capacity; precision public health for Africa; and research and innovation for public health impact including development of the African network on disease control research and development including on diagnostics, pharmaceuticals, vaccines and digital apps and tools).
- ▶ Coordinate UCN programme development and management to build capacity for disease control focal points at WHO country offices and Multi-country Assignment Teams (MCATs). This is aimed at enhancing policy and programming coherence between the Regional Office and WHO country offices (WCOs) through knowledge dissemination.
- ▶ Coordinate induction of new UCN staff members and consultants on UCN strategic agenda.
- ▶ Scoping, standardization and deployment of innovative tools and products for ending disease in Africa, including gene therapy for sickle cell disease, point-of-care digital tools for NCDs, and emergent tools.

