

WEST AFRICAN HEALTH ORGANISATION
ORGANISATION OUEST AFRICAINE DE LA SANTE
ORGANIZAÇÃO OESTE AFRICANA DA SAÚDE

2025 ANNUAL REPORT

WEST AFRICAN HEALTH ORGANISATION

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Abbreviations/acronyms

ABBREVIATION	DEFINITIONS
AAP	Annual Action Plan
A2DSRH	Africa Demographic Dividend and Sexual and Reproductive Health
AES	Alliance of Sahel States
AFD	French Development Agency
AFDB	African Development Bank
AFRICA CDC	Centers for Disease Control and Prevention
AHM	Assembly of Health Ministers
ALMA	African Leaders Malaria Alliance
ANC	Antenatal Care
AU	African Union
AWPB	Annual Work Plan and Budget
CEPI	Coalition for Epidemic Preparedness Innovations
CFR	Case-fatality rate
CPF	Commodity Procurement Fund
CTD	The Common Technical Document (CTD) harmonized and adopted for the registration of medicines in the ECOWAS region.
ECOWAS	Economic Community of West African States
EMT	Emergency Medical Teams
EPD	Epidemic-prone Diseases
EPI	Expended Programme on Immunization
FP	Family Planning
GDP	Gross domestic product
GIZ	German International Cooperation Agency
GPMB	Global Preparedness Monitoring Board
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-Suppression Syndrome
INSP (EXPERTISE FRANCE)	National Institute of Public Service
IPC	Infections Prevention and Control
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
KFW	Kreditanstalt für Wiederaufbau (Credit Institution for Reconstruction)

ABBREVIATION	DEFINITIONS
LLIN/ITN	Long-Lasting Insecticide-Treated Nets/Insecticide-Treated Mosquito Net
LSSF	Large Scale Food Fortification
MCH	Mother and Child Health
NCDS	Non-communicable Diseases
NITAG	National Immunization Technical Advisory Group
NPHI	National Public Health Institutes
NTDS	Neglected Tropical Diseases
PCR	Polymerase Chain Reaction
PEP	Post-exposure Prophylaxis
PMI	United States of America's President's Malaria Initiative
PPE	Personal Protective Equipment
RBM PARTNERSHIP	Roll Back Malaria Partnership
RCCE	Risk Communication and Community Engagement
RCSDC	Regional Centre for Surveillance and Disease Control
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RSC	Regional Steering Committee
SDG	Sustainable Development Goals
SMC/PMC	Seasonal Malaria Chemoprevention/ Perennial Malaria Chemoprevention
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Right
UHC	Universal Health Coverage
UNAIDS	United Nations program for HIV and AIDS Control
USAID	United States Agency for International Development
VPD	Vaccine Preventable Diseases
WAHO	West African Health Organisation
WASH	Water Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WOAH	World Organization for Animal Health

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Executive summary

The year 2025 was a very difficult year for international relations and for global health. Throughout the year, the world witnessed the worsening and proliferation of armed conflicts, leaving in their wake millions of dead, wounded and people suffering from physical and mental sequelae, as well as many displaced people (internal and external). In addition, the accelerated climate change constitutes a major and constant threat in view of the direct and indirect effects it has on global health through its propensity to aggravate health crises. However, in the same year, global health also benefited from the approval of the first pandemic agreement; a landmark Treaty to improve prevention, preparedness and global response to future pandemics, with a view to equity and cooperation, following lessons learned from the management of COVID-19.

At regional level, 2025 was not only the year the Economic Community of West African States (ECOWAS) celebrated its 50th anniversary, but also the year of the actual withdrawal of three ECOWAS countries (Burkina Faso, Mali and Niger), thereby opening an unprecedented crisis in the management of public health in general and in the implementation of cross-border health security strategies in particular. Furthermore, the impacts of climate change, lingering insecurity in some areas, all this worsened by the contraction of global health financing have also influenced the health situation and the response capacities of Member States.

Epidemiologically, the year 2025 was marked by the recurrence of certain infectious diseases, despite technological and scientific progress. The consequences of the COVID-19 pandemic are still affecting health systems and highlighting the need to strengthen preparedness and resilience to future health crises. **Malaria remains one of the major public health issues in West Africa.** The available data shows significant disparities between countries in the implementation of prevention and control interventions.

Despite these constraints, WAHO has carried out numerous interventions in several priority areas, including community health, disease surveillance, disease control, maternal and child health, access to medicines and vaccines, public health research, health diplomacy for the diversification of health financing sources and strengthening of human resources for health. These initiatives aim to build stronger and more resilient health systems by sustainably improving the quality of health services and the well-being of the region's populations.

WAHO equally supported Member States in the fight against several diseases and health emergencies, including **Mpox** and other epidemic-prone diseases. Surveillance, cross-border coordination and laboratory capacity building actions have been implemented to improve early detection and response to outbreaks.

The overall implementation rate is 65.1% out of **316** activities programmed in the 2025 operational action plan. With regards to finance, the budget execution rate stands at 67.3% out of a total budget of AU 71,596,778.

However, several challenges remain, including inadequate human resources exacerbated by the cut in USAID funding early in the year and the loss of staff from the countries of the Alliance of Sahel States (AES) to the extent that this situation has reduced the operational capacity of the

organization. These events coupled with the growing need for financial resources to deal with emerging health problems, underscore the need to rethink mobilization strategies and better management of resources.

In terms of the priority results garnered, it is worth highlighting the following: :

- **Strengthened Community Health :** WAHO has consolidated the community health approach in the region through the adoption of the regional community health policy and its standards and principles. This initiative aims to harmonise Member States' interventions and strengthen community participation in prevention, health promotion and health monitoring.

- **Enhanced disease surveillance and emergency response :** Several actions have been implemented to strengthen the surveillance and management capacities of health emergencies in the region. WAHO supported Member States in the fight against epidemic-prone diseases, including Mpox, Lassa fever and vaccine-preventable diseases. Regular production of epidemiological bulletins and strengthening of laboratories have also contributed to improving the visibility of the disease situation and the early detection of epidemics.

- **Strengthened access to medicines and vaccines :** Approval of the regional pooled procurement mechanism to improve access to quality, safe and affordable medicines and vaccines. The organization also furthered implementation of regional initiatives to harmonise pharmaceutical regulations to facilitate medicines availability in member states.

- **Improved Reproductive, Maternal, Neonatal, Child and Adolescent Health :** WAHO funded the procurement of reproductive health commodities in several countries. Training sessions were also organized for young actors and immunization experts to strengthen countries' capacities in the implementation of expanded programmes on immunization.

- **Strengthened health information systems and digital health :** Several initiatives have been implemented, including improving data collection and analysis, producing regional health information bulletins, and training administrators in data management and security. These actions contribute to better evidence-based decision-making.

Partnership Building and Resource Mobilisation : WAHO strengthened its cooperation with several technical and financial partners through cooperation agreements and technical collaborations. These partnerships aim to support regional health priorities and mobilize additional resources for health programmes

1
INTRODUCTION

La The Economic Community of West African States (ECOWAS) was established in May 1975 by the Treaty of Lagos, which was revised on 24 July 1993 and aimed at accelerating the economic, political and security integration of West Africa. It transformed ECOWAS from a simple free trade area into an economic and monetary union, integrating the promotion of democracy, good governance and regional security.

From its establishment until 2025, it was composed of 15 Member States with a population that has increased considerably over the years, from 70 to 300 million in just 60 years (between 1950 and 2010) and reaching around 400 million in 2021 (in just 10 years).

This rapid population growth reflects not only high fertility rates, but more importantly, significant improvements in living conditions and health systems within the community. The region is gradually going through several transitional phases : socio-economic transition (accelerated urbanization, higher rate of school enrolment of children, explosion in the use of technology, better living conditions); demographic transition (decrease in the number of children per woman, increase in the proportion of elderly people) and epidemiological transition (emergence of chronic non-communicable diseases, emergence of zoonotic diseases).

In 2025, Africa's largest economic community celebrated the 50th anniversary of its establishment. But 2025 was also the year of the greatest political and social challenge the organization has ever faced. What should have been a landmark political event and a celebration of the solid achievements in its 50 years of existence, was marred by a deep political crisis with the withdrawal of three member states, namely Burkina Faso, Mali and Niger. The withdrawal of these three founding member states has not only revealed the political vulnerability of ECOWAS but has also plunged the region into uncertainty about public health management and the implementation of cross-border health security strategies.

This report marks the beginning of a new era : after 25 years of operation, WAHO will now present its annual report on the health situation in only 12 Member States. However, our porous borders will remain open to the free movement of people and animals and therefore to transmission of multiple pathogens, sources of emerging communicable epidemic-prone diseases. WAHO hopes that the basis for collaboration in the field of health with a view to ensuring health security for all will be discussed and established with the member states of AES.

The report reviews the health situation in the region and the status of implementation of the 2025 activities programme. In response to the guidance of the 26th Ordinary Session of the AHM, the report also offers a specific analysis of the situation of malaria, which remains the most important endemic disease in ECOWAS despite Cabo Verde's success in eradicating it.

By highlighting initiatives and achievements in key areas, the report finally illustrates the critical role WAHO plays in strengthening public health in West Africa.

2
HEALTH SITUATION



The health situation in the West African region is characterized by the recurrence of communicable and epidemic-prone diseases, the emergence of zoonotic diseases and the growth of chronic non-communicable diseases. Factors such as accelerated urbanization, lack of sanitation requirements in urban areas, invasion of nature reserves, increase in the proportion of elderly people in our populations, and climate change contribute to this situation, but are not exhaustive. All these diseases induce a high burden of disease in our countries, particularly related to infectious diseases and especially malaria. Against this background, regional and national efforts must continue and be intensified to strengthen prevention, early detection and response to health threats, while improving access to essential health services for populations.

2.1 Global helth

The year 2025 was a very difficult year for international relations and for global health. Health Policy Watch, in its December 28, 2025 edition, described this year as «brutal for global health». During this year, the world has witnessed the worsening and proliferation of armed conflicts, which have left millions dead, injured and suffering physical and mental sequelae, whether in wars that have received greater global media coverage *(such as in Ukraine and Gaza)* or in the *«forgotten»* wars on the African continent, particularly in *the Sahel and Sudan.*

These armed conflicts, including the armed fight against terrorism, are becoming increasingly protracted and often in urbanized areas .[1] In fact, they damage health infrastructure, displace millions of people and create long-term public health crises[2] . These wars are not only destroying hospitals and medical supply chains; they are turning health systems into weapons as part of the conflict strategy. Deliberate attacks on health infrastructure and personnel, obstruction of humanitarian assistance, and forced migration of health workers further destabilize healthcare systems, leaving entire populations vulnerable to disease outbreaks, malnutrition, and psychological trauma. It is estimated that more than 740,000 people die each year because of conflict-related violence. But this figure does not reflect the true scale of war-related mortality, as it excludes deaths caused by side effects such as untreated diseases, starvation due to supply disruptions, and even environmental destruction.

Dr. Rudolf Virchow, a nineteenth-century medical officer of health considered the father of social medicine, said : “Medicine is a social science, and politics is nothing more than medicine on a large scale”. For Rodolf, medicine goes beyond treating individual patients; It encompasses the social determinants of health—poverty, displacement, infrastructure breakdown, and access to care—that are deeply linked to policy decisions. The policy choices made in war situations determine whether civilians live or die, not only because of direct weapon violence, but also because of the lack of basic prevention and care activities, untreated infections, and the lack of specific interventions when they are needed.

In his 2025 end-of-year message, UN Secretary-General António Guterres believes that *« the world is at a turning point, but with courage and collective will, it is possible to save the planet ».* He also recalled that at the dawn of a new year, one fact speaks louder than words : global military

1 https://www.academia.edu/3070-3530/2/2/10.20935/AcadMed7637

2 https://www.academia.edu/3070-3530/3/1/10.20935/AcadMedHealth8124

spending has skyrocketed to $2.7 trillion, an increase of nearly 10 percent. According to the UN Secretary-General, this amount represents 13 times more than total development assistance, equivalent to Africa's gross domestic product (GDP). This immoral increase in military spending, which should be used for sustainable development, to end global scourges such as hunger and improve various aspects of the quality of life of the entire vulnerable population of the planet, represents for Mr. Guterres a step backwards from the principles that unite people as a human family around the world. But he was optimistic that peace should prevail in 2026 after a year marked by a record number of conflicts since the Second World War.

In addition to conflicts, the acceleration of climate change has also featured prominently in the 2025 agenda. Extreme storms, heat waves, floods, biodiversity loss have led to the emergence or re-emergence of climate-related epidemics and further reinforce the notion of close interdependence between environmental and health policies. According to the Lancet Countdown's 2025 report, climate change claims millions of lives[3] each year due to extreme heat, air pollution, wildfires, and the spread of deadly infectious diseases. The year 2025 was one of the three warmest years since records began, continuing the upward trend in global average temperature. The 2023 – 2025 period has the highest temperatures in all datasets. High temperatures on land and at sea are fueling extreme events, including heatwaves, intense rainfall and tropical cyclones, "reinforcing the importance of early warning systems[4] ".

The year 2025 also marked the fifth anniversary of the declaration of COVID-19 as a Public Health Emergency of International Concern. The date echoed the imperative for all global health actors to take stock of the pandemic, mainstreaming all the lessons learned at all levels. Independent evaluations and multilateral analyses have highlighted the achievements, mistakes and legacies of this period, highlighting the need for more agile systems, greater transparency and mechanisms to ensure equitable access to medical countermeasures in future crises. We now live in an interconnected world where health threats are spreading faster than ever. A new virus can cross continents in a matter of hours. A disease outbreak in one country can turn into a global crisis in a matter of days. This reality requires constant innovation to protect lives and prevent the next pandemic.

It is on this basis that after three (3) long years of intense negotiations, the first pandemic agreement was finally approved in May 2025. This is a landmark treaty to improve prevention, preparedness and global response to future pandemics, with a view to ensuring equity and cooperation, following inequities in vaccine distribution during COVID-19. The pandemic agreement sets parameters for governments to expand their capacity for joint action to share information on outbreaks, strengthen public health systems, create financing mechanisms, and ensure equitable access to vaccines, treatments, and diagnostics. The agreement aims to strengthen political commitment, define clear roles and ensure the necessary support for a "whole-of-society" and "whole-of-government" approach"[5] .

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3 https://healthpolicy-watch.news/climate-change-is-here-and-its-killing-millions/

4 https://news.un.org/pt/story/2026/01/1852070?utm_source=ONU+News+-+Newsletter&utm_campaign=a4b8680df6-EMAIL_CAMPAIGN_2026_01_15_01_06&utm_medium=email&utm_term=0_98793f891c-a4b8680df6-110040933

5 L'approche « toute la société » et « toute l'administration publique » est une stratégie globale qui vise à impliquer tous les secteurs de la société (citoyens, secteur privé, ONG) ainsi que tous les niveaux et organismes de l'administration publique dans la résolution de problèmes complexes, en intégrant divers domaines politiques afin de garantir des solutions plus efficaces, durables et bénéficiant d'une plus large adhésion, comme on

But before the end of the year, the *Global Preparedness Monitoring Board (GPMB)* released its 2025 report entitled «The Changing Face of Pandemic Preparedness», which attempts to provide answers to the lack of collaborative surveillance mechanisms. The report called for a paradigm shift in pandemic preparedness and highlighted the need to strengthen primary health care systems as a foundation. At the launch of the report, GPMB co-chair Kolinda Grabar-Kitarović said that *« in an increasingly unstable and uncertain world, effective preparedness for pandemics and other health emergencies must be based on operational and well-funded primary health care systems; Strong primary health systems have a profound impact on communities, providing essential health services in peacetime and building the deep trust that is fundamental to an effective health response in a crisis .»* As a matter of fact, we cannot ignore that five years after the outbreak of COVID-19, the world is still dealing with its consequences. And this, despite enormous technological advances with all their benefits, the explosion of disinformation, growing distrust and division between geopolitical forces continue to weaken preparedness and response.

At the regional level, the various socio-political, environmental and economic crises that are shaking the world have not spared our borders. On the political front, 2025 was the year of the celebrations of the 50th anniversary of Africa's largest economic community under the motto "ECOWAS of the peoples: peace and prosperity for all". Notwithstanding the historical and symbolic significance of this event, which was an opportunity to highlight some of the Community's important achievements and to look to the future, ECOWAS was also marked by a deep political and social crisis linked to the withdrawal of three Member States, namely Burkina Faso, Mali and Niger.

The withdrawal of these three founding member states has heightened the level of political vulnerability of ECOWAS, with serious threats of rupture within it. It has also opened a deep crisis in public health management and the implementation of cross-border health security strategies at regional level. Institutionally, this has led to the relocation of community institutions and agencies specializing in health : the West African Health Organisation, the Regional Animal Health Centre, the Regional Water Resources Coordination Centre, and the Regional Youth and Sports Centre will have to be relocated from Burkina Faso and Mali. These relocations will entail enormous additional operating costs in this period of international financial crisis and are disruptive factors in view of the institutional and operational challenge that this action represents and is the subject of appropriate analyses and actions capable of mitigating all the inherent risks.

Thus, after 25 years of activity and for the first time, the West African Health Organisation presents its annual report on the health situation in the 12 Member States. As already mentioned in the 2024 report, the effective withdrawal of the three countries at the geographic centre of the community, which share land borders with most other Member States, significantly weakens the implementation of the «One Health» disease surveillance and cross-border health security strategies.

The health challenges encountered in 2025 are mainly linked to our weak national healthcare systems against the background of unstable political institutions. The restriction of cross-border disease surveillance programmes is the result of the increase in terrorism at the borders, while the

le constate dans les accords en matière de santé et les initiatives d'intégrité publique

increasing re-emergence of vaccine-preventable diseases is the result of low vaccination coverage and the interruption of prevention programmes over the years. WAHO calls for an increased commitment to the health of citizens and a collaborative approach, with the aim of overcoming these barriers and improving the health of the people of West Africa.

Our community has not only been affected by the global political and economic crises. The effects of climate change have also been felt.



Figure 1: Flood in Sao Vicente, Cabo Verde : August 2025

Cabo Verde has shown how vulnerable the coastal countries of our community are to climate change.

The country, which was facing frequent droughts, increasing aridity, rising sea levels and coastal degradation, experienced the tragedy of torrential rains in August 2025 that unexpectedly and devastatingly hit the country's second most populous island.

In just 5 hours, the island received 193 millimeters of rain compared to the expected 116 millimeters per year, flooding the roads, washing away vehicles and causing at least nine (9) deaths and several people missing. *« This is a rare situation, as the rainfall recorded is higher than the climatological average of the last 30 years,»* said the director of Cabo Verde's meteorological services.

2.2 Situation of epidemic-prone communicable diseases

Le profil épidémiologique des pays de la CEDEAO continue d'être dominé par des maladies transmissibles malgré la tendance croissante des maladies chroniques non transmissibles. La situation de grandes endémies avec en tête le Paludisme, le VIH/SIDA et la TB, les maladies transmissibles à potentiel épidémique, devient de plus en plus caractérisée par l'émergence des zoonoses et la réémergence des maladies évitables par la vaccination.

N°	Disease	Benin	Cabo-Verde	Côte d'Ivoire	The Gambia	Ghana	Guinea	Guine-Bissau	Liberia	Nigeria	Senegal	Sierra-Leone	Togo		Nb of new epidemics outbreaks
1	CCHF										2				2
2	Cholera														3
4	Chikungunya										8				8
5	Dengue Fever														7
6	Diphteria														2
7	Lassa Fever						4								7
8	Measles														10
9	Meningitis														3
10	Mpox														6
11	Pertusis														1
12	Poliomyelitis (cVDPV2)														4
14	Rift Valley Fever										2				2
15	West Nile Fever										4				4
16	Yellow Fever														3
Nb of new epidemics outbreaks		4	1	5	1	4	10	1	3	9	19	3	3		62
Color Legend			1 event				> 1 event								

OVERVIEW OF DECLARED NEW INFECTIOUS DISEASE OUTBREAKS IN 2025

Table 1: Status of outbreaks reported in 2025

In 2025, the ECOWAS region experienced a continued high burden of epidemic-prone and vaccine-preventable diseases. Sixteen (16) Epidemic-Prone Diseases led to a total of 62 new outbreaks in the 12 ECOWAS countries.

Between 2020 and 2025 the ECOWAS region shows a clear upward trend in reported new outbreaks, rising from 45 in 2020 to 67 in 2024 and 62 in 2025 (noting that 2025 data exclude Burkina Faso, Niger and Mali). After a dip in 2021 (37) and modest increases in 2022–2023 (39, 51), the large increases in 2024 and sustained high burden in 2025 reflect a combination of factors: persistent health-system vulnerabilities exacerbated by the COVID-19; low routine vaccination coverage due to the disruption of preventive and primary health care services between 2020 and 2022; the continuing circulation of vaccine-preventable diseases; increased population mobility and conditions favoring transmission; and likely, reinforcement of surveillance system with improved labs detection capacities.

Between 2024 and 2025, we observed a slight increase in new outbreaks (if the AES countries are removed from the analysis). In 2024, 10 member states reported new epidemic events (except only Cabo Verde, and Sierra Leone). While in 2025, all 12 ECOWAS Countries documented at least one new epidemic event.

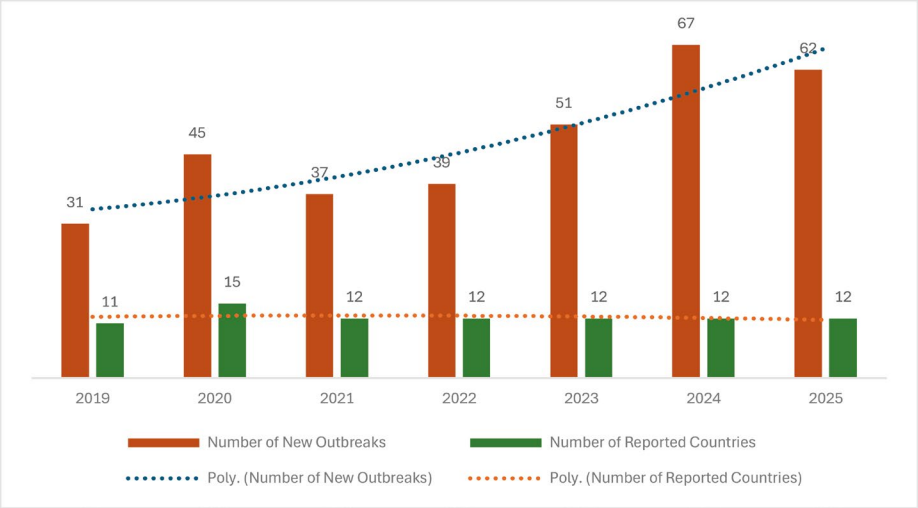


Figure 2: Trend of new epidemics in the region between 2019 and 2025

Measles (47,936 suspected; 21,995 confirmed) and Diphtheria (20,695 suspected; 15,862 confirmed) represent the dominant VPD threats, with Diphtheria emerging as the leading cause of mortality (1,013 deaths). Mpox and Dengue remain significant contributors to regional morbidity, while Lassa Fever and Meningitis continue to demonstrate high case fatality. Overall, the 2025 epidemiological profile reflects persistent cross-border transmission, immunization coverage gaps, and ongoing One Health vulnerabilities across the region.

The epidemiological profile demonstrates a marked shift toward increased vaccine-preventable disease burden and sustained zoonotic transmission. Compared to previous years, Diphtheria and Measles showed substantial escalation, while Mpox continued its expansion across multiple countries. These patterns highlight both transmission amplification and improvements in detection capacity across the region.

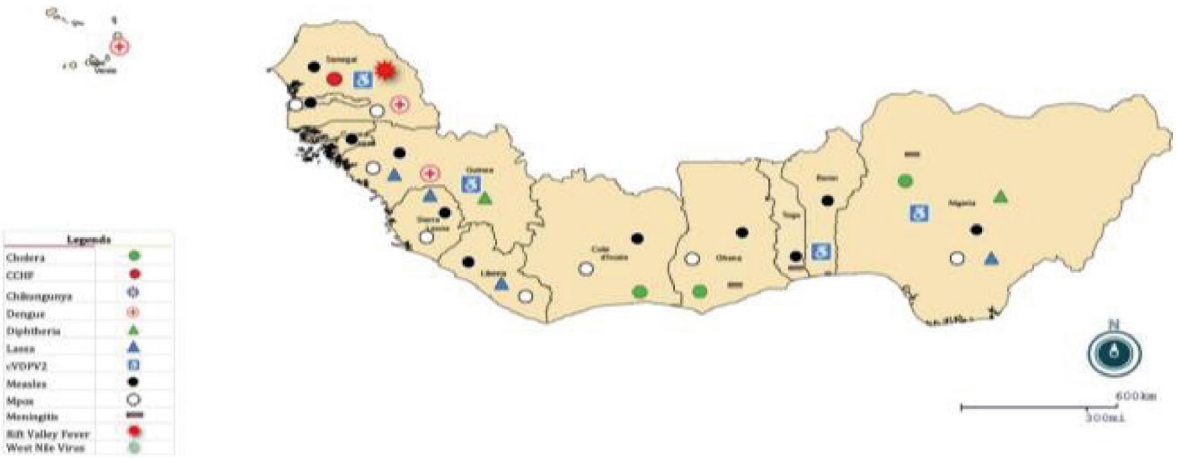


Figure 3: Location of epidemic-prone diseases in the region in 2025

Among the epidemic-prone diseases affecting the region in 2025:

Measles remained widespread across ten (10) countries (Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Nigeria, Senegal, Sierra Leone, and Togo) recording **47,936 suspected cases, 21,995 confirmed cases, and 176 deaths** in 2025. Compared to 2024, when 8,960 confirmed cases were reported, the **number of confirmed measles cases more than doubled**, reflecting a major resurgence of transmission across the region. This sharp increase underscores persistent gaps in routine immunization coverage, disruptions in supplemental vaccination campaigns, and possible surveillance improvements. Strengthening routine immunization, conducting targeted catch-up campaigns, and improving laboratory confirmation remain critical priorities.

Diphtheria emerged as one of the most concerning outbreaks in Guinea and Nigeria, with **20,695 suspected cases, 15,862 confirmed cases, and 1,013 deaths.** This represents a dramatic rise compared to 2024, when 4,733 confirmed cases and 285 deaths were recorded. The tripling of confirmed cases and the significant increase in mortality position Diphtheria as the leading vaccine-preventable cause of death in the region for 2025. The resurgence highlights substantial immunity gaps, potential delays in early case detection, and challenges in access to diphtheria antitoxin and treatment. Immediate scale-up of vaccination coverage and strengthened outbreak response measures are urgently required.

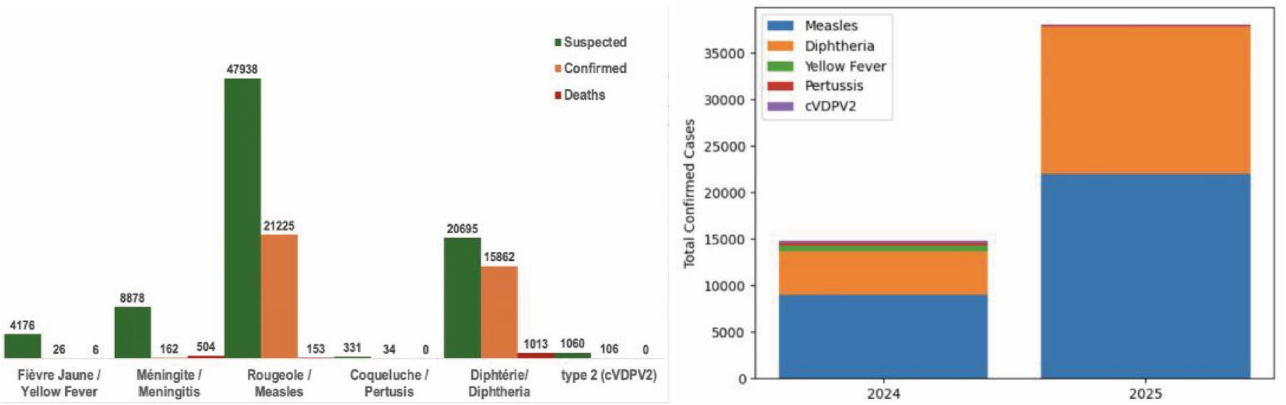


Figure 4: Most common epidemic-prone diseases in 2025 vs 2024

Yellow Fever, detected in Côte d'Ivoire, Guinea, Nigeria, and Senegal, resulted in **4,172 suspected cases, 26 confirmed cases, and 6 deaths.** Continued vigilance and preventive vaccination remain critical in endemic and high-risk areas.

Pertussis, reported in Guinea and Senegal, recorded **331 suspected cases and 34 confirmed cases,** without reported deaths.

Type 2 Circulating Vaccine-Derived Poliovirus (cVDPV2) was identified in four (4) countries Nigeria, Guinea, Cote d'Ivoire and Benin, with **106 confirmed cases**. Continued environmental and acute flaccid paralysis surveillance remains vital for polio eradication efforts.

Mpox remained a significant public health concern in 2025 across Sierra Leone, Guinea, Liberia, Ghana, Nigeria, Côte d'Ivoire, Togo and Senegal. The region recorded 20,444 suspected cases, 10,537 confirmed cases, and 88 deaths, representing a substantial surge compared to 2024, when only 3,375 suspected cases, 366 confirmed cases, and 1 death were reported. This marked increase in confirmed cases, nearly a thirty-fold rise suggests intensified transmission across affected countries, alongside improved case detection and laboratory confirmation capacity. The geographic spread remained similar to the previous year; however, the magnitude and severity of

the outbreak significantly escalated, as reflected by the increased mortality. The continued circulation of Mpox underscores the need for strengthened cross-border surveillance, rapid case identification, laboratory expansion, risk communication, and targeted public health interventions to prevent sustained community transmission within the region.

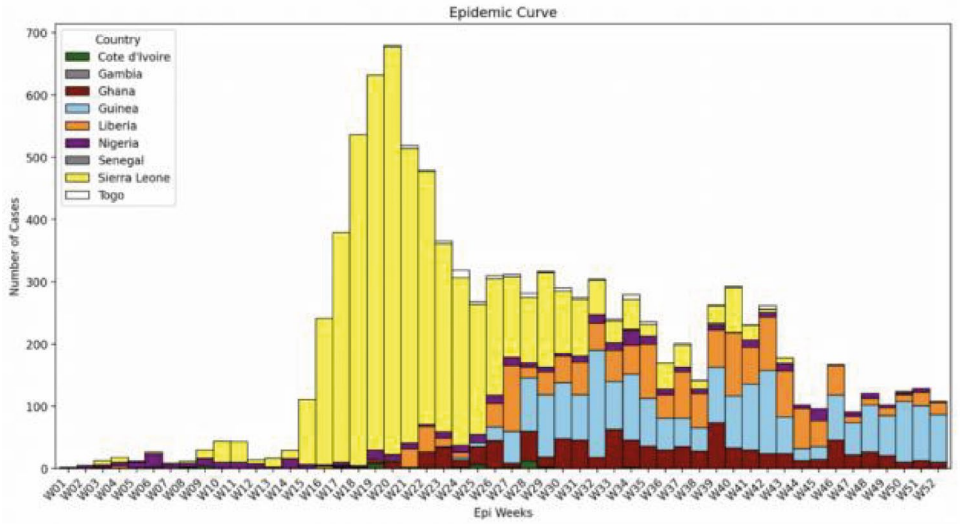


Figure 5: Évolution hebdomadaire du Mpox en 2025

Table 2: Distribution of Mpox cases in the ECOWAS region in 2025

COUNTRIES	CONFIRMED	DEATHS
COTE D'IVOIRE	124	1
CABO VERDE	0	0
BENIN	0	0
THE GAMBIA	0	0
GHANA	944	7
GUINEA	2 042	6
LIBERIA	1 451	8
NIGERIA	435	6
SENEGAL	9	0
SIERRA-LEONE	5 442	60
TOGO	90	0
TOTAL	10 537	88

Meningitis, particularly affecting Guinea and Nigeria recorded **8,878 suspected cases, 162 confirmed cases, and 504 deaths.** The high mortality burden reinforces the need for improved case management, timely detection, and enhanced vaccination strategies in meningitis belt countries.

Cholera, reported in Benin, Ghana, Nigeria, and Togo, recorded **24,219 suspected cases, 391 confirmed cases, and 481 deaths.** Cholera continues to pose a significant public health challenge in our countries, particularly where access to safe water is inadequate, poor sanitation, and cli-

mate-related environmental disruptions[6] . So, Cholera outbreaks in conflict zones are not incidental but are direct and predictable consequences of war. Effective control requires an integrated approach that combines strengthened WASH interventions, community engagement, and strengthening local health systems.

Among other Viral Haemorrhagic Fevers (VHFs):

a) **Lassa Fever,** endemic in parts of West Africa and reported in Liberia, Nigeria, Guinea, and Sierra Leone, recorded **10,177 suspected cases, 1,217 confirmed cases, and 238 deaths in 2025.** Compared to 2024 (9,011 suspected, 1,105 confirmed, and 154 deaths), this reflects a moderate increase in suspected and confirmed cases, alongside a notable rise in mortality. The epidemiological landscape of Lassa fever in 2025 was characterized by persistent endemic transmission, with Nigeria remaining the principal hotspot. The disease followed its typical seasonal pattern, with a peak in cases during the dry season (November–April). Nigeria faced a heavy disease burden throughout the year, reporting over 1,000 confirmed cases and nearly 200 deaths by late December 2025, resulting in a high case-fatality rate (CFR) of about 18%. The virus showed its widespread presence, affecting more than 20 states and spreading beyond rural areas into urban and peri-urban communities, where poor sanitation and rodent exposure are common. The principal mode of transmission remained contact with food or household items contaminated by infected rodents, specifically the multimammate rat (Mastomys natalensis). The high CFR, remaining at 18% or higher throughout the year, underscored the severity of the disease and highlighted ongoing challenges in achieving early diagnosis and prompt treatment. In response to the ongoing burden, 2025 marked a pivotal year for regional collaboration and vaccine development. The Lassa Fever Coalition, led by the West African Health Organisation (WAHO) and supported by CEPI (Coalition for Epidemic Preparedness Innovations), expanded its efforts to accelerate vaccine access.

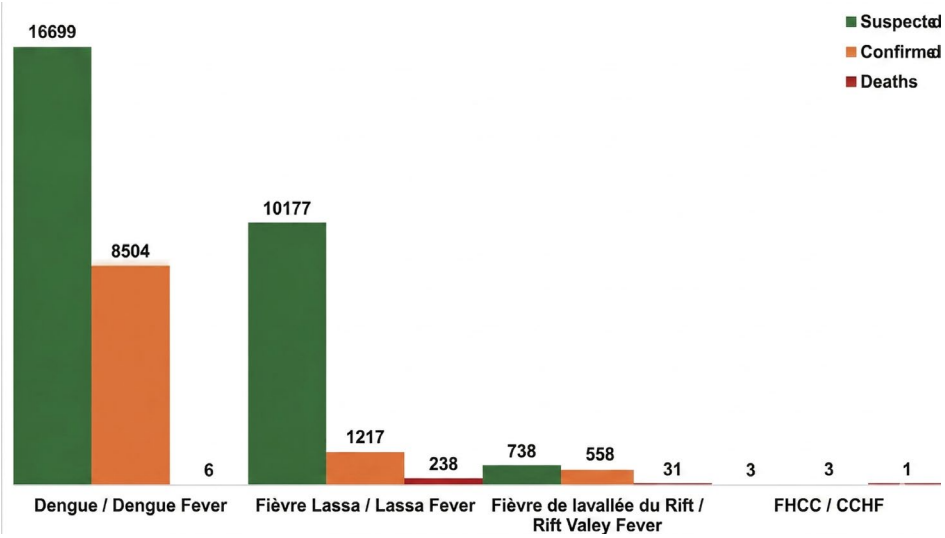


Figure 6: Viral haemorragic fevers in ECOWAS in 2025

b) **Rift Valley Fever (RVF)**, documented in Senegal, showed a marked increase in 2025, with **558 suspected and confirmed cases and 31 deaths,** compared to 2024 when only 12 suspected cases and no confirmed cases or deaths were reported. This represents a significant epidemiological shift, suggesting localized amplification possibly linked to climatic and en-

6 Ilic I, Ilic M. Tendances mondiales de la mortalité due au choléra. Trop Med Infect Dis. 2023;8(3) :169. doi: 10,3390/tropicalmed8030169

vironmental factors that favor vector proliferation. Strengthened One Health surveillance integrating animal and environmental monitoring is essential to monitor, early detect and mitigate future outbreaks.

c) **Crimea-Congo Haemorrhagic Fever (CCHF)** was reported in Senegal with **3 confirmed cases and 1 death,** underscoring ongoing zoonotic transmission risks.

Among vector communicable diseases:

a) **Dengue Fever,** reported countries like Benin, Cabo Verde, Côte d'Ivoire, Ghana, Nigeria, Senegal, and Togo, recorded **16,729 suspected cases, 8,530 confirmed cases, and 6 deaths.** Although mortality remains low, continued vector control and environmental management are necessary to prevent resurgence.

b) **Rabies,** reported in Cote d'Ivoire, Guinea and Togo in 2025, accounted for **65 confirmed cases and 65 deaths,** resulting in a case fatality rate of approximately 100%. Compared to 2024, when 10 confirmed cases and 9 deaths were reported in Guinea and Senegal, the 2025 data reflect a substantial increase in both confirmed cases and mortality. The consistently high fatality rate underscores the near-universal lethality of rabies once clinical symptoms develop. The observed increase may indicate improved case detection and reporting; however, it also highlights persistent gaps in canine vaccination coverage, limited access to timely post-exposure prophylaxis (PEP), and inadequate community awareness. Strengthening mass dog vaccination campaigns, ensuring reliable availability of PEP at peripheral health facilities, enhancing community education on bite management, and improving surveillance systems are essential to reduce preventable rabies-related deaths across the region.

c) **Influenza,** newly included in reporting, recorded **5,710 suspected cases and 860 confirmed cases,** indicating expanded respiratory surveillance capacity.

Summary of the Epidemiological Transition

2024 Profile
- Dominated by vector-borne (Dengue)
- Cholera leading mortality
- Measles widespread

2025 Profile
- Dominated by VPD resurgence (Diphtheria, Measles)
- Mpox major emerging burden
- Dengue declined sharply
- Diphtheria becomes leading mortality driver

The 2025 epidemiological profile demonstrates urgent need for coordinated regional investment in immunization systems, surveillance and laboratory networks, emergency preparedness, and integrated One Health approaches to prevent further morbidity and mortality and to protect progress toward disease-control and eradication goals.

The Cross-cutting priorities is to strengthen routine immunization and restore supplemental vaccination campaigns; scale up laboratory and surveillance (including cross-border and environmental/One Health); expand case management capacity and access to essential therapeutics/antitoxins/PEP; accelerate WASH and vector-control interventions; enhance risk communication and community engagement; and coordinate rapid, targeted outbreak responses.

3

MALARIA – THE EPIDEMIOLOGICAL SITUATION AND PROSPECTS FOR CONTROL/ELIMINATION IN THE ECOWAS REGION

3.1 EPIDEMIOLOGICAL SITUATION

Globally, malaria remains one of the deadliest infectious diseases. In 2024, the number of cases is estimated at around 282 million, with nearly 610,000 deaths. Africa bears the brunt of this burden, with approximately 94% of malaria-related deaths worldwide, 75% of which are in children under five.

Malaria also poses a major risk to maternal and newborn health. Of the estimated 36 million pregnancies each year in Africa, about 13 million (36%) are exposed to malaria infection, leading to serious consequences such as early abortions, anaemia in pregnant women, low birth weight and increased perinatal mortality. These data underscore the significant burden of the disease on vulnerable populations.

In the health context of West Africa, characterized by the recurrence of vaccine-preventable diseases, growing emergence of zoonotic diseases and gradual increase in non-communicable diseases, malaria remains one of the main public health challenges. The disease is still affecting almost all countries in the region, except for Cabo Verde, which has successfully interrupted indigenous transmission and been certified for eliminating it. Malaria remains one of the major health challenges in West Africa, disproportionately affecting vulnerable communities, especially children under five and pregnant women.



In 2024, malaria was among the leading causes of morbidity and mortality in the West African region. Out of an estimated population of more than 450 million people at risk, nearly 112 million cases have been recorded, resulting in more than 310,000 deaths. These figures correspond to an average incidence of 159 cases per 1,000 inhabitants, with significant variations by country, ranging from 27 cases per 1,000 inhabitants in Senegal to 472 cases per 1,000 inhabitants in Burkina Faso. Specific malaria-related mortality is estimated at 69 deaths per 100,000 population, ranging from about 10 deaths per 100,000 population in Senegal to more than 131 deaths per 100,000 population in Niger. These data highlight the persistent prevalence of malaria as a major public health issue, while revealing significant disparities between countries in the region (Table 2).

Analysis of the geographical distribution of the malaria burden shows that Nigeria occupies a central place in the regional epidemiology of the disease. This country alone accounts for more than half of the cases and deaths recorded in the region, with more than 33 million cases and nearly

185,000 deaths. This underscores Nigeria's strategic importance in regional efforts to combat malaria. In addition, Sahelian countries, particularly Burkina Faso and Niger, are also recording particularly high levels of transmission. In these countries, the incidence exceeds 250 cases per 1,000 inhabitants at risk and mortality has reached worrying levels, particularly in Niger where there are more than 131 deaths per 100,000 inhabitants. These indicators reflect intense and recurrent transmission, influenced by environmental, climatic and socio-economic factors that promote the spread of the vector and limit access to prevention and treatment services.

In coastal countries, the situation is also worrying, although characterized by slightly different epidemiological profiles. In addition to Nigeria, Côte d'Ivoire and Ghana report 11.2 million and 11.9 million cases, respectively, reflecting the high burden in these densely populated countries. Although their fatality rates are relatively lower than in Sahelian countries, the overall burden remains considerable and puts significant pressure on the healthcare systems. Other countries in the region, such as Benin, Guinea, Sierra Leone, Togo and Liberia, have intermediate burdens, typically between one (1) and five (5) million cases per annum. However, some of them, including Guinea, Nigeria, and Sierra Leone, have case fatality rates above the regional average, which may reflect gaps in access to early diagnosis and treatment or in the quality of case management. For Senegal, the available data indicate a relatively low rate of case confirmation, since less than 19% of suspected cases are confirmed by a parasitological diagnosis, compared to an estimated regional average of 63%.

Finally, Cabo Verde is a notable exception in the region. The country has not reported any indigenous cases or deaths related to malaria for more than five consecutive years, which allowed it to be certified for malaria elimination by the World Health Organization in January 2024. This landmark achievement is the result of the implementation of a rigorous strategic plan, including strengthening early diagnosis, implementing targeted preventive interventions and an effective epidemiological surveillance system, sustained even during the COVID-19 pandemic.

Table 3: Malaria burden by ECOWAS country in 2024

Country	Population at risk	Suspected	Confirmed	Deaths (estimated)	Incidence (per 1000)	Mortality (per 100,000)
Benin	14 462 724	3 697 256	1 767 457	9 946	122,21	68,77
Burkina faso	23 548 781	17 606 961	11 111 584	16 184	471,85	68,73
Cabo verde	136 468	38 058	55	2	0,40	1,47
Cote d'ivoire	31 934 230	11 215 497	9 404 440	10 817	294,49	33,87
The gambia	2 759 987	951 304	111 465	643	40,39	23,30
Ghana	34 427 413	11 880 003	5 731 367	11 635	166,48	33,80
Guinea	14 754 785	4 974 879	2 784 662	10 245	188,73	69,44
Guine-bissau	2 201 352	400 032	100 331	897	45,58	40,75

Country	Population at risk	Suspected	Confirmed	Deaths (estimated)	Incidence (per 1000)	Mortality (per 100,000)
liberia	5 612 817	1 773 259	1 081 493	3 563	192,68	63,48
mali	24 478 595	5 796 106	3 925 717	14 239	160,37	58,17
Niger	27 032 412	10 750 565	6 958 696	35 478	257,42	131,24
Nigeria	232 679 477	33 349 112	24 047 693	184 933	103,35	79,48
Senegal	18 501 984	2 659 875	499 675	1 742	27,01	9,42
Sierra leone	8 642 022	3 490 561	2 028 106	6 646	234,68	76,90
Togo	9 515 235	3 736 678	2 182 671	3 486	229,39	36,64
Grand total	450 688 282	112 320 146	71 735 412	310 456	159,17	68,88

Source : World Malaria Report 2025

Analysis of malaria incidence rates (number of confirmed cases per 1,000 population) reveals significant disparities between countries. Burkina Faso stands out as the most affected country, with a rate of more than 400 confirmed cases per 1000 inhabitants, reflecting a hyper-endemic transmission situation. Côte d'Ivoire, Niger, Sierra Leone and Togo also have high transmission levels, with rates exceeding 220 cases per 1,000 inhabitants. Guinea, Ghana, Liberia and Mali have rates of between 150 and 200 cases per 1,000 population, reflecting less intense sustained transmission. Nigeria, despite its very high absolute number of cases, has a relatively more moderate incidence rate, around 103 cases per 1,000 inhabitants. In contrast, Senegal, The Gambia and Guiné-Bissau are at significantly lower levels, with rates below 50 cases per 1,000 inhabitants, reflecting residual transmission dynamics.

Overall, our region remains characterized by contrasting epidemiology. Some countries are approaching elimination targets, while others are still recording high or even increasing levels of incidence (Figure 8).

This disparity underscores the need for differentiated strategies, tailored to national and subnational contexts. The aim is to strengthen and intensify interventions in areas with high transmission, particularly in the Sahel, and to consolidate the gains made in coastal and island countries engaged in elimination process. In this perspective, the establishment of national teams dedicated to subnational stratification (SNT), under the coordination of National Malaria Control Programmes (NMCP), appears to be particularly relevant for refining the targeting of interventions and optimizing their impact at the local level within the same country.

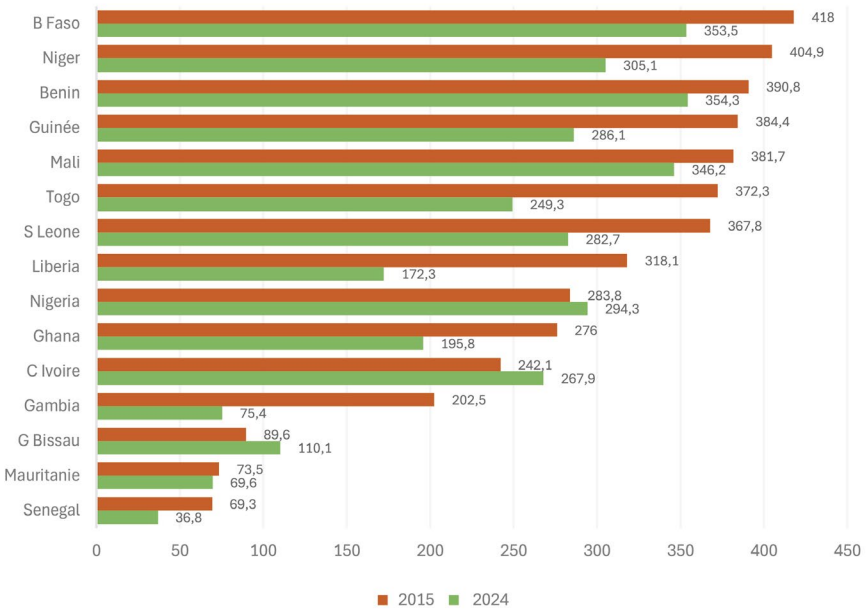


Figure 7: Evolution of malaria incidence in West Africa in 2015 – 2024

3.2 Climate change ad malaria dynamics in west africa

The WHO Global Malaria Reports explicitly recognize climate hazards as emerging factors influencing malaria transmission across Africa. West Africa has already warmed faster than the global average, with an observed increase of +1 to 3°C since the 1970s, accompanied by intensifying heatwaves, rainfall variability, and recurrent flooding — all of which are changing mosquito habitats and human exposure[7] .

Analysis of trends in malaria cases and temperature variations in West African countries—Nigeria, Ghana, Mali, Burkina Faso, Niger, and Senegal, particularly those in the Sahel region—reveals differentiated national impacts. The relative contribution of four major climate mechanisms is estimated as follows : prolongation of transmission seasons (35%), altitudinal expansion (25%), changes in vector behaviour (25%) and extreme weather events (15%). These combined factors are increasing pressures from intensifying monsoons, rising temperatures, and the geographic expansion of transmission to new areas and populations with low immunity. These data underscore the urgent need for integrated and climate-informed malaria control strategies in the region .[8]

7 Africa Climate and Development Initiative, ACDI 2022

8 Mafwele & Lee, Nature, 2022



Changes in vector behaviour further complicate control efforts. Differences in thermal tolerance and ecological preferences between Anopheles species lead to changes in seasonal patterns of activity, geographic expansion, increased abundance, as well as changes in feeding behaviors, with some species now exhibiting an increase in outdoor bites compared to indoors[9] .

3.3 Interventions, challenges and progress in malaria control

The West African Health Organisation (WAHO) is working to strengthen partnership and cooperation with, among others, WHO, UNICEF, ALMA, RBM Partnership and PMI to fully play the role of regional coordination in the fight against the disease. It ensures the coherence of policies and strategies, conducts political advocacy and provides technical and financial support to National Malaria Control Programmes (NMCP).

It is important to note that several countries are lagging in meeting their coverage targets, and surveillance systems are still limited in their capacity to collect and analyse data at subnational levels, which limits countries› ability to anticipate and respond effectively to seasonal outbreaks. The human resource analysis also highlights the growing role of community health workers in disease control strategies, despite the markedly insufficient availability and distribution.

Considering the findings, WAHO recommends focusing efforts on four priority areas :



9 Mafwele & Lee, Nature, 2022

The continued commitment of Member States to the concerted implementation of these recommendations, under the leadership of WAHO in close collaboration with partners, will be instrumental in making progress towards malaria elimination by 2030. Cabo Verde has already grown to a level that other countries just must follow.

Vector control – The main interventions implemented in ECOWAS countries in 2025 include mass distribution of insecticide-treated nets (ITNs), indoor spraying (IRS) and seasonal malaria chemoprevention (SMC). In addition to these interventions to combat the disease, countries are intensifying their efforts to introduce the malaria vaccine into their Expanded Programme on Immunization (EPI).

About LLIN/ITN distribution campaigns, several countries such as Benin, Côte d'Ivoire, Ghana, Liberia, Mali, Niger and Togo did not have campaigns planned for 2025 (Figure 5). Other countries, such as Guinea, Senegal, The Gambia and Sierra Leone, have scheduled and/or launched distributions. Nigeria, which represents the largest regional target with more than 45 million mosquito nets expected, is classified as «off track», indicating worrying delays.

In total, the regional ITN target for the year is more than 73 million nets to be distributed, more than half of which are for Nigeria and about 16.6 million for Burkina Faso

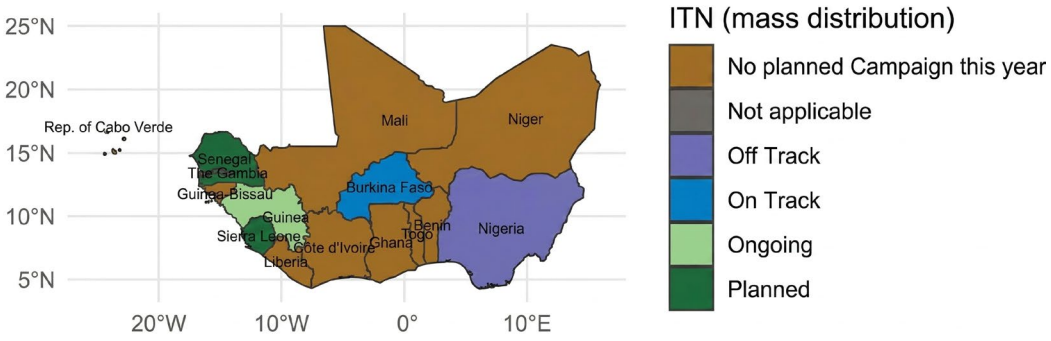


Figure 8: Planning of ITN distribution campaign in 2025 (source : endmalaria)

As far as indoor residual spraying (IRS) is concerned, most countries have an «on track» status (Burkina Faso, Côte d'Ivoire, Mali, Senegal, The Gambia) or «completed» status (Guinea, Niger), reflecting better monitoring of this intervention. However, some countries remain 'at risk' or not applicable, suggesting incomplete coverage or areas not covered by this approach (Figure 10).

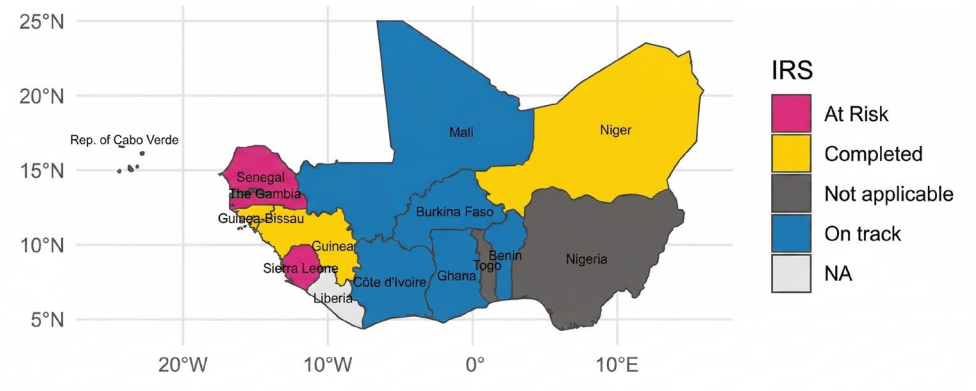


Figure 9: Planning of indoor residual spraying campaigns (IRS) en 2025

SMC is widely planned and used in Sahelian countries where it is a key strategy for malaria prevention. Burkina Faso is classified as «on track», while others, such as Nigeria, Côte d'Ivoire, Ghana and Senegal, are considered «at risk» despite planned or partially implemented campaigns. Some coastal and island countries such as Liberia, Guiné-Bissau or Cabo Verde are not affected by that intervention.(Figure 11).

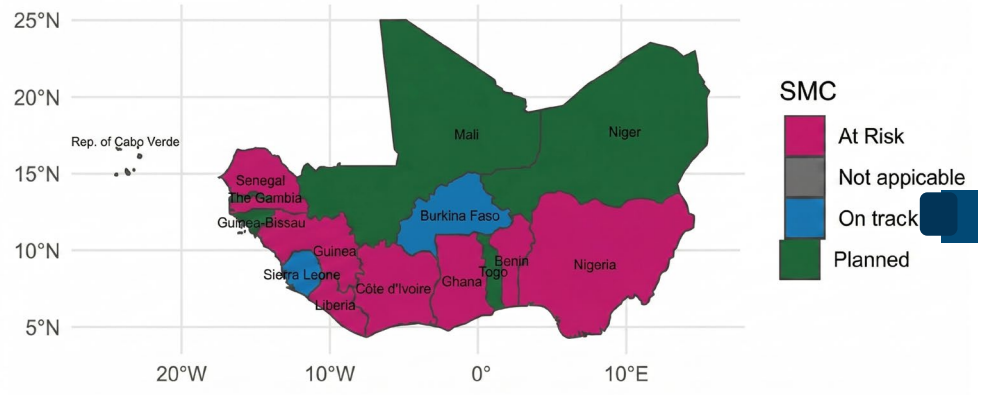


Figure 10: L'application de la stratégie des campagnes de CPS en 2025

Overall, these results highlight important but uneven progress in the implementation of prevention interventions. While some countries are managing to maintain their «on-track» campaigns, others are encountering logistical or financial difficulties that jeopardize the achievement of objectives, particularly for the distribution of mosquito nets. These disparities underscore the importance of close monitoring and enhanced support to ensure optimal coverage and consolidate the gains made in the fight against malaria in the region.

Vaccination – Since 2024, a breakthrough in malaria prevention has been achieved in the region with the large-scale rollout of malaria vaccines targeting millions of children in several countries. The two vaccines — RTS, and R21 — recommended by the World Health Organization (WHO), represent a decisive breakthrough for children's health and the fight against malaria. By the end of September 2025, apart from Senegal, The Gambia and Guiné-Bissau, all West African countries had introduced malaria vaccines into their expanded programme on immunization. The remaining 3 countries plan to launch their vaccination campaigns later. We hope to be able to share malaria vaccination coverage data in our next newsletter.

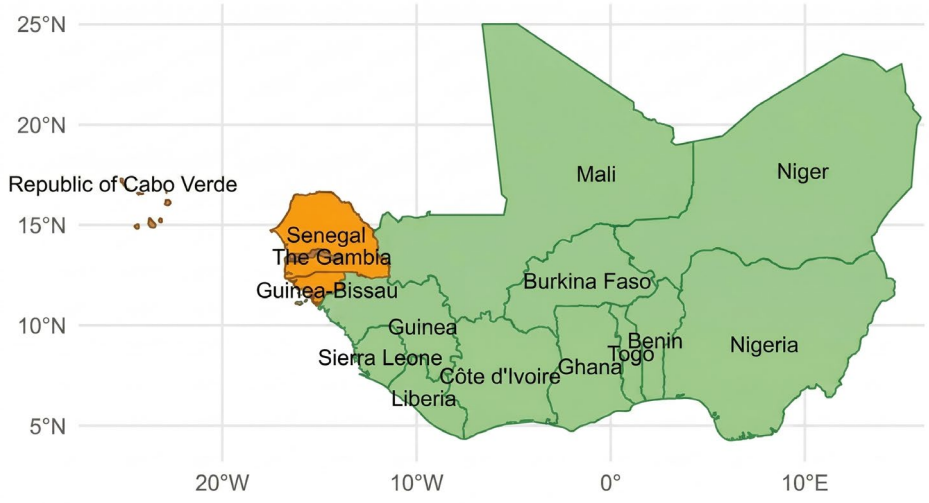


Figure 11: Countries that have already launched their vaccination campaign in 2025 (WHO)

3.4 Summary of malaria situation in the ecowas region

Malaria remains a major public health issue in the ECOWAS region, characterized by a high and unevenly distributed burden among countries, as well as significant disparities in incidence and mortality across countries.

Since the Global Fund increased funding, significant progress has been made, including a significant reduction in malaria-related mortality. These gains are the result of the implementation of effective and targeted interventions, such as the distribution of insecticide-treated mosquito nets, seasonal malaria chemoprevention campaigns (SMCs); perennial malaria chemoprevention (PMC), intermittent preventive treatment of malaria in pregnancy (IPTg) for children and pregnant women, strengthening the role of community health workers, as well as, more recently, the introduction of malaria vaccines into countries' Expanded Programmes on Immunization. However, these achievements are threatened by the international context of dwindling health financing, growing resistance to drugs and insecticides, extreme weather events and conflict.

Despite the notable advances made over the past two decades, both in prevention and treatment, the region continues to face a complex epidemiological diversity that requires in-depth and nuanced analysis. Among the 11 countries targeted globally by the World Health Organization's High Burden to High Impact (HBHI) initiative for malaria control, 5 are in West Africa : Burkina Faso, Ghana, Mali, Niger and Nigeria. Based on the available data, it emerges that there is a need to strengthen and/or improve some of the responses such as :

Improving coverage and complementarity of control interventions	**Strengthening surveillance systems and data use**
The data reveal significant gaps in the implementation of key interventions (LLIN/ITN distribution, SMC and IRS), with some countries not planning campaigns or failing to meet their targets. It is therefore necessary to consolidate the regularity and complementarity of these interventions, with particular attention to countries with a high burden (Nigeria, Burkina Faso, Côte d'Ivoire, Mali, Niger)	Few countries have optimal surveillance covering all levels (national, regional, district, health facility and community). Expanding surveillance to decentralized levels and integrating community data are key to better target interventions and improving program responsiveness.
Optimizing the allocation and use of funding	**Supporting the role of Community Health Workers (CHWs)**

It is essential to have a regional mechanism for directing external resources towards priorities, given the weak mobilization capacities associated with situations of socio-political instability in some countries. The current geopolitical situation coupled with the decrease in external funding requires countries to be more pragmatic to ensure a more equitable allocation, based on the malaria burden and real needs, would maximize the impact of investments .	Community health workers have a crucial role in the implementation of malaria control interventions in general (prevention, testing and treatment) but also in the collection and sharing of data from communities, which represents a very important complement to routine HIS. Strengthening CHWs should include, among other things, (1) recruitment aligned with the malaria burden and priority areas, (2) secured funding and logistical support, and (3) better integration into national health information systems. WAHO presents as a priority promotion and support for the implementation of community health programme and this should be considered as an opportunity for the fight against malaria.

4

REPORT ON THE IMPLEMENTATION OF THE 2025 WORK PLAN.

This chapter presents an update on the implementation status of activities included in the West African Health Organisation's 2025 Annual Work Plan and Budget (AWPB) and highlights major achievements in the implementation of priority programmes. Through this analysis, the chapter enables us to assess the progress made during the financial year, identify the constraints encountered with the aim of improving and strengthening WAHO's effectiveness and performance.

4.1 PHYSISCAL IMPLEMENTATION OF ACTIVITIES

Activities of the West African Health Organisation's Operational Action Plan (OAP) for 2025 were divided into fourteen (14) priority programmes :

- **Access to Healthcare**
- **Health Education and Promotion**
- **Health Service Quality**
- **Healthcare Infrastructure**
- **Human Resources for Health**
- **Quality Health Information**
- **Public Health Research**
- **Disease Surveillance**
- **Laboratory Systems and Networks**
- **Emergency Preparedness and Response**
- **Health System Governance**
- **Resource Mobilisation for Health**
- **Policy and Advocacy**
- **Organisational Excellence of WAHO**

Out of a total of 316 programmed activities, 224 activities (70.9%) were concentrated in five (5) priority programmes, namely the following:

- **Access to Healthcare : 97 activities (30,7 %) ;**
- **Laboratory Systems and Networks : 43 activities (13,6 %) ;**
- **Human Resources for Health (HRH) : 42 activities (13,3 %) ;**
- **Organisational Excellence of WAHO : 31 activities (9,8 %) ;**
- **Emergency Preparedness and Response : 27 activities (8,5 %).**

This distribution confirms the priority given to improving access to health services, strengthening laboratory capacity, human resource development, institutional performance and the management of health emergencies. The remaining 92 activities (29.1%) are shared by the remaining nine (9) programmes, each with between two (2) and twenty-five (25) activities.

The table below summarizes the physical implementation levels of activities planned by programme for the year 2025.

Table 4: Physical implementation status of WAHO's 2025 Operational Action Plan

2025 OAP Programmes	Total OAP activities (A)	Number of Activities cancelled (USAID Project)	Number of re-maining activities (C=A-B)	Imple-mented (D)	Yet to start (F)	Comple-tion rate G=(D+E)/C
P1: Access to Healthcare	97	10	87	50	37	57,5%
P2 : Education and Health Promotion	0	0	0	0	0	00,0%
P3 : Quality of Health Services	3	0	3	2	1	66,7%
P4 : Healthcare In-frastructure	2	0	2	1	1	50,0%
P5 : Human Resources for Health (HRH)	42	1	41	24	17	58,5%
P6 : Quality Health In-formation	25	5	20	18	2	90,0%
P7 : Public Health Re-search	8	0	8	7	1	87,5%
P8 : Disease Surveil-lance	15	1	14	10	4	71,4%
P 9: Laboratiry Systems and Networks	43	0	43	22	21	51,2%
P10 : Emergency Pre-paredness and Res-ponse	27	0	27	21	6	77,8%
P11 : Health System Governance	5	1	4	3	1	75,0%
P12 : Resource Mobilisa-tion for Health	13	3	10	8	2	80,0%
P13: Policy and Advo-cacy	5	0	5	2	3	40,0%
P14 : WAHO Organizatio-nal Excellence	31	0	31	24	7	77,4%
Grand Total	316	21	295	192	103	65,1%

NB : Activities cancelled are those planned based on the USAID-funded project. When the project was stopped, they were cancelled.

In terms of physical execution of activities, a total of 316 activities were programmed under the Operational Action Plan (OAP) 2025. After the cancellation of 21 activities mainly due to the suspension of USAID funds, the number of remaining activities stands at 295. As of the date of analysis, 192 activities were fully implemented, which corresponds to an overall completion rate of 65.1%. The remaining 103 activities, i.e. 34.9%, have mostly been transferred to the current year 2026.

Analysis by programme reveals varied performance levels :

› **Programmes related to quality health information (90.0 per cent), public health research (87.5 per cent), mobilization of resources for health (80.0 per cent) and emergency pre-**

paredness and response (77.8 per cent) have the highest levels of implementation.

- Intermediate performance was observed in the areas of disease surveillance (71.4%), quality of health services (66.7%), access to health care (57.5%), human resources for health (58.5%) and laboratory systems and networks (51.2%).
- The policy and advocacy programme (40.0 per cent) has the lowest level of implementation and requires special attention;
- The education and health promotion programme did not record any activities during the period under review.

Overall, the achievements reflect satisfactory progress in the implementation of priority programmes. However, the main challenge facing the West African Health Organisation remains the issue of human resources, following the withdrawal from ECOWAS of the three AES countries, which particularly affects WAHO and its capacity to implement its 2026 activities.

The exit of staff from Burkina Faso, Mali and Niger has led to the loss of 41 workers, causing the overall filling rate of the organisation chart to fall to 42% and showing a significant mismatch in the organisation's operational capacity.

The impact is particularly severe among general service staff, where 21 departures will leave the workforce reduced to only 4 staff members, representing a coverage rate of 12%.

Conversely, the Professional Officers' category, which had benefited from a significant increase in the number of staff thanks to the recruitment of 22 new Professional Officers in 2025 and had a temporary filling rate of 73%, will see a decrease to 59% after the departure of professionals from the affected countries.

This situation underscores the urgency of targeted management and recruitment strategies to ensure business continuity and maintain WAHO's operational performance in its priority programmes

Table 5: Number of positions filled in the WAHO organisational chart

Categories	Positions planned in the organizational chart	Positions filled before 2024	Recruitment between 2024 and 2025	Positions Affected by AES	Current situation	Observations
D	5	2	3	1	3	
P	59	23	22	8	35	2 departures
G	33	24	3	21	4	2 Staff members promoted
Total	98	49	26	30	41	

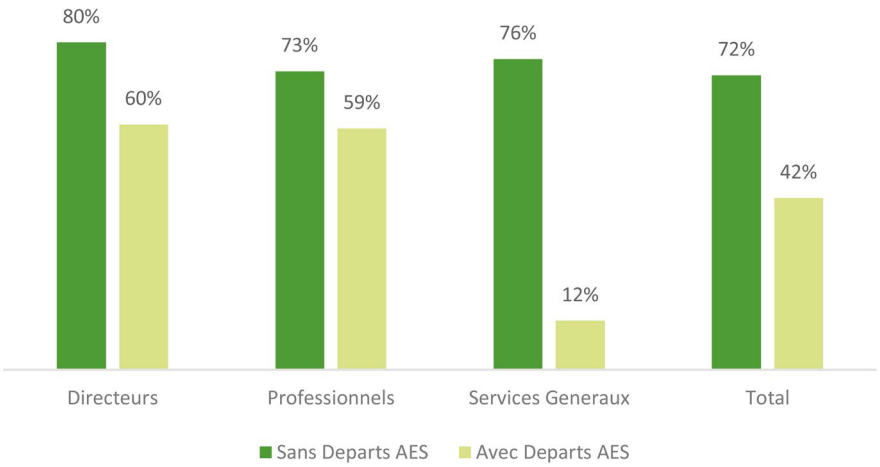


Figure 12: Taux de remplissage de l'organigramme avant et après le départ du staff AES

4.2 Financial performance

The WAHO 2025 budget was prepared, approved, and executed following the programme areas as described in Table 4 above.

4.2.1 Annual changes to the approved waho annual budget

The total budget for WAHO, as approved by the Council of Ministers and ratified by the Authority of the Heads of States for 2025, was UA 71.6 million (approx. USD 100 million). Community Levy Funds accounted for 61%, and funds from multi-and-bilateral partners accounted for 39%. An amount of UA 60.4 million (approximately USD 84.4 million) of the budget was allocated to program activities, representing a USD 10.5 million (12.44%) increase in new funding for health interventions directly delivered to the improvement of health services readiness.

While WAHO's annual budgets have been relatively stable, hovering around UA 50 million up to 2021. In 2025, WAHO reached the UA 71.6 million (USD 100 million) mark in its annual budget. ECOWAS, in December 2025, approved the mid-term expenditure framework (MTEF), a 3-year rolling budget, for WAHO, projecting an additional 10.75% increase in the coming years, edging USD 110.75 million annually.

This increase demonstrates the political commitment of the community with health of population but also represents the high level of confidence in WAHO's capacity to manage large, complex budgets, maintain a well-developed financial system, and manage funding from multiple development partners. To sustain this budget growth, WAHO encourages strong partnerships with development partners to continue collaborating with WAHO in providing the necessary health services to the people of West Africa.

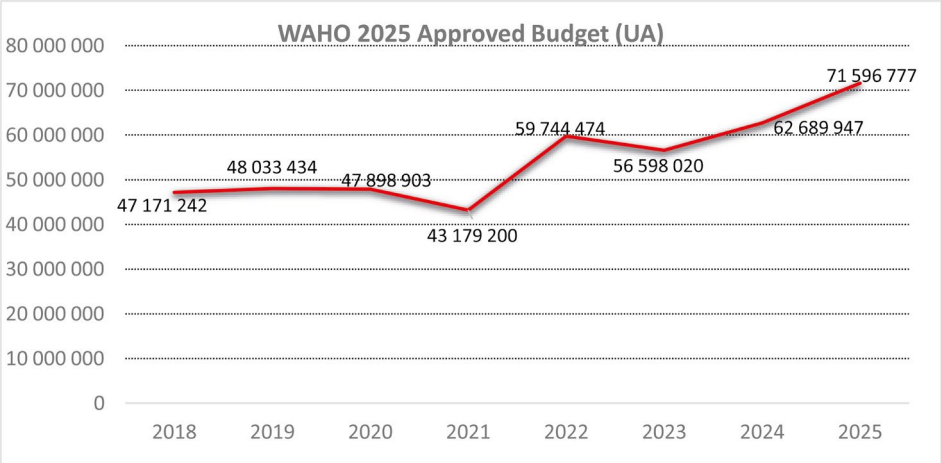
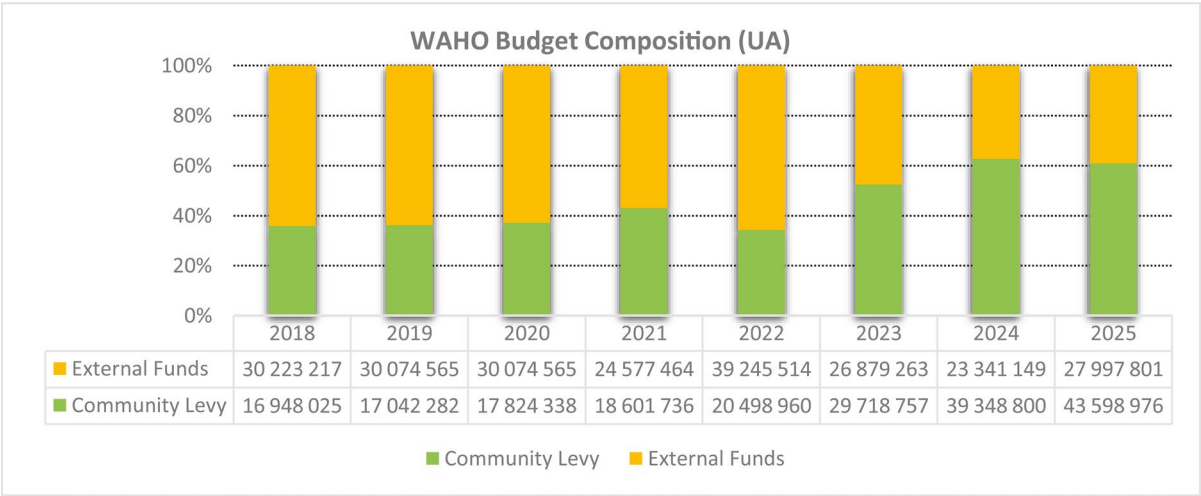


Figure 13: Evolution of WAHO approved budget

4.2.2 Resource mobilisation

WAHO mobilizes funding from Community Levy Contributions from ECOWAS member states through the ECOWAS Commission, as well as from multilateral and bilateral partners and donors. Mobilized resources are utilized to support the implementation of effective health programmes across Member States, with a particular emphasis on strengthening health systems in the region.

The figure 14 below depicts that WAHO has moved from being 60% to a 40% donor-funded Institution. This transition evolved in the last three (3) years, and with WAHO Management's intention not to rely on more than 50% of extended funding to support WAHO programme interventions. The current budget composition demonstrates the resilience of WAHO's sustainability capacity in the regional health sector and served as a major cushion against the shock caused by the end of USAID funding and global international reduction of funds.



	2018	2019	2020	2021	2022	2023	2024	2025
External Funds	30 223 217	30 074 565	30 074 565	24 577 464	39 245 514	26 879 263	23 341 149	27 997 801
Community Levy	16 948 025	17 042 282	17 824 338	18 601 736	20 498 960	29 718 757	39 348 800	43 598 976

Figure 14: Evolution of WAHO Budget composition (External funds and Commity Levy)

4.2.2.1Budgeted income from external funding

In 2025, the expected funding from Multilateral and bilateral partners amounted to UA 28 million (approximately USD 39.2 million). The total donor contribution was heavily impacted by the abrupt closure of USAID and the following international political and economic crisis. With the end of USAID funding, WAHO lost an USD 11.5 million four-year USAID grant intended to position WAHO as a Lead Capacity in the regional health sector. Some of the activities funded by USAID were preapproved by ECOWAS Council Ministers to remain within the WAHO 2025 work programme without important interruption.

Irrespective of the USAID impact, donor contributions increased by 16.8% in 2025, with a confirmed commitment to an additional 27% increase in 2026. These additional funds came in from new projects from traditional donors KFW, World Bank, AfDB, and other donors, joining the list of new projects, including the Team Europe Initiative, CEPI support for Lassa fever, African UNION A2DSRH, and Expertise France INSP[TC6.1].

The contribution of each partner (per project) to the 2025 Budget is shown in the pie chart below:

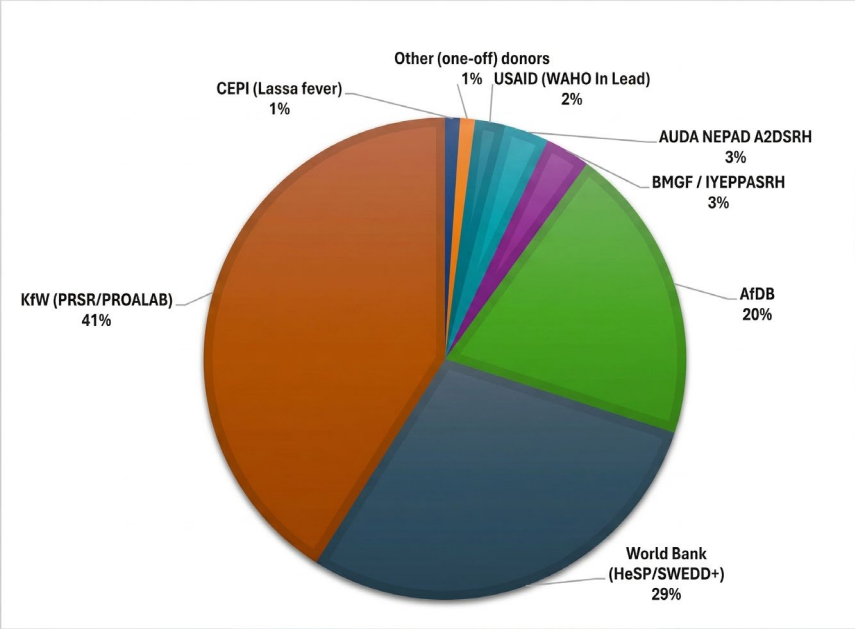


Figure 15: External funds mobilization in 2025

4.2.2.2Total budgeted income and receipts for 2025

In 2025, an amount of UA 43.6 million was budgeted as income from Community Levy Contributions. However, the total amount received for the year was UA 15.5 million, which represents approximately 35.6% of the budgeted amount.

Similarly, the external funding budgeted for 2025 was UA 28 million, whereas External donor actual receipts for the same year were UA 15.4 million, 55% of the budgeted amount.

The chart below illustrates the budgeted amounts for the community levy and external funding, as well as the respective amounts received.

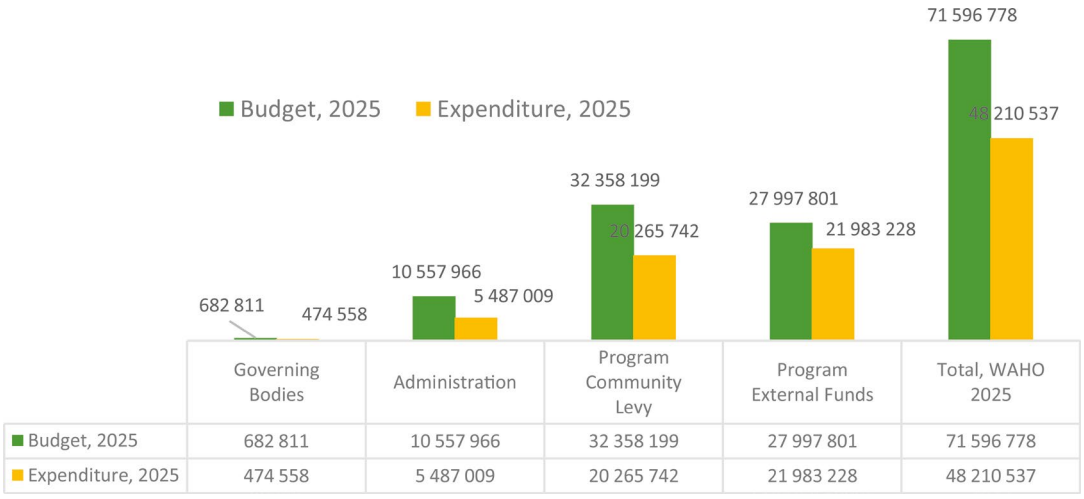


Figure 16: WAHO 2025 budget prevision and real disbursement

4.2.3 Total budgeted expenditure and actual expenditure for 2025

The total budgeted Expenditure for 2025 was UA 71.6 million, and expenditure incurred, both actual and committed, was UA 48.2 million, or 67.3% of the budget consumption in 2025.

The chart below illustrates the breakdown of the budgeted and actual amounts.



	Governing Bodies	Administration	Program Community Levy	Program External Funds	Total, WAHO 2025
Budget, 2025	682 811	10 557 966	32 358 199	27 997 801	71 596 778
Expenditure, 2025	474 558	5 487 009	20 265 742	21 983 228	48 210 537

Figure 17: WAHO 2025 Financial Implementation by budget chapter (UA)

WAHO 2025 Budget execution rate (expenditure/Budget) is 67.3%, a better performance compared to 2024 and 2023, which were 65% in each year. WAHO absorption rate (expenditure/Cash receipt) is slightly over 100%, demonstrating the Management and staff commitment to deliver critical activities. The expenditure exceeded cash receipts and was financed by opening bank balances and signed commitments. WAHO's opening bank balances financed 25% of current expenditure.

Compared with physical execution, the Efficiency Rate is 108%. In other words, less than one unit of budget was used to achieve more than one unit of physical performance.

4.3 Waho initiatives, advocacy and policy commitments

This section highlights all the high-level initiatives led by the Director General of the West African Health Organisation in terms of health diplomacy, strategic advocacy and institutional cooperation. It covers both official visits to national authorities and technical and financial partners, as well as active participation in large-scale regional and international conferences and forums.

In 2025, led by its Director General, **Dr. Melchior AÏSSI,** WAHO intensified its partnership development and resource mobilization actions. These actions have made it possible to consolidate its role as ECOWAS' reference technical and political institution in terms of policy harmonization and coordination of health interventions in the region. They have also contributed to strengthening political dialogue, promoting health sovereignty, while enhancing the visibility of West African health priorities at the regional and international levels.

The Director General's official visits in 2025 resulted in major advances, including the following:

- **strengthening partnerships with international institutions such as CEPI, WHO, WOAH, AFD, KFW, the WB and the European Union;**
- **co-organization of structuring initiatives such as the Lassa Fever International Conference;**
- **mobilisation of significant funding (approximately €25 million with Germany and the European Union);**
- **development of regional sexual and reproductive health and health financing programmes;**
- **promoting inclusive policies, including gender, traditional medicine and human resources for health.**

WAHO's participation in regional and international forums has enhanced WAHO's visibility and influence on the global stage. These platforms have facilitated sharing of experiences, building of partnerships and promotion of ECOWAS health priorities, including universal health coverage, epidemic preparedness and health systems resilience.

WAHO's contributions to these forums have made it possible to :

- **strengthen regional coordination in prevention and control of priority communicable diseases such as Lassa fever;**
- **promote scientific research and innovation in health;**
- **support policy initiatives such as sustainable financing for health and nutrition;**
- **promote integrated approaches such as «One Health», community health and mainstreaming of traditional medicine;**
- **strengthen interregional and international partnerships.**

These commitments have positioned WAHO as a key player in health governance in West Africa, capable of influencing regional and international policies and sustainably supporting the transformation of health systems.

4.4 Key intervention outcomes

In fiscal year 2025, the West African Health Organisation (WAHO) carried out multiple interventions throughout the ECOWAS region, aimed at strengthening health systems, improving access to care and promoting the well-being of the population.

These actions covered various areas such as community health, epidemiological surveillance, disease control, access to medicines and vaccines, maternal and child health, nutrition, human resource development, research, traditional medicine, health information and governance .

4.4.1 Community health

WAHO further implemented one of the strong recommendations of the 24th Ordinary Session of the Assembly of Health Ministers in 2023, relating to strengthening of community health systems in ECOWAS Member States. Among the major achievements recorded in this area in 2025, we note the following:

- **A Declaration adopted in April 2025,** called the Lomé Declaration on the Adoption of the Consensus Standards and Principles of Community Health, testifying to the commitment of international and regional actors to its promotion.
- **A Resolution adopted by the 26th Ordinary Session of the ECOWAS Assembly of Health Ministers** on :
  - **The Community Health Standards and Consensus Principles,** which is a reference and guidance document for all actors, from all walks of life (central and local governments, the private sector, civil society, communities and technical and financial partners) in terms of the harmonization of community health interventions;
  - **The ECOWAS Regional Community Health Policy,** aimed at sustainably improving the well-being of populations through a multisectoral approach, focused on prevention, health promotion and community-based surveillance, and;
  - **The Regional Orientation Guide for the Development and Implementation of National Community Health Policies,** which will help to operationalize the regional community health policy in the ECOWAS region.

These achievements reflect the regional commitment to a more inclusive, participatory and primary health care-oriented healthcare system, with strong community involvement in planning and implementation of health interventions.

4.4.2 Strengthening epidemic surveillance and management

As part of the strengthening of regional capacities for epidemiological surveillance, preparedness and response to health emergencies, the West African Health Organisation has recorded the following results :

- **30 state-of-the-art ambulances are being purchased** for ECOWAS countries;
- **25 people from the Gambian Ministry of Health trained** in setting up an electronic platform for health emergency management (ePHEM) and developing a manual of procedures for the platform;
- 29 health professionals trained in biological risk management in Portuguese (One Health approach) with support from the Global Fund (GF) and the Pasteur Institute of Dakar (IPD);

- **09 Member States benefited from a tabletop simulation** exercise on the Mpox response, with a particular focus on vaccine deployment, and 02 Member States (Senegal and The Gambia) benefited from a cross-border simulation exercise on the Mpox response, with a particular focus on cross-border interventions;
- **04 Member States received laboratory equipment** worth USD 9.9 million. This included : (i) laboratory equipment for PCR and immunoassays, (ii) general laboratory equipment, (iii) laboratory products and materials, and (iv) reagents and consumables.
- **03** laboratories benefiting from the deployment of the Laboratory Information System (LIS - LabBook) : the Regional Laboratory in Saint-Louis, Senegal, the RAM CHU Laboratory on the Lomé campus, Togo, and the National Reference Laboratory at the National Hospital in Niamey, Niger.
- **05 accredited laboratories,** 02 laboratories undergoing accreditation and 2 accreditation applications submitted;
- **09 support** and mentoring missions to 25 regional and national reference laboratories in 9 countries on Quality Management Systems (QMS) and support for the implementation of ISO 15189 and ISO 17025 standards;
- **Publication of 38 weekly epidemiological bulletins,** covering all Member States;

These actions reflect a substantial strengthening of regional capacities in early detection, biological diagnosis, laboratory quality management and coordination of epidemic response, thus contributing to resilience and health security in the ECOWAS region.

Laboratory equipment as part of the PROALAB project



4.4.3 Support for mpox control in the region

As part of the support to Member States for the prevention and response to Mpox (monkeypox), major achievements have been recorded :

- **06 supervision** and support missions for the fight against monkeypox-Mpox in 06 Member States (Benin, Côte d'Ivoire, The Gambia, Guinea, Guiné-Bissau, Nigeria);
- **02 regional cross-border Mpox** meetings organised between Liberia and Côte d'Ivoire and between Ghana and Côte d'Ivoire;
- **01 One Health platform strengthened** (Côte d'Ivoire) through the implementation of the

One Health Surveillance and Information Sharing Operational Tool (SIS OT);

› **01 National Public Health Agency** (Sierra Leone) strengthened with materials and equipment to control Mpox;

These interventions have contributed to consolidating epidemiological surveillance, cross-border coordination and the operational capacities of Member States in the face of Mpox, in a logic of integrated and regional approach to health security.

4.4.4 Access to essential medicines and vaccines :

In connection with enhanced access to essential health products, the West African Health Organization has recorded the following major achievements :

› **Regional Pool Procurement Mechanism (PPM) approved** by the 26th Ordinary Session of the Assembly of Health Ministers of ECOWAS Member States in response to the recommendation of the 58th Ordinary Session of the Summit of Heads of State in January 2021. This mechanism aims to guarantee access to quality, safe, effective, and affordable vaccines and health products.

› **Continued implementation of interventions related to the West Africa Medicines Regulatory Harmonization Initiative (WA-MRH) started in 2017,** in collaboration with AUDA-NEPAD, UEMOA, WHO, the World Bank and the Gates Foundation. In this context : (i) 2 preliminary technical evaluation sessions of dossiers were carried out. A total of 10 medicine and medical device dossiers and 30 requests for variations were received and evaluated by experts from the National Medicines Regulatory Authorities (NMRAs) of ECOWAS Member States. (ii) 2 Joint Dossier Evaluation Sessions were carried out and experts from all ECOWAS Member States were brought together. (iii) A session of the Initiative's Steering Committee was organized in August 2025 to endorse the experts' opinions on the dossiers submitted.

› **Organised and conducted an immersion mission of workers from 3 NMRAs of the ECOWAS region (Benin, Côte d'Ivoire and Guinea), in December 2025, to the NMRA of Senegal** (1st French-speaking country to have reached WHO maturity level (ML) 3, stable and functional authority) to strengthen their capacities in the functions of medicine registration, inspection of good manufacturing practices and quality management.





- **launch of the project to support the pharmaceutical industry** in the ECOWAS region in May 2025. The project, launched with the support of the AfDB, aims to boost local production and strengthen the accessibility to and availability of quality, safe and effective medicines and vaccines in the ECOWAS region through capacity building of the regional pharmaceutical regulatory system.
- Discussions are underway with the AfDB to launch a new project to strengthen pharmaceutical regulatory authorities. This Initiative aims to support the NMRAs in their progress towards achieving the WHO ML 3.
- A West Africa-led governance platform : Under the leadership of the West African Health Organisation (WAHO) and in close collaboration with Member States, a formal regional governance structure has been established under the leadership of His Excellency Prof Muhamad Ali PATE. Preparedness for the introduction of Lassa fever vaccines is now integrated into regional and national healthcare systems.
- Establishment and capacity building of national task forces on Lassa fever in 4 ECOWAS countries (Benin, Liberia, Guinea and Sierra Leone) : National working groups dedicated to Lassa fever have been established in Member States and supported by targeted capacity building activities to improve national coordination, technical leadership and readiness for vaccine research, policy development, and future vaccine introduction.
- Launch of a regional roadmap for access to Lassa fever vaccines : West Africa has developed the first integrated and holistic regional roadmap covering clinical trials, regulatory aspects, financing, procurement and in-country introduction.
- A developed, validated, policy-oriented research agenda : Priority research questions have been identified to address key evidence gaps and accelerate vaccine introduction. Data useful for decision-making is now produced before deployment.
- High-Level Regional Mobilization and Enhanced Visibility for Lassa Fever Preparedness : The Second Economic Community of West African States (ECOWAS) International Conference on Lassa Fever, held in Côte d'Ivoire from 8 to 11 September 2025 under the theme «Beyond Borders: Strengthening Regional Cooperation to Combat Lassa Fever and Emerging Infectious Diseases», brought together more than 800 leading scientists, public health experts and policymakers from across West Africa and beyond, strengthening regional collaboration as well as political and technical momentum for Lassa fever preparedness. Special supplement underway to support scientific knowledge sharing on Lassa fever and evidence-based decision-making.
- A platform beyond Lassa fever : The systems, partnerships and investments developed through the Coalition provide a solid foundation for an expanded regional platform for preparedness, aligned with the 100 Days Mission, to accelerate response to future epidemic and pandemic threats.

These initiatives demonstrate WAHO's regional commitment **to ensuring equitable and safe access to medicines and vaccines,** while strengthening regional cooperation and the resilience of pharmaceutical systems to health threats.

4.4.5 Mother and child health

As part of improving reproductive, maternal, child, adolescents health and elderly health in the ECOWAS region, the West African Health Organisation recorded several major achievements during the 2025 financial year :

- **07 beneficiary countries (Benin, Ghana, Liberia, Guiné-Bissau, Côte d'Ivoire, Senegal and Togo)** for the continued purchase of contraceptive products for a total amount of USD 8,017,252, reflecting the institution's concrete commitment to the availability of contraceptives in the region, an essential lever for strengthening family planning and reproductive health;
- **45 young people from youth organisations (SRHR youth ambassadors and youth think tanks) trained** in advocacy and project management related to sexual and reproductive health and rights (SRHR);
- **12 Member States benefited from a regional meeting to monitor and share experiences** in implementing health financing strategies and strengthening Member States' capacities on health financing;
- **21 members of the National Technical Advisory Groups on Immunization (NITAGs) trained in Cape Town (The Gambia 5, Guinea 6, Nigeria 10)** in the Annual Vaccinology Course for NITAGs; Similarly, NITAG of Benin was established while NITAG of Togo received computer equipment to support operations of its secretariat.
- **02 high-level round tables organised** to mobilise resources with a view to intensifying mainstreaming of family planning into maternal and child health services; they were held in February 2025 in Togo and in April 2025 in Côte d'Ivoire;
- **03 projects to combat fistula** (Guinea, Senegal and Sierra Leone) received a grant of USD 245,000 per country.
- Countries have received various technical and financial support for the implementation of various projects, initiatives and plans, including training of young people from various youth organizations (Benin, Burkina Faso, Côte d'Ivoire, The Gambia, Ghana, Togo, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Guinea, Cabo Verde);
- **A total amount of 2,092,480,562 Fcfa (3,189,966 Euros)** was allocated to eight countries (Benin, Burkina Faso, Ghana, Guinea-Bissau, Niger, Liberia, Sierra Leone and Togo) to implement 130 capacity-building activities. A total of 1,461,639 people benefited from capacity-building activities for 2024–2025, including 738,037 men and 723,602 women.
- A cross-border social mobilization campaign for reproductive health was organized between Benin and Togo with the following results :
  - In the area of family planning, 1,837 new users of modern methods were recruited, surpassing the target of 1,500 by 22 per cent.
  - Cervical cancer screening reached 3,277 women (164% of the target), while HIV screening involved 2,262 people, representing 226% of the target with a prevalence of 3.7%.
  - Breast cancer screening reached 6,848 women (57% of the target of 12,000). The initiative to provide free ante-natal care 1 (ANC1) reached more than 1,000 new pregnant women, exceeding the initial target of 250 women by 318%.

- Screening for anaemia conducted for 1,015 women (156% of the target), which reveals a worrying prevalence with 65% of women presenting some form of anaemia.
- Capacity Building Workshop for Fifty-Eight (58) Parliamentarians and Members of the Networks of Champions for Parliamentarians' Engagement for Adequate Health Financing and Demographic Dividend in the ECOWAS Region.

These integrated actions not only strengthen family planning and immunization but also contribute to community empowerment and strengthening of regional health systems, thus laying a solid foundation for sustainable healthcare development in the region.



4.4.6 Nutrition security

As part of strengthening nutrition security and addressing micronutrient deficiencies in West Africa, the West African Health Organisation led several initiatives in FY2025. :

› **Organised 01 virtual international exhibition** on large-scale micronutrient fortification in West Africa : opportunities and challenges for sustainable partnerships to combat micronutrient deficiencies;

› **Organised 01 South-South exchange** on strengthening the policy environment for large-scale food fortification (LSFF) between West Africa and India;

› **Produced 01 newsletter** on the International Conference on Large-Scale Food Fortification;

› **Produced 01 quarterly newsletter** on large-scale food fortification in West Africa;

› Participated in the donor roundtable which mobilized approximately $252.6 million for maternal and infant nutrition programme.

These actions illustrate WAHO's commitment to **promoting sustainable nutrition interventions,** strengthening international cooperation and mobilizing the resources needed to improve the health and well-being of West African populations.

4.4.7 Human resources for health development

As part of capacity building of health professionals and harmonization of training in the ECOWAS region, the West African Health Organisation has recorded the following major achievements :

› **130 health professionals from training institutions and vocational schools trained** in the use of modern digital technologies for training and teaching. This capacity building will foster

the implementation of 54 harmonised training programmes at basic and postgraduate levels in the ECOWAS region;

- **harmonised training curricula for the revised Field Epidemiology Training Programme** (FELTP) at the frontline, intermediate and advanced levels. This revision will improve access to training, retention, capacity development of field epidemiologists and the free movement of qualified health professionals in ECOWAS Member States;
- **Harmonised procedure manuals for health professionals** in the ECOWAS region have been developed and will improve human resources for health planning, enhance the quality of care provided, optimise the use of health infrastructure and, above all, ensure the free movement of health professionals across the ECOWAS region.

These initiatives strengthen regional **capacity to produce, retain and deploy competent health professionals**, while ensuring standardization of practices and better integration of human resources into the region's health systems.

4.4.8 Strengthening public health research

As part of strengthening public health research and the use of evidence for policymaking, the West African Health Organisation recorded the following major achievements :

- **70 researchers and decision-makers trained in evidence-based policy formulation.**
- **05 recipients of PhD scholarship** in community health in 2024, whose research protocols are being finalised in 2025.
- **01 Launch of call for applications for PhD scholarships** in community health in 2025;
- Capacities of ethics committees and medicines regulatory agencies/authorities strengthened on the analysis of vaccine clinical trial protocols with CEPI and Ghana FDA;
- **01 WAHO press release** on World Malaria Day 2025 drafted and distributed;
- **WAHO participated in the 8th edition of the Galien Africa Forum** on research and health sovereignty, whose day dedicated to female leadership highlighted the decisive role of women in transforming community health systems and promoting health sovereignty in Africa.

These initiatives demonstrate WAHO's commitment to developing research capacity, strengthening scientific and ethical regulation, and promoting the use of evidence in public health planning and decision-making in the ECOWAS region.

4.4.9 Strengthening and promoting traditional medicine

In connection with the development and enhancement of Traditional Medicine, the West African Health Organisation recorded the following major achievements in 2025 :

- a regional call to take a decisive step, that of scientific rigor applied to our traditional knowledge developed and disseminated during the commemoration of the 23rd African Traditional Medicine Day (ATMD).
- **03 experience sharing opportunities** at the 3rd World Congress on Traditional, Complementary and Integrative Medicine (WCTCIM) in Rio de Janeiro, at the International Conference on Lassa Fever, for the promotion and optimization of Enhanced Traditional Medicines (ATMs) and at the 6th World Conference on the Pharmacology of Natural Products organized by the International Union of Basic and Clinical Pharmacology (IUPHAR), in Dakar on «Innovations in the Pharmacology of Natural and Traditional Products for a Healthier Future»;

- a Memorandum of Understanding (MoU) signed between the Brazilian Academic Consortium for Integrative Health (CABSIN) and WAHO with a view to strengthening technical and scientific cooperation in the field of Traditional Medicine.
- **revised harmonised regulatory framework for traditional medicine,** identification of new areas for adaptation and establishment of a methodological plan and clear division of responsibilities to ensure regional implementation.
- Development and validation of a reference framework «Regional guidelines for the regulation and promotion of Traditional Medicine in ECOWAS Member States»

These actions aim to professionalize and structure the use of Traditional Medicine, while promoting its harmonized integration into the national and regional healthcare systems of the ECOWAS region.

4.4.10 Digital health and documentation

As part of the strengthening of digital health and documentation across the ECOWAS region, major achievements have been recorded under the impetus of the West African Health Organisation :

- **A regional digital health strategic plan document** developed and validated by member countries, for a West African region where digital health transforms health systems for universal and equitable health coverage;
- **A mechanism for protecting and safeguarding scientific archives** has been put in place and helped to :
  - Take inventory and clean 7063 scientific documents that constitute a documentary asset of WAHO;
  - digitize 4756 documents out of a total of 7063 documentations;
  - and integrate the digitized documents into a system that allows them to be securely accessed.
- **The WAHIDN network** (West African Health Information and Documentation Network) has been revamped after 5 years of inactivity and an Executive Board has been set up, mandated to develop policies and strategies to improve access to health information in the ECOWAS region.
- **An organizational and technical mechanism** has been put in place to facilitate WAHO's relocation to Abidjan.

4.4.11 Waho's direct financial support to member states

Over the period from January 2024 to December 2025, 98 financial support agreements were signed between WAHO and the beneficiary structures of ECOWAS Member States, for a total amount of **USD 9,218,464.** This support mainly covers sexual and reproductive health, the fight against epidemics (Mpox, cholera, meningitis, dengue, HIV, malaria), capacity building, upgrading of health infrastructure and enhanced scientific research. In 2025, seventy (70) grants for a total amount of **USD 8,885,612** were evaluated (financing support agreements approved afterwards).

Table 6: Number of projects and grant amounts by country, (2024 – 2025)

COUNTRY	Number of Projects Supported by WAHO		Disbursement in support of projects, in USD	
	Nombre	Proportion	Montant	%
Benin	11	15,71%	993 359	11,18%
Cabo Verde	4	5,71%	367 200	4,13%
Côte d'Ivoire	6	8,57%	490 913	5,52%
The Gambia	4	5,71%	292 781	3,30%
Ghana	7	10,00%	677 405	7,62%
Guinea	2	2,86%	165 322	1,86%
Guiné Bissau	3	4,29%	188 427	2,12%
Liberia	3	4,29%	749 574	8,44%
Nigeria	7	10,00%	556 377	6,26%
Senegal	6	8,57%	2 793 783	31,44%
Sierra Leone	10	14,29%	1 087 008	12,23%
Togo	7	10,00%	523 462	5,89%
TOTAL	70	100,00%	8 885 612	100,00%

The results of the evaluation show that financial support in the various ECOWAS countries has helped to strengthen five main thematic areas, namely the following:

- **Sexual and reproductive health** (SRH) and menstrual hygiene, with awareness-raising activities for girls and women, distribution of hygiene kits and prevention of obstetric fistula, implemented in many countries, including Senegal, Nigeria, Benin and Togo.
- **Epidemic and infectious disease control,** including prevention and control of HIV/AIDS, dengue fever, malaria, cholera, meningitis and monkey pox, with a particular focus on coordinating interventions to curb the spread of epidemics.
- **Strengthening health systems and infrastructure,** through upgrading of laboratories, modernization of health centres, acquisition of specialized equipment and regulation of health systems.
- **Training and capacity development,** which includes training human resources for health, as well as scientific research support and generation of reliable data on health systems financing and management.
- **These themes are complemented by targeted support for scientific research,** helping to optimize vaccination strategies, disease prevention and medical knowledge management, thus contributing to strengthening the healthcare systems resilience in the region.

4.4.12 Strengthening governance, political support and strategic partnership

As part of the strengthening of regional health governance and consolidation of strategic partnerships, the West African Health Organisation recorded the following major achievements in 2025 :

- **updated WAHO risk register,** which has made it possible to identify and assess risks sector by sector and propose mitigation measures;
- **WAHO's Medium-Term Expenditure Framework (MTEF) for the period 2026-2028,** developed by WAHO and approved by ECOWAS bodies in December 2025, is a strategic instrument

aimed at strengthening budget planning, effective implementation of activities and monitoring of the organization's performance;

- **Several missions and working visits by the Director-General of WAHO** to strategic and financial partners as well as to ECOWAS Member States with a view to consolidating WAHO's pivotal role as the ECOWAS specialised institution for health matters in the region;
- **An assessment of health cooperation within ECOWAS** was carried out, identifying the main priority areas for strengthening collaboration between Member States.
- **01 cooperation agreement signed between WAHO** and the East, Central and Southern Africa Health Community (ECSA-HC) during the 15th Forum on Good Practices in Health in Mauritius, to strengthen their collaboration in healthcare systems, research, innovation and health security in Africa;
- **More than 100 national officials and parliamentarians trained** on health financing, advocacy and monitoring tools for the «ALM Investing in Health» Declaration, as well as support for the organization and delivery of the National Dialogue on Health Financing in Nigeria;
- **One tripartite financing agreement signed** between ECOWAS and the Federal Republic of Germany in Abuja on 4 November 2025.
- participated in several high-level events to ensure WAHO representation and actively contribute to global discussions on health issues.

These actions demonstrate WAHO's commitment to strengthening regional governance, promoting health advocacy and developing strategic partnerships to improve the performance of healthcare systems in the ECOWAS region.





4.5 Challenges related to health and business outcomes

Despite the efforts undertaken, the region is still grappling with recurring epidemics and other major public health issues. In addition to these security, political-institutional, economic and climatic constraints, there are internal challenges specific to WAHO, especially the inadequacy of human and financial resources, which further limit the scope and effectiveness of actions undertaken.

More broadly, the region continues to face several structural challenges, including lingering insecurity, climate change impacts and economic hardship. These factors have a direct impact on the healthcare situation and the ability of states to effectively implement public health interventions.

At the operational level, the loss of 41 staff following the withdrawal of the three AES countries from the ECOWAS will affect implementation of WAHO activities : overall filling rate of the organizational chart at 42%, highlighting a major mismatch in the institution's operational capacity. The impact is particularly severe among general service staff, where 21 departures will leave the workforce reduced to only 4 staff members, representing a coverage rate of 12%.

4.6 Way forward

In terms of prospects, WAHO intends to strengthen its commitment to equitable access to quality care and safe medicines in the ECOWAS region in the future. It will also mark an important step in the continuous improvement of health services, through the promotion and implementation of community health strategies and health communication through new partnerships with local media.

WAHO has just launched the Regional Community Health Policy considered as a compass for change of direction towards universal health coverage and organized the meeting of ECOWAS parliamentarians to advocate domestic health financing. Every political body, every partner and the entire population must commit to its implementation. Training in health sciences will also be at the heart of the human capacity development strategy, to improve the skills of professionals and the quality-of-service delivery to populations at all levels.

WAHO, on its own, will place particular emphasis on strengthening healthcare systems through improved health information governance, promoting health research and increasing investment in disease surveillance systems. Building the Regional Laboratory Network as well as strengthening health emergency preparedness and response will contribute to improving early detection, regional coordination of interventions and the resilience of systems to health threats.

Finally, WAHO will further its efforts in terms of partnership diversification, advocacy and resource mobilization for health, as well as in the development of organisational excellence. These actions will aim to strengthen institutional governance, optimize internal performance and ensure effective and sustainable implementation of regional health priorities.

4.7 Conclusion

At a time when West Africa is facing increasingly complex health challenges, it is becoming more urgently clear that health can no longer be understood as an isolated sector, but as a fundamental pillar of economic and social development at all levels.
Recent crises have demonstrated, unequivocally, that the resilience of our economies depends directly on the strength of our healthcare systems and their ability to protect populations in the long term.

From this perspective, **community health** is now an essential strategic lever. It is the first line of defense against health threats, the foundation of equitable access to health services and a key driver of trust between populations and healthcare systems.

Investing in community health is not only about saving lives, but also about strengthening human capital, improving productivity, and supporting inclusive and sustainable growth. It is in this

logic that, in line with the ECOWAS Vision 2050, the West African Health Organisation now places this approach at the heart of its priorities. This implies a **paradigm shift** : moving from essentially reactive and curative responses to systems focused on **prevention, proximity and community participation,** while fully integrating the issues of sustainable financing and efficiency of health-care interventions.

In addition to the global crises, 2025 was the year of all the trials at the regional level : the withdrawal of the three (3) Sahel countries specifically plunging WAHO into an unprecedented human resource and institutional crisis; the pulling out of USAID early in the year with a lot of funds promised to finance specific projects and, the growing emergence of vaccine-preventable diseases, among others. But despite all these challenges, WAHO was able to achieve more than 65% of the level of implementation of activities planned for the year.

This report illustrates the progress made in 2025, but also the efforts we still must make to anchor the transformation of our healthcare systems and, more specifically, to think about health in all sectors of society. It highlights the need to strengthen national investments in health, better value community human resources and promote innovative approaches based on local realities.

More than ever, it is imperative to consolidate a collective vision where health is recognized as a driver of development. This requires strong political commitment, increased coordination among Member States and a renewed partnership with all development actors. It is against this backdrop that, WAHO, to fulfil its mission of ensuring the harmonization of health policies and coordination of intervention strategies for better health status of populations at all levels in each Member State, is reiterating once again its appeal to the political authorities, calling on the scientific communities and each of the citizens of our more than 420 million inhabitants to choose peace and ensure mental, physical and social well-being together everywhere. We must pursue and engage in endogenous solutions with a view to establishing appropriate policies, priorities, strategies and actions. Health is a precious commodity that must be preserved in all our actions.

Through this report, **WAHO reaffirms its determination** to support every Member State in this structuring transformation, in the service of a healthier, more resilient West Africa resolutely focused on inclusive and sustainable development.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