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

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1. INTRODUCTION

The third specific objective of the West African Health Organisation (WAHO), according to the Abuja founding Protocol No. A/P2/7/87 of 9 July 1987, stipulates that WAHO shall: **"Collect and disseminate technical and epidemiological information, information relating to research and training, and any other information concerning the health sector in ECOWAS Member States."** It is within this framework that, since 2012, WAHO has developed a regional health information policy and strategies. This policy lays the foundations for the Regional Health Observatory (RHO). This instrument is a tool for collecting, managing, processing and, above all, disseminating health information in the region. In operationalising the RHO, WAHO has set itself the task of publishing regular information on the health situation in the ECOWAS region.

This issue, which covers the period from January to June 2025, is part of a series of periodic publications on the health situation in the ECOWAS region. The main objective is to ensure the sharing of information so that no country falls victim to the health problems of other countries due to the free movement of people within the region. However, sharing health information in real time necessarily requires proactive action. National health information systems, as well as epidemiological surveillance structures, need adequate technical and material capacities to collect, process and communicate relevant, high-quality information in real time, so that it can be made available and shared among Member States.

Despite significant efforts over the past 20 years to improve national health information systems and epidemiological surveillance, sharing of high-quality data in real time remains a challenge. Epidemiological surveillance data is shared in one way or another, although some countries are more consistent than others. However, compared to data from routine health information systems (availability, coverage, and operational capacity of health care services; policies, recruitment, and management of human resources for health; use of health care services, causes of consultations, hospitalisation, and in-hospital deaths, among others), this information generally suffers from systematic production and, as a result, is very poorly shared. To comply with objective 2 of its founding protocol, WAHO regularly provides technical support to countries to assist them in:

- strengthening data collection capacities, through electronic collection systems currently being implemented in some countries;
- improving the quality of data and information produced through data quality review operations in countries;
- strengthening storage capacities by offering cloud storage space to countries at their express request;
- strengthening data management capacities through training on server management, data platforms, etc.;
- strengthening information production capacities through the implementation of automatic data reporting systems and the analysis and dissemination of high-quality information;
- strengthening data and health information governance frameworks.

This bulletin focuses on the following topics: data availability, update on epidemic-prone diseases (EPDs), updates on malaria, and maternal and neonatal mortality in the ECOWAS region.

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2. DATA AVAILABILITY

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Since 2022, WAHO has implemented an automatic surveillance data transfer system. Data from connected countries are automatically transferred to the regional warehouse on a weekly basis. This not only ensures that the data are complete, but also allows WAHO teams to participate in quality control by contacting national surveillance teams whenever an inconsistency is identified.

However, the issue of data quality and availability remains central. The 2025 mapping (January–June) reveals gaps in reporting for certain diseases and countries, despite improvements made through the integration and harmonisation of specific sources (e.g. Nigeria). Case fatality rates (CFR), which are sensitive to denominator errors and delays in reporting deaths, should not be over-interpreted without verifying their completeness. The harmonisation of weekly → monthly flows and the automation of consistency checks have reduced discrepancies, but differences remain between surveillance systems. Finally, several limitations should be noted: heterogeneity of reporting systems, delays in reporting, changes in definitions or scope, and partial breakdown of certain epidemic-prone diseases (EPD).

Figure 1 shows the countries for which data on various diseases for the year 2025 are available for analysis. Nigeria is a special case. It has changed its data system, which has interrupted the automatic transfer. The two teams are working to re-establish the connection. However, it has been possible to collect some aggregated information from their information-sharing platforms.

Some diseases are not actively monitored in all countries. For example, countries that have been affected by Ebola virus disease (EVD) have kept it on their list of priority diseases to monitor, while others monitor it in the group of haemorrhagic fevers. However, most EPDs are common to all countries.

Regarding EVD, it should be noted that in 2024, Guinea detected and confirmed three cases of the disease. However, unlike in 2014, detection was very early, which made it possible to take immediate response measures and quickly control the disease.

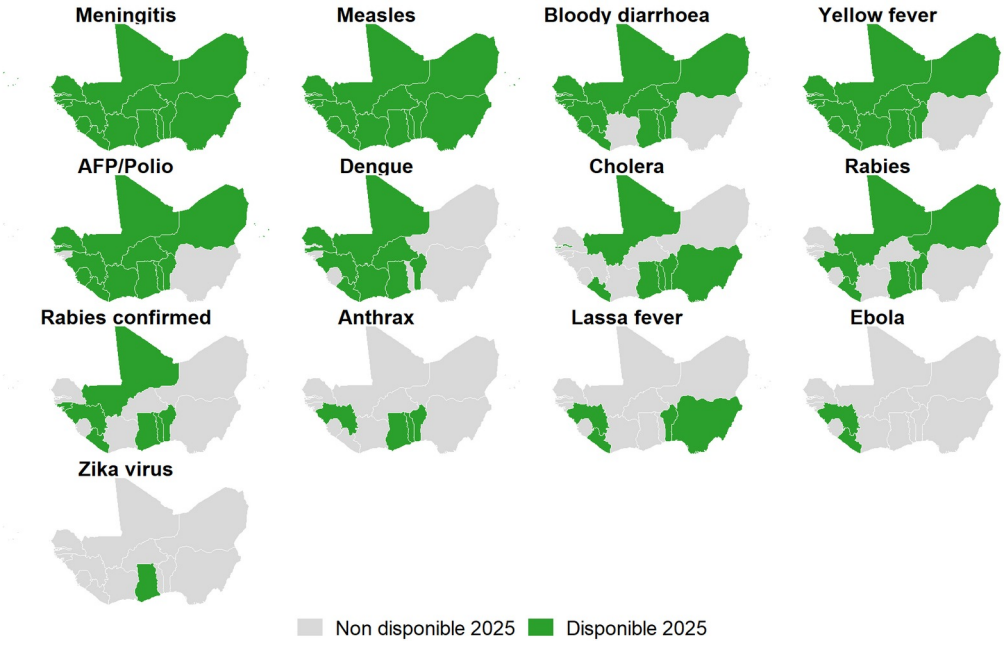


Figure 1: *Data availability per EPD during the first half of 2025 (IDSR Country Data)*

Apart from EPDs, malaria, as the main endemic disease in almost all countries, as well as maternal and neonatal deaths, were included in the weekly reporting systems. Figures 2 and 3 show the countries that shared their data on malaria and maternal and neonatal deaths, respectively.

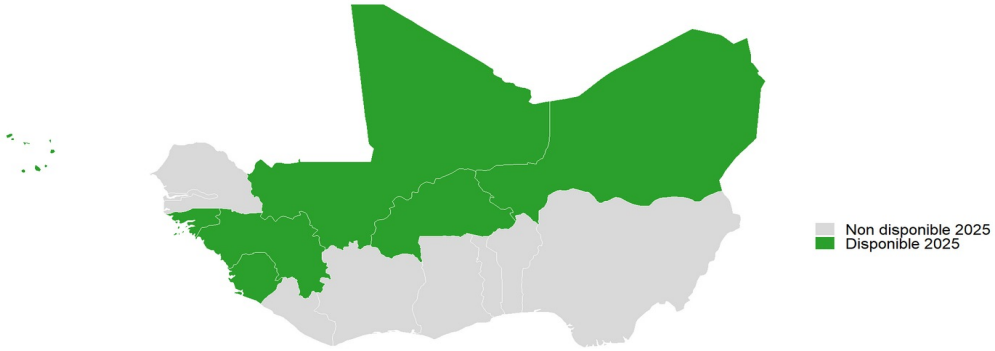


Figure 2: *Availability of malaria data during the first half of 2025 (IDSR Country Data)*

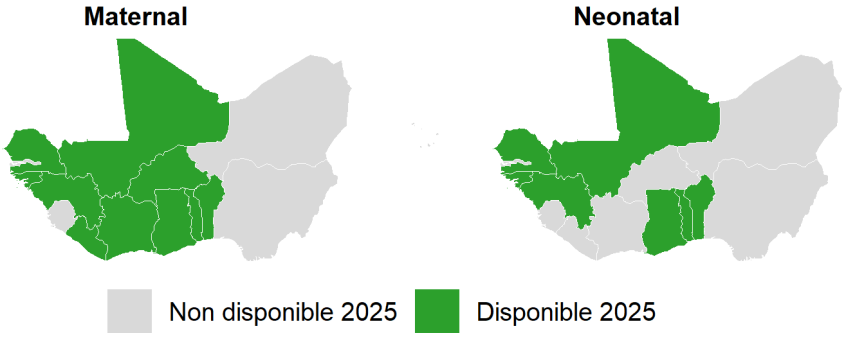


Figure 3: *Availability of data on maternal and neonatal deaths per country (January–June) in 2025 (IDSR Country Data)*

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3. UPDATE ON EPIDEMIC-PRONE DISEASES (EPD) IN THE REGION

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3.1 EXECUTIVE SUMMARY

Given the level of data completeness, the information presented does not necessarily represent all cases or deaths recorded in the countries of the sub-region. Rather, it represents all reported cases or deaths. However, it does allow for an analysis of trends in the region.

For more than three years, dengue fever has continued to be one of the epidemic-prone diseases most frequently reported by the epidemiological surveillance systems of ECOWAS countries. In this issue, the focus is on rabies, a zoonotic disease that is very much present in our epidemiological landscape.

3.1.1 EPD Trends in the FIRST HALF OF 2025

Epidemic-prone diseases that have been reported most frequently are measles, dengue fever, bloody diarrhoea, and meningitis. Measles, a vaccine-preventable disease already under control thanks to specific measures, is the most frequently reported EPD in almost all countries. Comparing the first two quarters of 2024 and 2025 (Table 1), there has been a decrease in suspected cases of measles (approximately 32%). This decrease is much more significant for dengue fever, with more than 7,000 fewer cases in 2025, representing 42.46%.

Regarding deaths related to EPDs, only meningitis recorded a significant number of deaths, with 221 cases in 2024 and 110 cases in 2025. Nevertheless, it should be noted that there was a decrease of more than 50% in the number of deaths at the end of the first quarter of 2025 compared to the same period in 2024.

Table 1: *Comparative trends of EPDs during the first quarter between 2024 and 2025*

Disease (EPDs)	Suspected cases 2024	Suspected cases 2025	Deaths 2024	Deaths 2025	CFR 2024 (%)	CFR 2025 (%)
Measles	49,830	33,699	155	40	0.3	0.1
Lassa fever	21,175	18,379	11	3	0.1	0
Dengue	17,554	10,103	48	3	0.3	0
Meningitis	12,878	8,268	221	110	1.7	1.3
Bloody diarrhoea	7,210	7,557	4	8	0.1	0.1
Cholera	6,684	4,826	0	16	0.0	0.3
AFP/Polio	1,397	1,406	1	2	0.1	0.1
Yellow fever	1,507	1,307	3	10	0.2	0.8
Avian Influenza HP	399	362	0	0	0.0	0
Guinea worm	8	31	0	0	0.0	0
Anthrax	8	24	0	0	0.0	0
Ebola virus disease	5	2	2	0	40.0	0
Rift Valley fever	3	0	0	0	0.0	NA
Zika virus	0	0	0	0	NA	NA
Rabies in Humans	-	-	21	28	100	100

The declines observed in the first quarter were confirmed in the second quarter, as shown in Table 2. Measles declined by 10% in terms of cases and 81% in terms of deaths. Dengue fever decreased by 58% in terms of cases and 17% in terms of deaths. Haemorrhagic diarrhoea ranks second in terms of recorded cases. Despite a decrease in the number of cases, many deaths were observed in 2025, particularly in the Republic of Guinea.

Finally, the second quarter of 2025 saw a decline in infections for the most frequently monitored diseases compared to the previous quarter. However, as shown in Table 3, the region experienced epidemics, including avian influenza. Suspected cases of certain diseases (such as Ebola and Zika) were reported. However, after advanced investigation, no cases were confirmed.

Table 2: *Comparative trends of EPDs in the second quarter of 2024 and 2025 (IDSR Country Data)*

Disease (EPDs)	Suspected cases 2024	Suspected cases 2025	Deaths 2024	Deaths 2025	CFR 2024 (%)	CFR 2025 (%)
Measles	46,471	32,238	165	21	0.4	0.1
Lassa fever	21,118	18,357	5	2	0.0	0
Dengue	13,052	7,437	203	128	1.6	1.7
Meningitis	7,311	6,418	1	96	0.0	1.5
Bloody diarrhoea	11,180	4,723	18	15	0.2	0.3
Cholera	6,553	3,839	1	5	0.0	0.1
AFP/Polio	1,890	1,535	3	5	0.2	0.3
Yellow fever	1,534	1,403	6	17	0.4	1.2
Avian Influenza HP	497	801	9	13	1.8	1.6
Anthrax	2	29	0	1	0.0	3.4
Ebola virus disease	3	9	1	9	33.3	100.0
Rift Valley fever	0	2	0	2	NA	100.0
Zika virus	0	0	0	0	NA	NA
Rabies in Humans	-	-	32	31	100	100

Table 3: *Comparative trends of EPDs during the first half of 2025 (compared by quarter)*

Disease (EPDs)	Suspected cases Q1	Suspected cases Q2	Total suspected cases H1	Deaths Q1	Deaths Q2	Total deaths S1	CFR Q1 (%)	CFR Q2 (%)	CFR S1 (%)
Measles	33,699	32,238	65,937	40	21	61	0.1	0.1	0.1
Lassa fever	18,379	18,357	36,736	3	2	5	0.0	0.0	0.0
Meningitis	8,268	7,437	15,705	110	128	238	1.3	1.7	1.5
Bloody diarrhoea	7,557	6,418	13,975	8	96	104	0.1	1.5	0.7
Dengue fever	10,103	4,723	14,826	3	15	18	0.0	0.3	0.1
Cholera	4,826	3,839	8,665	16	5	21	0.3	0.1	0.2
AFP/Polio	1,406	1.535	2.941	2	5	7	0.1	0.3	0.2
Yellow fever	1.307	1,403	2.710	10	17	27	0.8	1.2	10.0
Avian influenza (HP)	362	801	1,163	0	13	13	0.0	1.6	1.1
Ebola virus disease	2	96	98	0	1	1	0.0	1.0	1.0
Anthrax	24	29	53	0	1	1	0.0	3.4	1.9
Guinea worm	31	9	40	0	9	9	0.0	100.0	22.5
Zika virus	0	2	2	0	2	2	-	100.0	100
Rift Valley fever	0	0	0	0	0	0	-	-	-
Rabies in Humans	-	-	-	28	31	59	100	100	100

3.2 UPDATE ON MPOX IN THE REGION

Mpox was formally declared a public health emergency of international concern in 2024 by the WHO. Many countries in the region have been affected by this epidemic, including Nigeria, Côte d'Ivoire, Liberia, Ghana, and Guinea. A total of 3,375 suspected cases, including 366 confirmed cases and one death, were reported in 2024.

Nigeria, the most affected country, reported 189 cases, followed by Côte d'Ivoire with 107 cases. Both countries accounted for more than 80% of the total cases in the sub-region in 2024.

The beginning of 2025 was marked by an increase in the number of affected countries and the number of reported cases. During the first half of 2025, the number of affected countries rose from 5 to 9. From a total of 3,375 cases and only 1 death in 2024 to 7,318 cases and 57 deaths in 2025, in the first half of the year alone.

Table 4 below shows the distribution of cases and deaths by affected country. Sierra Leone, which reported its first case of the disease only in 2025, accounts for 71% of the total number of cases, followed by Guinea with 10% and Liberia with 7%. The three neighbouring countries together account for more than 88% of cases. Sierra Leone reported 52 deaths, or 91% of reported deaths.

Table 4: *Update on Mpox infection in the first half of 2025 in ECOWAS (RCSDC data)*

Country	Confirmed cases	Deaths
1. Benin	0	0
2. Burkina Faso	0	0
3. Cabo Verde	0	0
4. Côte d'Ivoire	52	0
5. The Gambia	1	0
6. Ghana	424	1
7. Guinea	729	ND
8. Guiné-Bissau	0	0
9. Liberia	545	0
10. Mali	0	0
11. Niger	0	0
12. Nigeria	307	4
13. Senegal	1	0
14. Sierra Leone	5,197	52
15. Togo	62	N/A
Total	**7,318**	**57**

Figure 4 shows the weekly progression of Mpox cases during 2025. With 2 cases in week 1, the situation remained stable during the first 3 months of the year. It then experienced a sharp increase between week 15 and week 20, rising from 2–3 cases per week to 680 cases. The scale of infections then began to decline over the following four weeks, stabilising at a level of approximately 300 suspected cases detected per week.

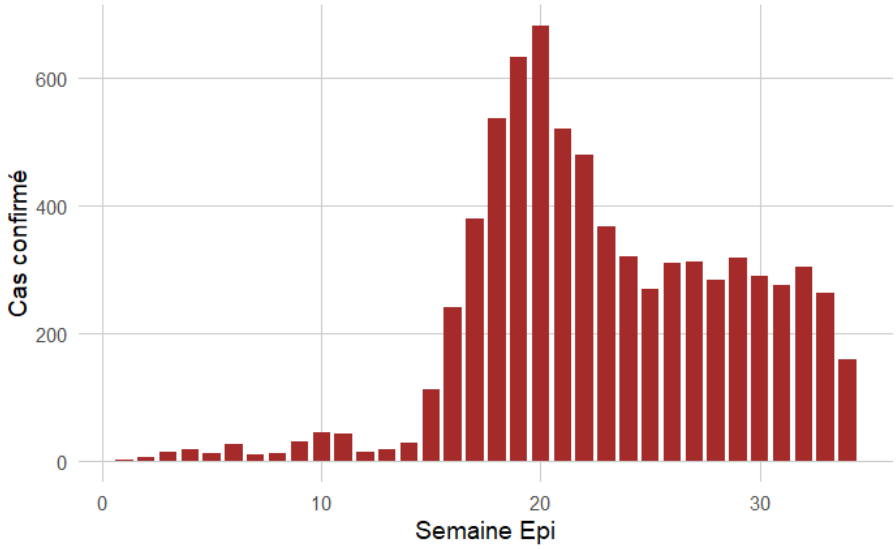


Figure 4: *Mpox — Trends of confirmed cases in the first half of 2025 in the region*

3.3 UPDATE ON MEASLES IN THE REGION

Measles affects almost all countries in the region. Nigeria, due to its large population, has the highest number of cases. Somewhat behind, Niger and Guinea had the second and third highest numbers of cases in the half-year (9,120 and 5,867 respectively), a sharp increase compared to the same period in 2024. However, as shown in Figure 5, countries generally experienced reductions in the number of cases.

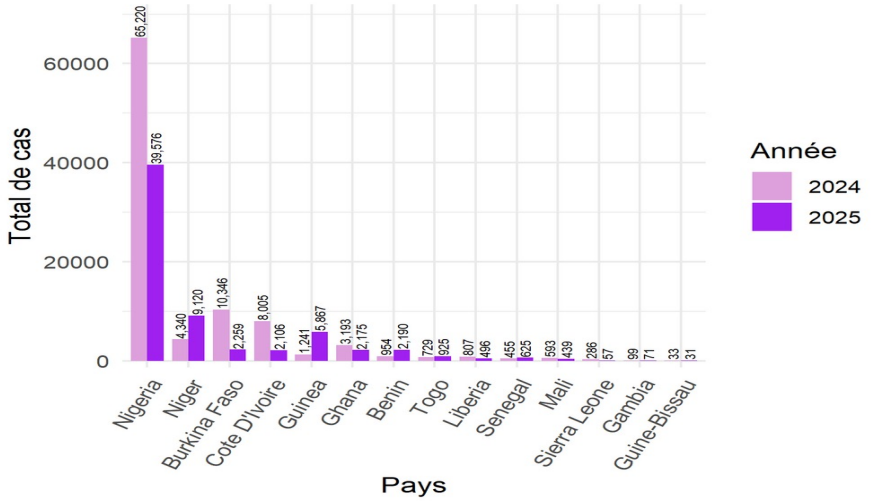


Figure 5: *Incidence of (suspected) measles cases by ECOWAS country in the first half of 2025 vs. 2024 (IDSR country data)*

As disaggregated data for Nigeria are not available, we can nevertheless observe the epidemiological curves for countries that reported more suspected measles cases in the first half of 2025 than in 2024. Figure 6 shows identical curves between these two countries during the first quarter of the year. However, while April saw a sharp rise in the number of cases in Guinea, Niger saw a sharp increase in cases until week 15. It was only then that infections began to decline again.

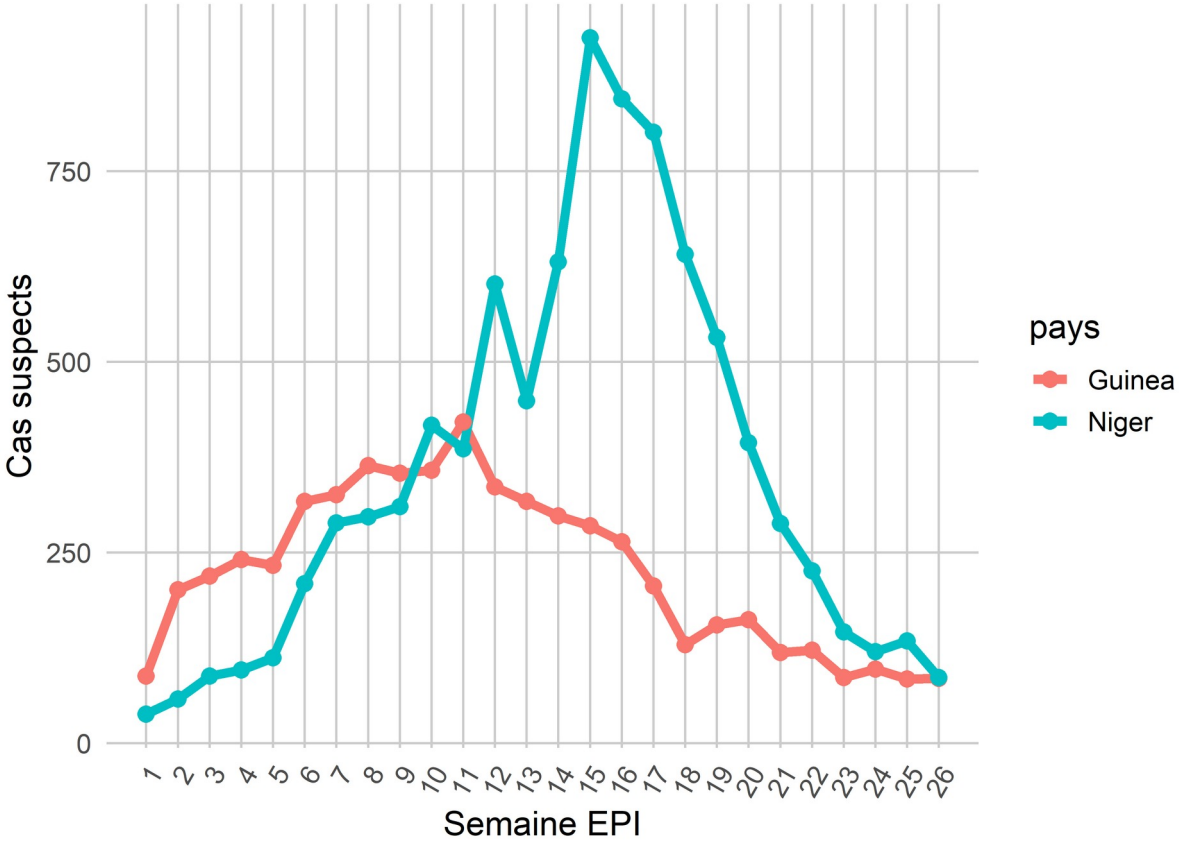


Figure 6: *Measles — Weekly trend (Weeks 1 to 26) in the most affected countries*

Figure 7 shows that the time curve for suspected cases did not change between 2024 and 2025. Peaks were observed between March and April.

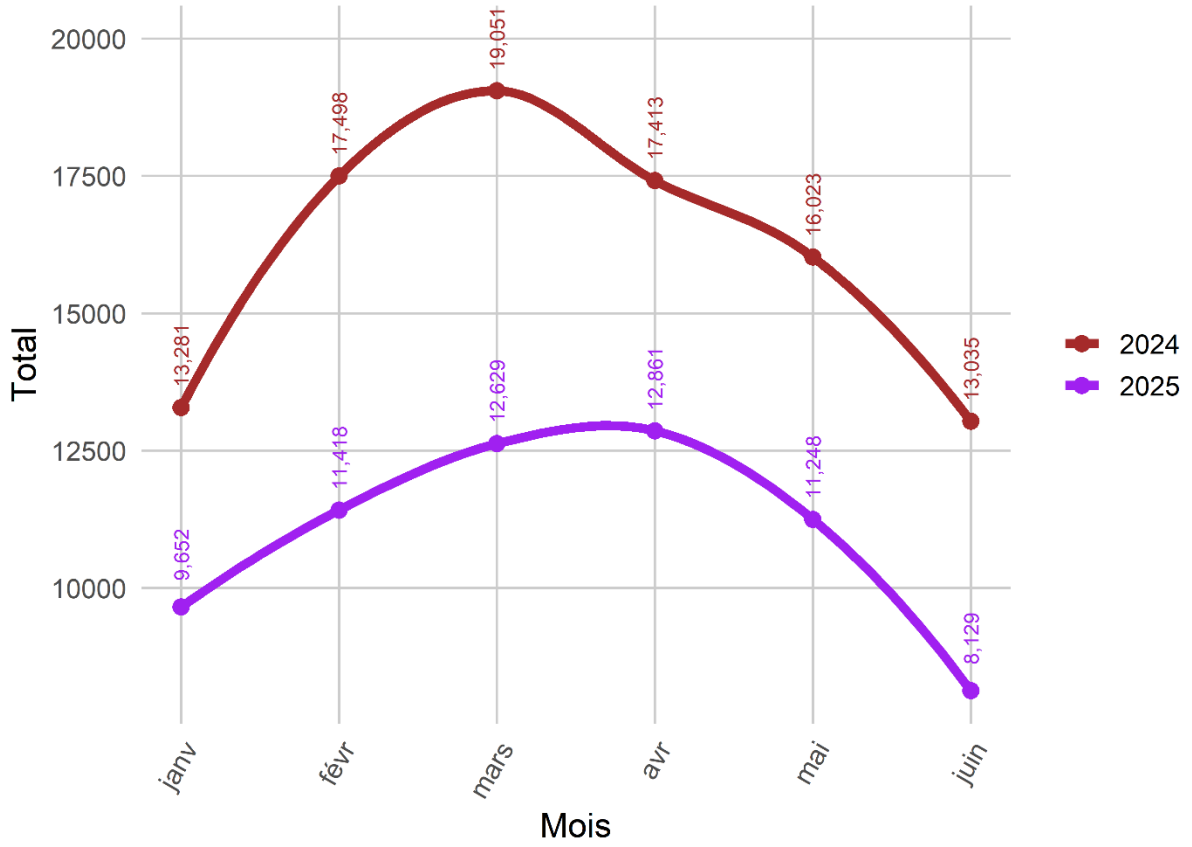


Figure 7: *Comparative monthly trend in (suspected) measles cases during the first half of 2024 and 2025.*

3.4 UPDATE ON DENGUE FEVER IN THE REGION

During the first six months of 2025, there was a decline in the dengue burden in almost all countries that reported cases (Figure 8). However, Burkina Faso remains the most affected country, even though the incidence fell by almost half between the first quarter of 2024 and the same period in 2025.

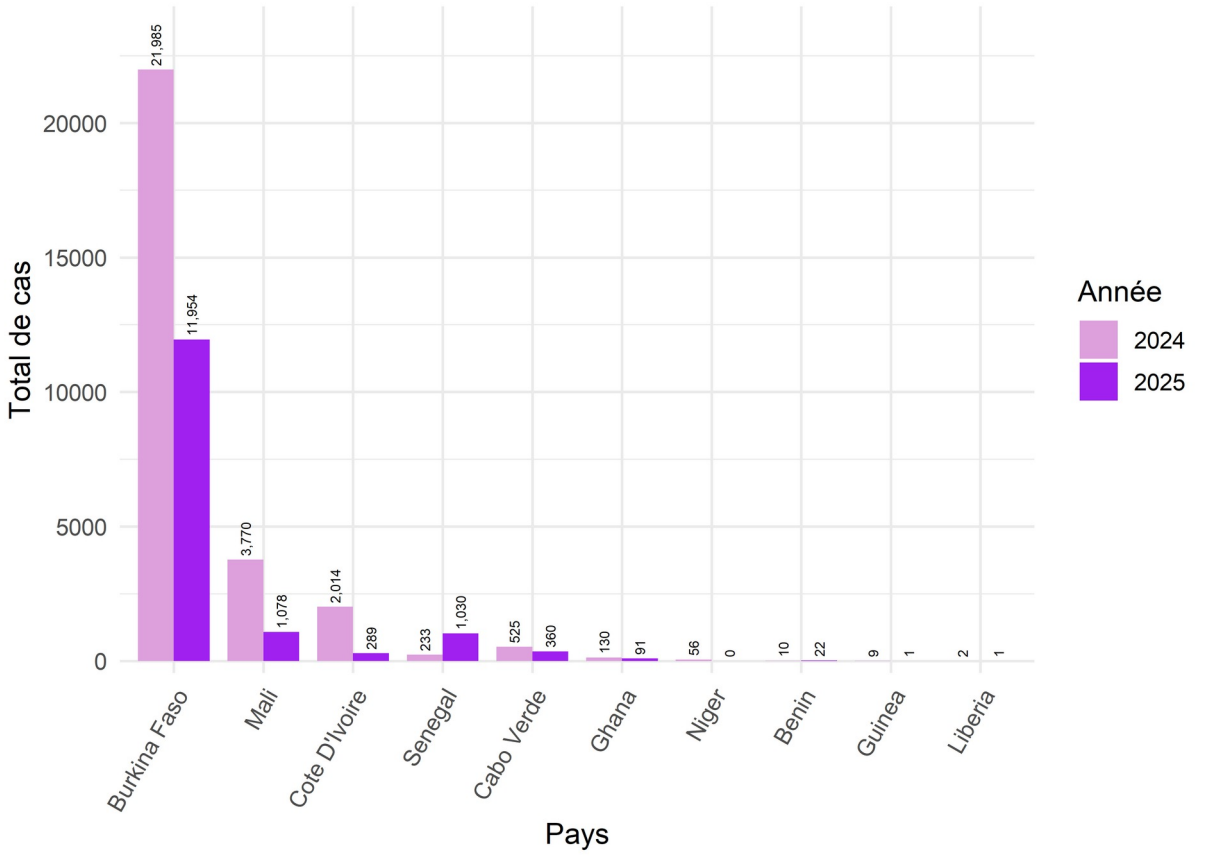


Figure 8: *New cases of dengue fever per country during the first half (January-June) of 2025 and 2024 (IDSR Country Data)*

Burkina Faso, although not reporting an epidemic in 2025, has very high weekly values. As shown in Figure 9, peaks of 800 suspected dengue cases per week were observed in February 2025. However, the curve experienced a significant and sustained decline, settling at half its peak after five weeks.

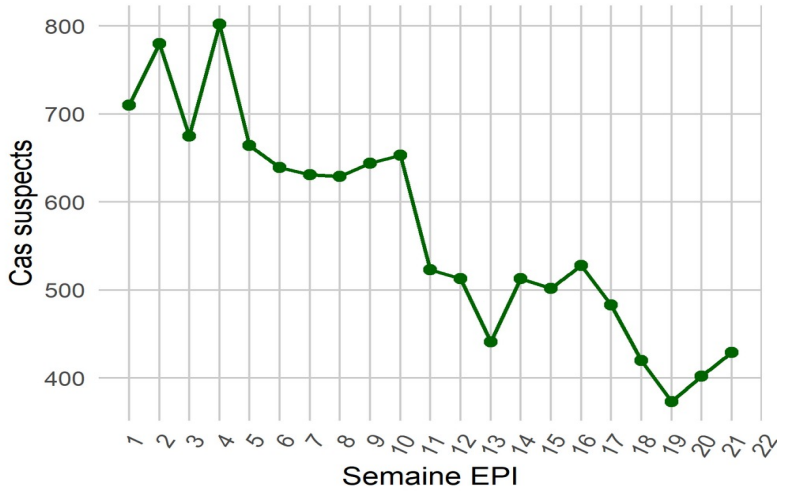


Figure 9: *Weekly trend of new dengue cases in Burkina Faso in 2025 (IDSR Country Data).*

The trend in new dengue cases in 2025 is very similar to that in 2024. However, between May and June, there was a significant decline in cases of the disease in the region (Figure 10).

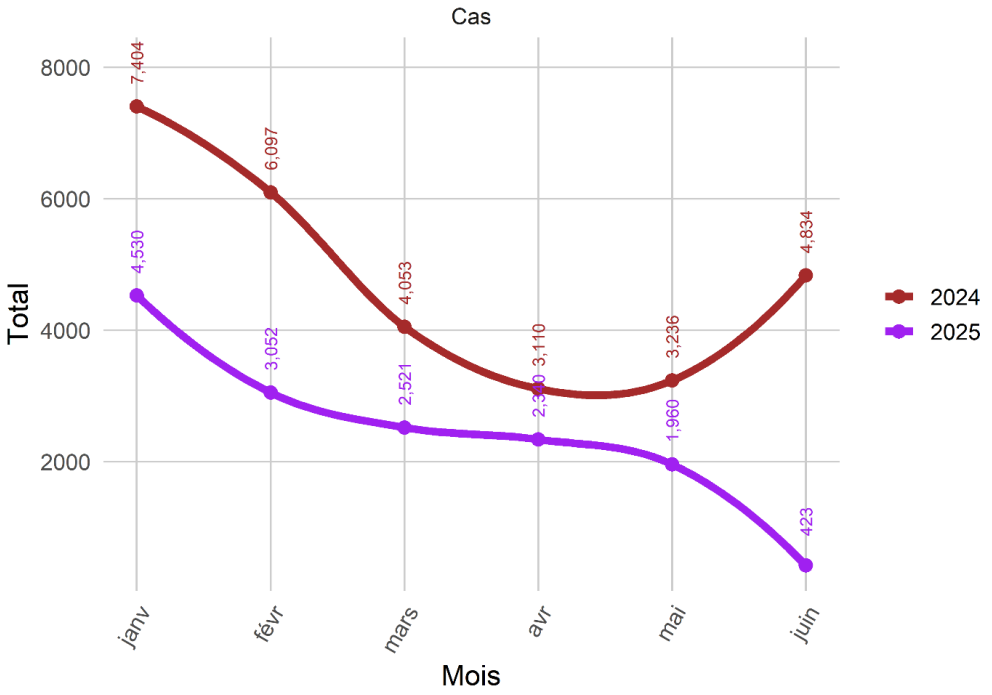


Figure 10: *Comparative monthly trend in dengue cases in West Africa during the first half of 2024 and 2025 (IDSR Country Data)*

3.5 UPDATE ON MENINGITIS IN THE REGION

Meningitis is one of the most common epidemic diseases and one of the most significant in terms of mortality. However, based on the available data, it can be seen that the number of cases and deaths fell slightly in the first two quarters of 2025 compared to the same period in 2024 (Figure 11 and Figure 12).

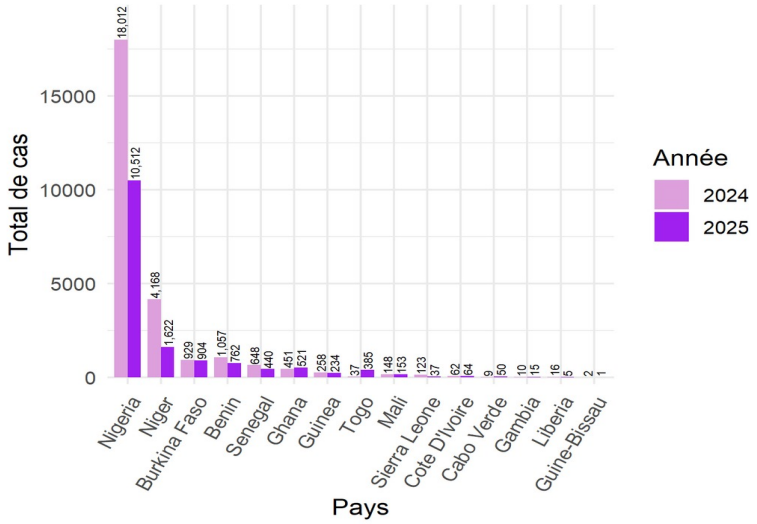


Figure 11: *Comparative incidence of meningitis (suspected cases) in the first half of 2025 and 2024 by country (Country IDSR Data)*

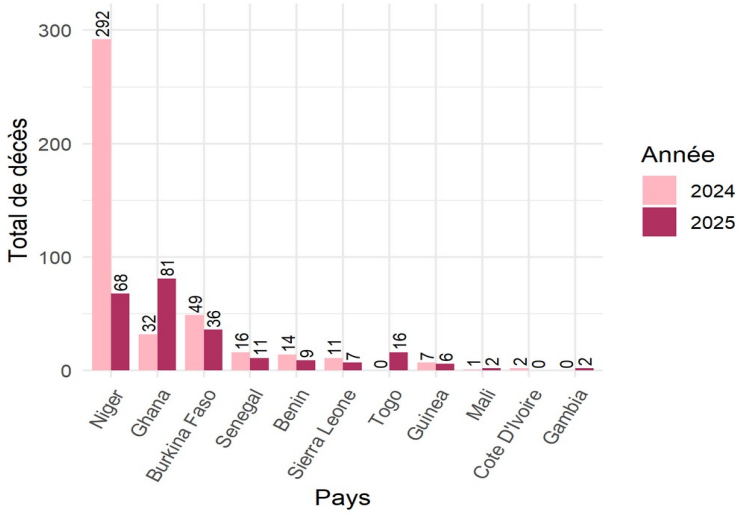


Figure 12: *Number of meningitis-related deaths in the first half of the year per country, 2025 vs 2024*

Figure 13 shows the trend in cases and deaths over the same period between the two years. The trends are not significantly different, except that 2025 had a lower incidence and mortality burden than 2024.

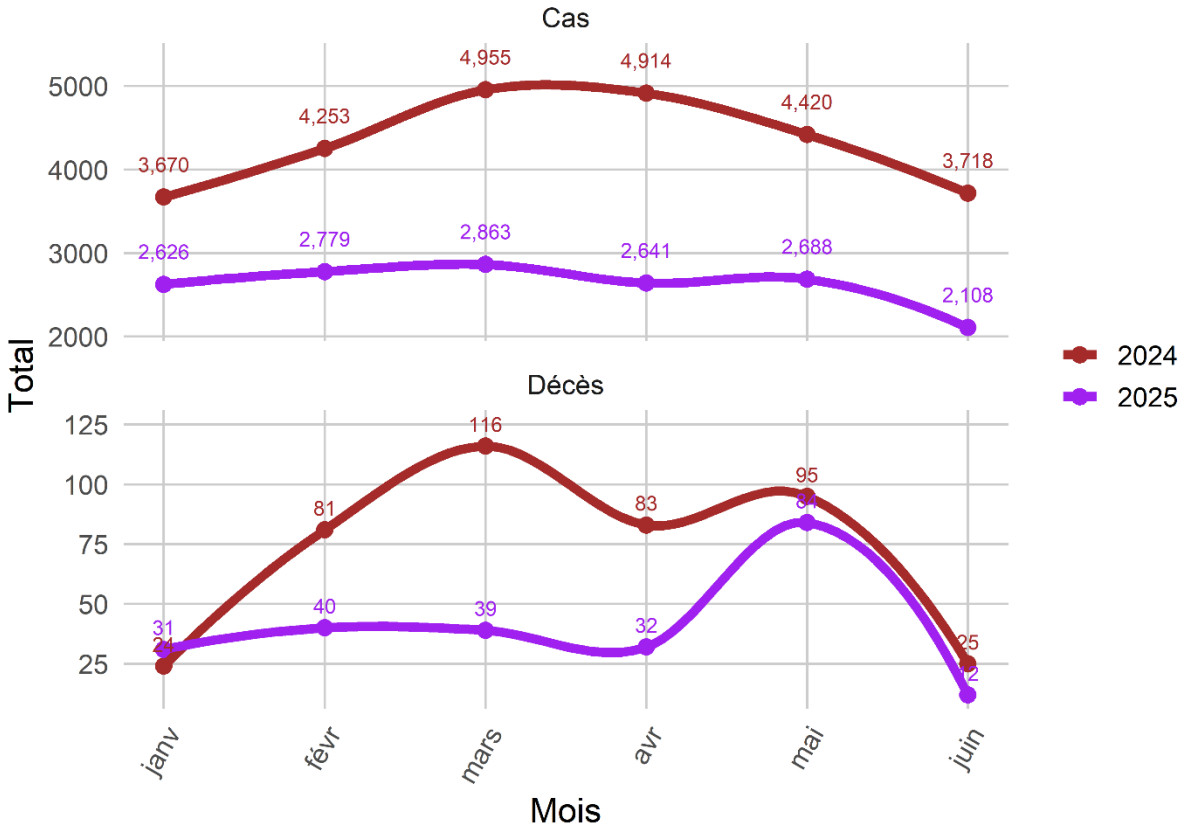


Figure 13: *Meningitis — Monthly trend (January–June) — Regional total (cases & deaths)*

3.6 UPDATE ON RABIES IN THE REGION

Rabies is included in the list of zoonotic diseases under surveillance within the One Health framework. Rabies continues to be a serious public health problem in most ECOWAS countries. According to available data, a total of 45 human deaths due to rabies were reported in the first half of 2024 and 46 deaths in the same period in 2025. Table 5 shows the distribution of cases by quarter and by country that reported them. In addition to reported cases, we must recognise that rabies reporting is not comprehensive. Many cases do not reach hospitals and are therefore not reported.

Table 5: *Human deaths from rabies, 2024/2025*

Country	Q1 2024	Q1 2025	Q2 2024	Q2 2025	Sem.1 2024	Sem.2 2025
1. Benin	2	6	6	7	8	13
2. Burkina Faso	N/A	ND	ND	N/A	ND	ND
3. Cabo Verde	ND	ND	ND	ND	ND	ND
4. Côte d'Ivoire	ND	ND	ND	N/A	ND	ND
5. The Gambia	ND	ND	ND	N/A	ND	ND
6. Ghana	4	5	4	7	8	12
7. Guinea	4	2	3	3	7	5
8. Guinea-Bissau	1	ND	1	ND	2	ND
9. Liberia	N/A	1	ND	N/A	ND	1
10. Mali	2	1	4	1	6	2
11. Niger	4	1	4	1	8	2
12. Senegal	N/A	ND	ND	N/A	ND	ND
13. Sierra Leone	ND	ND	ND	N/A	ND	ND
14. Togo	1	3	5	8	6	11
Total	**18**	**19**	**27**	**27**	**45**	**46**

Globally, WHO estimates that rabies causes tens of thousands of deaths each year, 40% of which are among children under the age of 15. It is recognised that dog bites and scratches are the cause of approximately 99% of human rabies cases, which can be prevented through animal vaccination and bite prevention. However, systematic animal vaccination is very poor or even non-existent in ECOWAS countries. There may be various reasons for this, but the reality is that there is a total lack of vaccines to meet demand.

As part of the One Health approach, the objective is to "end human deaths from dog-transmitted rabies through a comprehensive approach." The objective was set in 2015 by four organisations (WHO, WOAH, FAO, and the United Nations Environment Programme) together with the Global Alliance Against Rabies, which are working together as part of the "United Against Rabies" initiative. Although improving post-exposure prophylaxis is essential, it alone cannot end the transmission of rabies.

Rabies in humans is mainly transmitted by dogs, which are the main reservoir of the disease. Strategic mass vaccination of dogs, coordinated within and between countries, combined with post-exposure prophylaxis,

could eliminate canine rabies in Africa. A coordinated fight against rabies between countries could lead to more equitable social and ecological outcomes by reducing the number of human lives lost to almost zero and eventually eliminating the disease. In this way, Gavi's commitment could contribute significantly to reducing inequalities in access to the vaccine and achieving the goal of zero human rabies cases by 2030.

However, to achieve this goal, countries must make coordinated and rapid efforts. Safe, effective, and affordable rabies vaccines for dogs, developed in accordance with World Organisation for Animal Health standards, are now available. Based on research findings and following the example of the global elimination of rinderpest in 2011, the elimination of canine rabies in Africa appears achievable through coordination among African countries. The Inter-African Bureau for Animal Resources, the Pan-African Veterinary Vaccine Centre and regional economic communities are currently preparing a roadmap for a coordinated pan-African rabies elimination campaign. This initiative is in line with the aspirations of the African Union's Agenda 2063 "The Africa We Want" and the One Health Joint Action Plan. All the tools are therefore in place to achieve the goal of zero human rabies cases by 2030, in the interests of human and animal health, provided that the relevant stakeholders ensure coordination, cooperation, communication and capacity building.

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4. UPDATE ON MALARIA IN THE REGION

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Seven of the fifteen countries in the region shared data on malaria. As stated in the introduction, malaria remains the most important endemic disease in almost all ECOWAS countries. The exception is Cabo Verde, which has been declared free of the disease by WHO. In the absence of data from Nigeria, Niger, Burkina Faso, and Guinea are the three countries with the highest number of cases at the end of the first half of 2025. Compared to the same period in 2024, there has been an increase in cases in Niger and Guinea.

Table 6 shows that there were nearly 3 million cases of malaria in Niger in 6 months. In Burkina Faso and Guinea, the number was close to 2 million. The number of deaths was also significant, between 400 and 600 for the half-year. The availability of data for countries that are at an advanced stage of the elimination process would have made it possible to make a comparison at the regional level.

Table 6: *Trend of malaria cases and deaths reported in the first half of the year between 2024 and 2025*

Country	First half of 2024		First half of 2025	
	Cases	Deaths	Cases	Death
1. Benin	N/A	N/A	N/A	N/A
2. Burkina Faso	2,092,542	711	1,779,816	432
3. Cabo Verde	5	N/A	3	N/A
4. Côte d'Ivoire	N/A	N/A	N/A	N/A
5. The Gambia	N/A	N/A	N/A	N/A
6. Ghana	N/A	N/A	N/A	N/A
7. Guinea	1,592,337	284	1,737,381	464
8. Guiné-Bissau	123,755	163	125,792	61
9. Liberia	N/A	N/A	N/A	N/A
10. Mali	745,115	736	167,006	430
11. Niger	2,486,104	434	2,818,271	N/A
12. Nigeria	N/A	N/A	N/A	N/A
13. Senegal	N/A	N/A	N/A	N/A
14. Sierra Leone	736,902	842	697,968	554
15. Togo	N/A	N/A	N/A	N/A
Total	**7,776,760**	**3,170**	**7,159,398**	**1,941**

Changes in infections during the first half of the year in the most affected countries are shown in Figure 14. In general, the countries with the highest number of cases (the Sahel countries) are seeing a steady decline as the dry season progresses. However, Guinea has shown an upward trend since the beginning of the year.

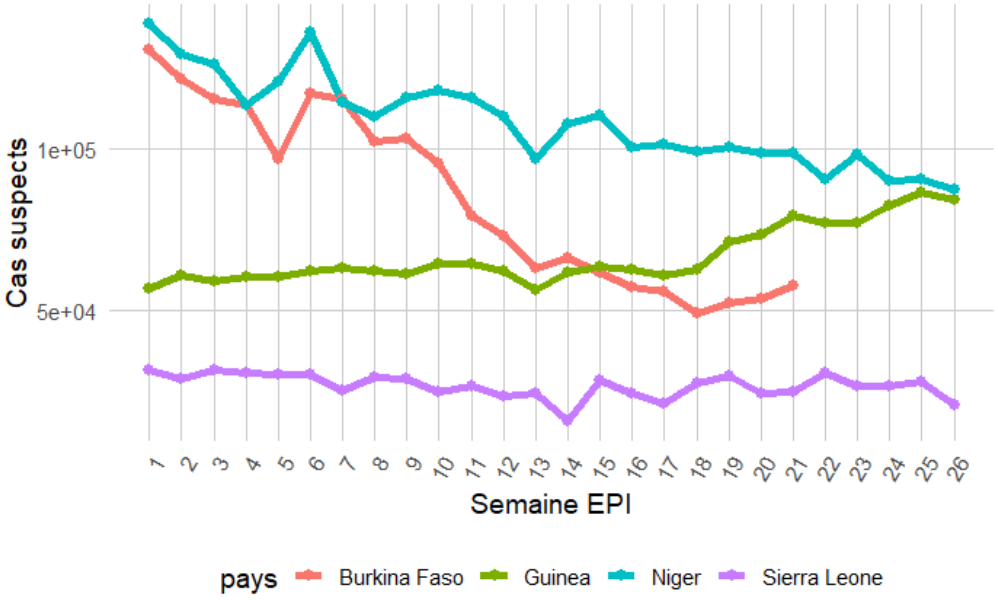

Cas suspects
1e+05
5e+04
1
2
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23
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25
26
Semaine EPI
pays
Burkina Faso
Guinea
Niger
Sierra Leone

Figure 14: *Malaria — Weekly trends (weeks 1 to 26) in the most affected countries*

05

5. UPDATE ON MATERNAL AND NEONATAL MORTALITY IN THE REGION

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Table 7 presents the reported values for maternal and neonatal deaths by countries that systematically report these events.

5.1 MATERNAL DEATHS

Among the countries that report maternal deaths, Côte d'Ivoire, Benin, and Burkina Faso bear the heaviest burdens. However, as shown in Table 7, the figures are declining in the countries most affected in 2025 compared to 2024. However, they are rising in the least affected countries (Senegal, Mali, Ghana, Togo, Liberia and Guiné- Bissau).

Table 7: *Change in reported maternal and neonatal deaths in the first half of the year between 2024 and 2025*

Country	Maternal deaths H1 2024	Maternal deaths H1 2025	Neonatal deaths H1 2024	Neonatal deaths H1 2025
1. Benin	414	411	2,153	2,244
2. Burkina Faso	465	358	6,413	N/A
3. Cabo Verde	N/A	N/A	N/A	N/A
4. Côte D'Ivoire	510	330	N/A	N/A
5. The Gambia	N/A	ND	ND	N/A
6. Ghana	87	77	299	264
7. Guinea	201	197	494	409
8. Guiné-Bissau	20	36	132	174
9. Liberia	63	49	148	N/A
10. Mali	86	125	447	370
11. Niger	N/A	N/A	N/A	N/A
12. Nigeria	N/A	N/A	N/A	N/A
13. Senegal	83	130	973	1,348
14. Sierra Leone	N/A	NA	NA	N/A
15. Togo	55	83	528	912
Total	**1,984**	**1,796**	**11,587**	**5,721**

Figure 15 shows two peaks in mortality in 2024 (February and May). The figures for 2025 show only the peak in May, with a significant dip in February.

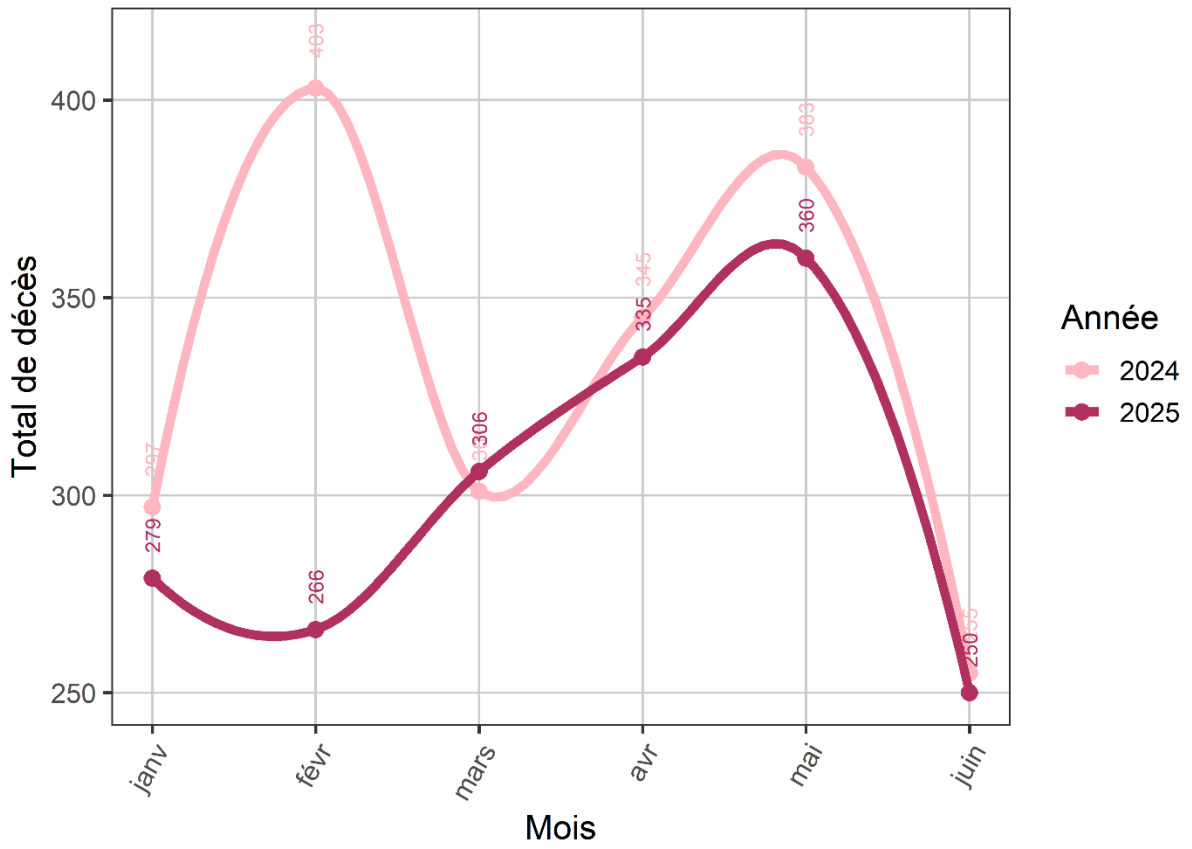


Figure 15: *Maternal deaths reported in ECOWAS countries during the first half of 2024 and 2025 (IDSR, Country)*

Figure 16 shows the comparative mortality curve in the three most affected countries. The first country, Côte d'Ivoire, recorded the highest levels in 2025 compared to 2024. Benin and Burkina Faso show roughly matching curves for the first half of both years.

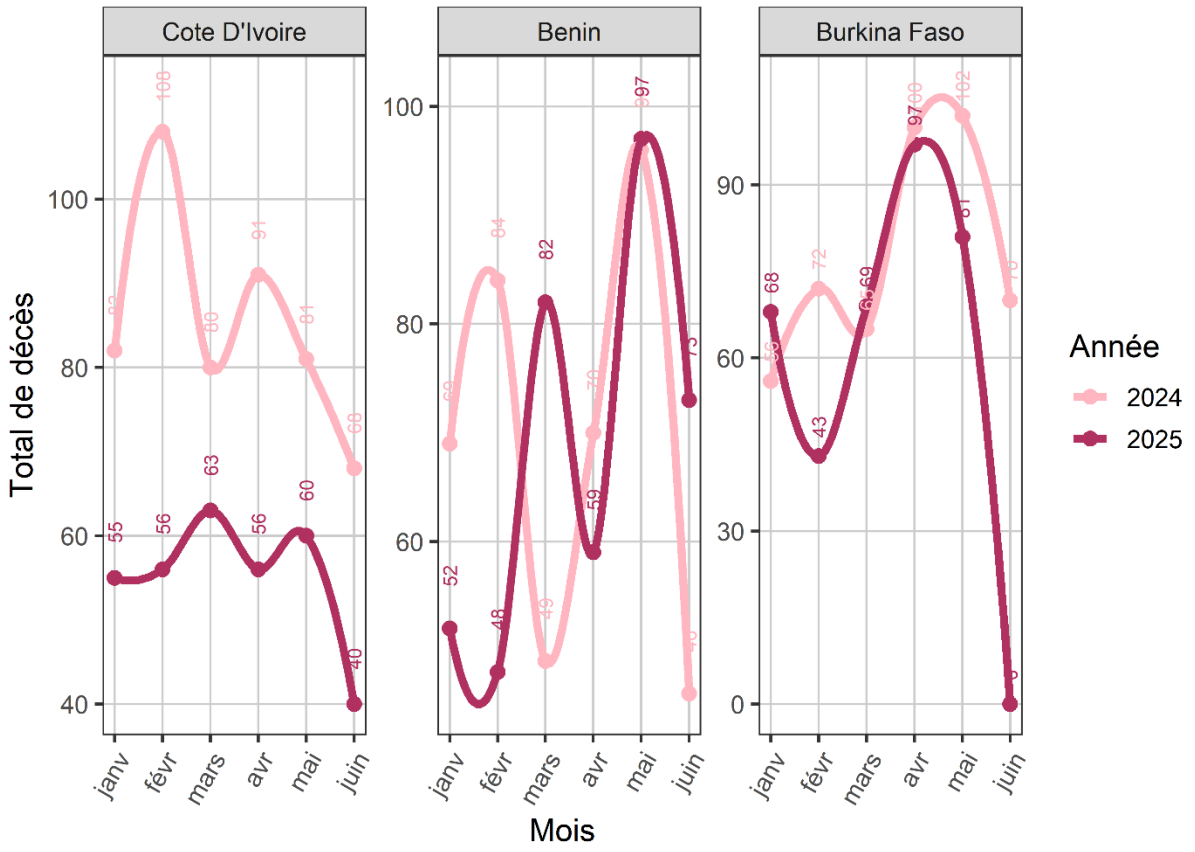


Figure 16: *Monthly trend of reported maternal deaths by country with the highest number of cases, 2025 vs 2024 (Country IDSR)*

5.2 NEONATAL DEATHS

Neonatal deaths are unfortunately on the rise in the region. Although Figure 17 does not show deaths in the first half of the year in Burkina Faso (which has the highest values in 2024), it shows almost systematic increases in the other countries.

As a result of the previous comment, the apparent superiority of neonatal deaths in 2024 over those in 2025 shown in Figure 18 mainly hides the lack of information for 2025 in Burkina Faso.

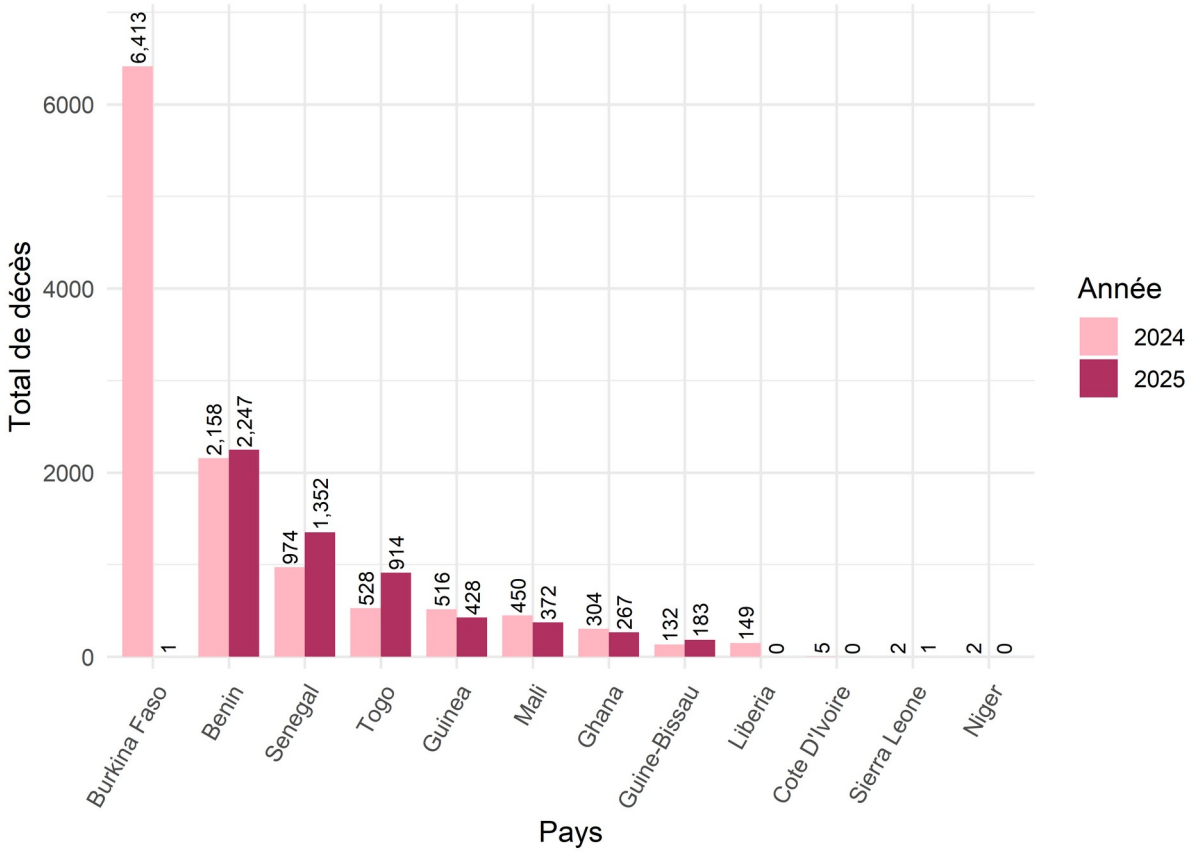


Figure 17: *Neonatal deaths — First half (Jan–June) — 2025 vs 2024 — by country*

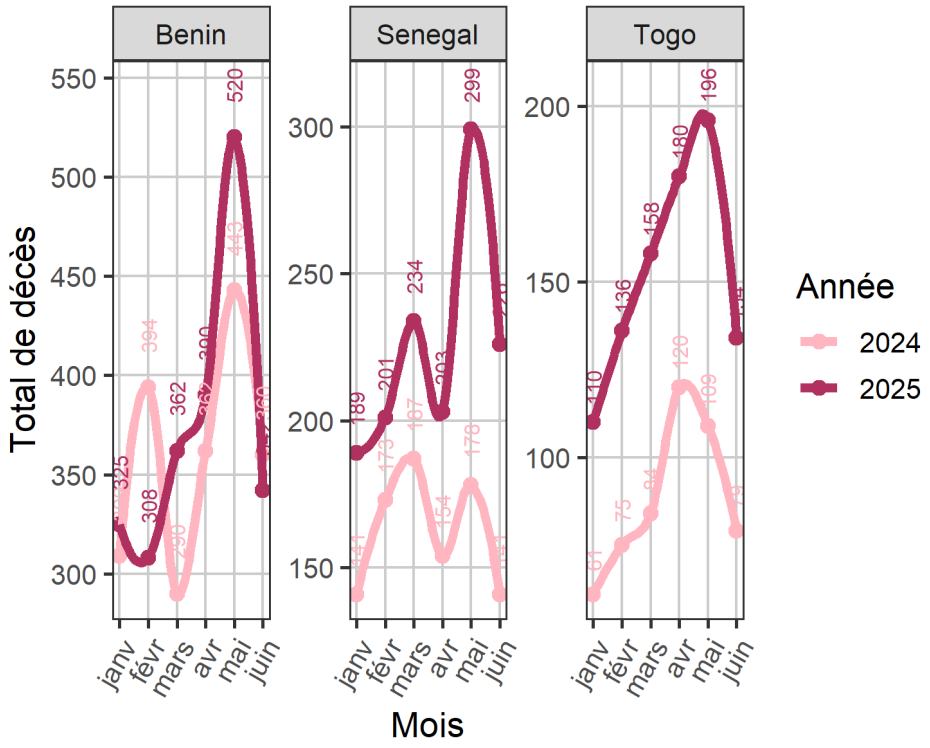


Figure 19: *Neonatal deaths per month and per country with more cases in the first half of the year, 2025 vs 2024 (IDSR,*

Country)

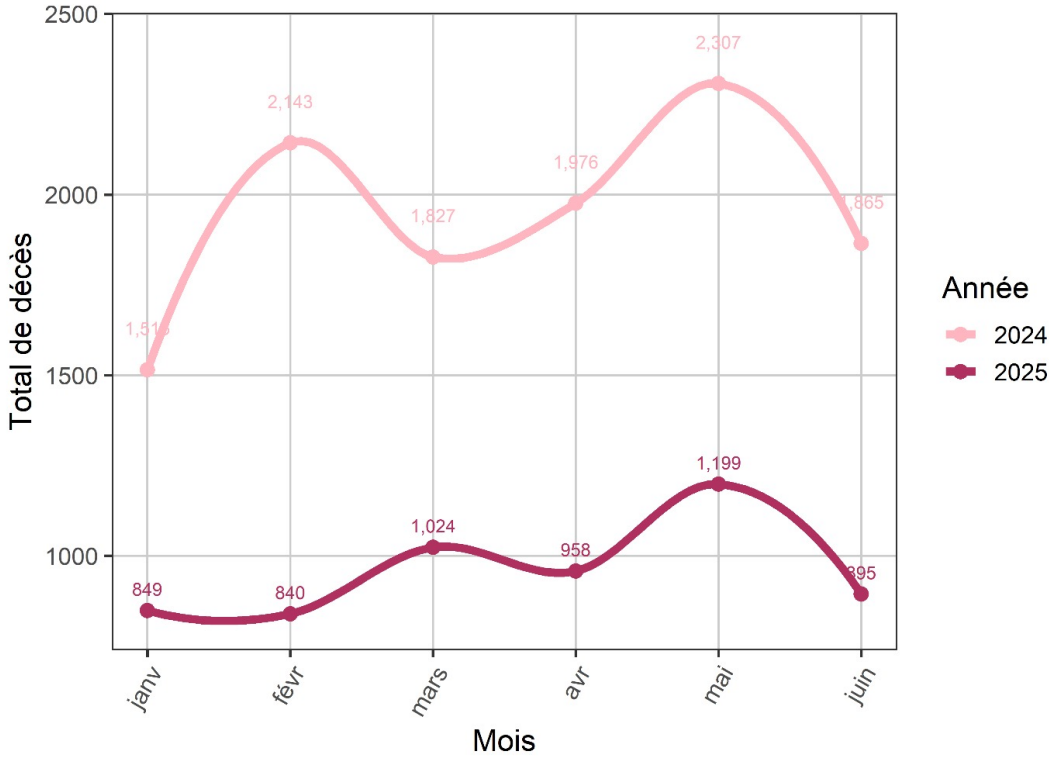


Figure 18: *Neonatal deaths — Monthly trend (January–June) — Regional total*

6. CONCLUSION AND RECOMMENDATIONS

This report presents an overview of the health status in the first half of 2025. There has been a significant decrease in infections for most of the diseases under surveillance compared to the first half of 2024. However, some epidemic outbreaks, such as those of highly pathogenic avian influenza, persist in the region. The fact that suspected cases of diseases such as Ebola and Zika are being reported also demonstrates enhanced and active surveillance in countries: it is better to detect false cases than to miss epidemic-prone diseases. This trend highlights both the progress made in surveillance towards disease control and the challenges that remain.

The year-on-year increase in measles cases poses a huge problem for all health systems. This applies not only to measles, but also to all other vaccine-preventable diseases. From an epidemiological perspective, Niger saw a sharp increase in cases up to week 15, while Guinea saw a peak in April followed by a decline. In addition, several countries, including Guinea, Benin, Ghana, and Togo, have reported an increase in measles-related deaths, while Niger, despite a high incidence, has reported fewer deaths than in 2024. Measles control depends almost exclusively on good vaccination coverage.

Dengue fever has seen a significant decline in incidence, with a 50% reduction in the number of cases in Burkina Faso, the most affected country.

Maternal deaths are declining in several countries, such as Côte d'Ivoire, Benin, and Burkina Faso, while they are increasing in other countries such as Senegal, Mali, and Ghana. Neonatal deaths are generally on the rise in most countries, except in Burkina Faso. These developments call for renewed attention to maternal and child health policies, targeting as a priority those areas where the situation is deteriorating.

Considering these findings, several recommendations are proposed. Immunization campaigns, particularly against measles, must be strengthened to address persistent gaps. It is also crucial to reduce health inequalities through targeted support to countries and regions where maternal and neonatal mortality is declining slowly. In addition, the systematisation of integrated syndromic surveillance will enable faster detection and early intervention in multiple outbreaks. Finally, better regional coordination to facilitate data sharing and harmonisation of response protocols is essential to strengthen collective resilience to health threats.

The report highlights tangible progress in the management of priority diseases while underscoring geographical and thematic weaknesses that need to be addressed quickly. A sustained effort, based on an integrated strategy including immunization, enhanced surveillance, and regional cooperation, is essential to ensure the sustainability of progress and improve public health in the region.

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