

**REGIONAL COMMITTEE FOR AFRICA****ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024Provisional agenda item 18.11**PROGRESS REPORT ON THE FRAMEWORK FOR THE IMPLEMENTATION  
OF THE GLOBAL STRATEGY TO DEFEAT MENINGITIS BY 2030  
IN THE WHO AFRICAN REGION****Report of the Secretariat****CONTENTS**

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## BACKGROUND

1. Bacterial meningitis constitutes a major global public health challenge,<sup>1</sup> but it is most prevalent in the African meningitis belt.<sup>2</sup> Before 2010, *Neisseria meningitidis* A accounted for almost 90% of epidemics. The roll-out of the meningitis A conjugate vaccine (MenAfriVac<sup>®</sup>) in 24 Member States of the meningitis belt has reduced the incidence of confirmed group A disease by over 99%.<sup>3</sup> MenAfriVac<sup>®</sup> is estimated to have saved 142 000 lives, averted 284 000 permanent disabilities, and prevented more than one million meningitis cases over 10 years in hyperendemic Member States.<sup>4</sup>

2. A meningitis landscape risk analysis conducted in 2021 resulted in the classification of Member States into three categories<sup>5</sup> with 13 at high risk, 25 at medium risk, and nine at low risk of meningitis. A total of 38 Member States at high and medium risk were prioritized for the implementation of the regional framework.

3. Member States adopted a regional framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region at the Seventy-first session of the Regional Committee.<sup>6</sup> The framework envisions an Africa free of meningitis by 2030. The targets of the framework by the end of 2030 are to: eliminate bacterial meningitis epidemics; reduce the number of bacterial meningitis cases by at least 50% of cases recorded in 2020; reduce the case fatality rate for meningitis to less than 5%; and establish and implement strategies for support and care to people affected by meningitis.

4. The three milestones that were expected to be reached by 2023 are the following: introduction of MenAfriVac<sup>®</sup> into routine immunization; update, dissemination and implementation of guidelines and training modules on surveillance, preparedness, and response to bacterial meningitis epidemics; and development of meningitis strategic plans and monitoring frameworks.

5. The purpose of this paper is to report on progress made from 2021 to 2024 in achieving the milestones of the regional framework for the implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region. This is the first progress report.

## PROGRESS MADE/ACTION TAKEN

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<sup>1</sup> WHO. Meningococcal meningitis (<https://www.who.int/news-room/fact-sheets/detail/meningococcal-meningitis>, accessed 9 January 2020).

<sup>2</sup> Member States in the African meningitis belt are: 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, Rwanda, Senegal, South Sudan, Sudan, United Republic of Tanzania, Togo, and Uganda.

<sup>3</sup> Trotter CL, Lingani C, Fernandez K, Cooper LV, Bitá A, Tevi-Benissan C et al. The impact of MenAfriVac<sup>®</sup> in nine countries of the African meningitis belt, 2010-2015: an analysis of surveillance data. *The Lancet Infectious Diseases*, volume 17, issue 8, p867-872, 1 August 2017 DOI: [https://doi.org/10.1016/S1473-3099\(17\)30301-8](https://doi.org/10.1016/S1473-3099(17)30301-8).

<sup>4</sup> Center for Global Development. Eliminating Meningitis Across Africa's Meningitis Belt. 2015. Available in <http://millionssaved.cgdev.org/case-studies/eliminating-meningitis-across-africas-meningitis-belt>.

<sup>5</sup> Meningitis landscape analysis: High risk: Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Guinea, Mali, Niger, Nigeria, Uganda, and South Sudan. Medium risk: Angola, Benin, Burkina Faso, Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Congo, Eritrea, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Namibia, Senegal, Sierra Leone, South Africa, Togo, United Republic of Tanzania and Zambia. Low risk: Algeria, Botswana, Eswatini, Gambia, Mauritius, Rwanda, Sao Tome and Principe, Seychelles and Zimbabwe.

<sup>6</sup> WHO African Region. AFR-RC71 Regional Framework for implementation of the global strategy to defeat meningitis by 2030 in the WHO African Region. 2021.

6. As of December 2023, MenAfriVac<sup>®</sup> has been introduced in routine immunization in 14 Member States<sup>7</sup> in the African meningitis belt. From August 2021 to December 2023, three<sup>8</sup> Member States introduced MenAfriVac<sup>®</sup> into their routine immunization schedule. Additionally, 12 out of 14 of these Member States<sup>9</sup> conducted catch-up vaccination campaigns with MenAfriVac<sup>®</sup>, reaching over 50 million children aged 1–12 years.

7. Guidelines and training modules on surveillance, preparedness and response to bacterial meningitis epidemics were updated, disseminated, and implemented in all 47 Member States of the African Region. The update of the guidelines is ongoing and especially includes recommendations on the roll-out of the multivalent meningococcal conjugate vaccine (MMCV). The implementation of the guidelines has resulted in the improvement of surveillance, laboratory confirmation, and case management with reduced case fatality rates.

8. More than 80% of priority Member States have a meningitis strategic plan that includes a monitoring and evaluation framework: 30 of the 38 priority Member States were supported to develop their national strategic plans through two in-person workshops. At the request of some of the Member States, the workshops were followed up with technical assistance and financial support to eight of them<sup>10</sup> to finalize their plans, while 23 are in the process of doing so, with a target completion timeline of end-2024.

## ISSUES AND CHALLENGES

9. Despite the progress made towards achieving the milestones, there are some challenges that need to be addressed, including: (i) the limited resources both at WHO and Member State level to plan and implement the regional and national plans to defeat meningitis by 2030; (ii) the delay in introducing MenAfriVac<sup>®</sup> into routine immunization in nine Member States<sup>11</sup> due to competing introduction of new vaccines (against human papillomavirus and malaria), limited resources for co-financing of routine immunization, and a preference for introducing MMCV instead of MenAfriVac<sup>®</sup>; and (iii) competing public health priorities including the COVID-19 response which resulted in delaying the update of the guidelines and training modules on surveillance, preparedness and response to bacterial meningitis epidemics.

## NEXT STEPS

10. Member States should:

- (a) continue to introduce MenAfriVac<sup>®</sup> into their routine Expanded Programme on Immunization for the remaining nine countries;
- (b) continue to develop and implement their national strategic plans to defeat meningitis by 2030 in the remaining 30 priority countries;

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<sup>7</sup> Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Eritrea, Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, and Togo.

<sup>8</sup> Benin, Guinea-Bissau, and Togo.

<sup>9</sup> Benin, Burkina Faso, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, and Togo.

<sup>10</sup> Burkina Faso, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Mali, Nigeria, and Togo.

<sup>11</sup> Burundi, Cameroon, Democratic Republic of the Congo, Ethiopia, Kenya, Mauritania, Senegal, South Sudan, and Uganda.

- (c) Mobilize the requisite resources and engage communities and civil society for the development and implementation of their national strategic plans.
11. WHO and partners should:
    - (a) strongly advocate for and support the introduction of MenAfriVac<sup>®</sup> into the routine Expanded Programme on Immunization of the remaining nine Member States.
    - (b) support all the 38 priority Member States to mobilize resources for effective implementation of their national strategic plans.
  12. The Regional Committee is invited to note the report.