REGIONAL BRIEF

ECONOMIC COMMUNITY OF CENTRAL AFRICAN STATES (ECCAS)

Children with Albinism in Central Africa:

Priorities for Integrated Regional and National Action

African Child Policy Forum (ACPF)

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1. CONTEXT

This Brief examines the situation of children with albinism across Central Africa and sets out the coordinated regional and national action required from ECCAS and its 11 Member States. It draws on ACPF's 2026 continental report, its 2025 DRC case study, documented attack data, national statistics and desk-review evidence from across the region.

ECCAS comprises 11 Member States: Angola, Burundi, Cameroon, the Central African Republic, Chad, the Republic of Congo, the Democratic Republic of Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Príncipe.[1] Its mandate covers political and security cooperation, human and social development, health, education and cross-border cooperation, all of which are relevant to children with albinism.[2]

The June 2026 UTSS database records at least 137 documented attacks across six ECCAS Member States: the DRC, Burundi, Cameroon, the Republic of Congo, Gabon and Rwanda.[3] The DRC records 74 attacks and Burundi 41; together they account for the overwhelming majority of documented violence in the region.[4] These are documented reports rather than prevalence estimates or a complete record of all violence, and under-reporting is likely, particularly given the conflict, remoteness and weak reporting infrastructure that characterise parts of the region.

Central Africa's albinism response must account for overlapping regional membership. Burundi, the DRC and Rwanda also belong to the EAC; Angola and the DRC also belong to SADC. This creates both a coordination challenge and an opportunity to establish compatible alerts, referral pathways, investigative procedures and service standards across ECCAS, the EAC and SADC.

Population data remain severely limited across the region. A 2025 research estimate places Angola's population with albinism at approximately 6,818, with about 2,000 monitored by the national health service.[5] Rwanda's 2022 census identified 1,864 persons with albinism, approximately one in every 7,106 Rwandans.[6] A service providing organisation estimates that between 18,500 and 92,000 persons with albinism may live in the DRC, but this wide range is not census-validated and should be treated as a programme estimate rather than an official count.[7] No reliable national figure was located for the remaining eight ECCAS Member States.

KEY FIGURES: PERSONS WITH ALBINISM IN ECCAS MEMBER STATES

Country	Latest available population figure and data status	Documented attacks (March 2026)
Angola	Approx. 6,818 (2025 research estimate); about 2,000 monitored by health services	No documented attacks[1] in UTSS database

[1] *"No documented attacks" means none recorded in the UTSS database and does not establish the absence of violence.*

Burundi	No reliable national figure located	41: 23 killings, 13 survivors, 5 grave desecrations
Cameroon	No reliable national figure located	12: 3 killings, 2 survivors, 6 asylum cases, 1 grave desecration
Central African Republic	No reliable national figure located	No documented attacks in UTSS database
Chad	No reliable national figure located	No documented attacks in UTSS database
Republic of Congo	No reliable national figure located	7 killings
DRC	Programme estimate: approx. 18,500-92,000; not census-validated	74: 18 killings, 37 survivors, 1 missing, 11 grave desecrations, 7 asylum cases
Equatorial Guinea	No reliable national figure located	No documented attacks in UTSS database
Gabon	No reliable national figure located	2 survivors
Rwanda	1,864 (2022 census)	1 grave desecration
São Tomé and Príncipe	No reliable national figure located	No documented attacks in UTSS database
Sources: UTSS (June 2026); Angola research estimate (2025); Rwanda 2022 census; DRC programme estimate. Data types and years differ and should not be aggregated.		

Albinism falls within the disability framework where visual and dermatological impairments interact with attitudinal, institutional and environmental barriers.[8] Children with albinism consequently require both universal child-rights protection and targeted measures addressing safety, sun protection, low vision, reasonable accommodation, participation and access to remedies.[9]

2. SITUATION OF CHILDREN WITH ALBINISM IN THE ECCAS REGION

2.1. Ritual Attacks, Trafficking and Cross-Border Crime

The Great Lakes area is the region's most acute protection corridor for cross-border crime. UTSS identifies Burundi and the DRC among countries implicated in the cross-border trade of persons with albinism and their body parts, alongside Tanzania, Kenya, Mozambique, Malawi, South Africa and Eswatini.[10] The DRC case study found that caregivers in Uvira, a border town with Burundi, feared kidnapping and cross-border trafficking and in some cases relocated children to larger towns as a preventive measure.[11] UNHCR has separately documented the case of a Congolese child who fled to Burundi after an attempted abduction linked to witchcraft beliefs.[12]

Documented cases illustrate the severity of the threat. In Burundi, the dismembered remains of a four-year-old boy were found in February 2022 after he was abducted from a street in Bujumbura and driven 230 kilometres to Cankuzo province, where his arms and legs were removed and his bones shared among the perpetrators. Weeks later, the grave of a girl with albinism was desecrated and her remains taken. [13] In the DRC, a five-year-old boy's mutilated body was found in South Kivu in February 2023 after he was

kidnapped from his family home,3 and a boy in Bukavu survived an attempted kidnapping in September 2021 after the alarm was raised by his friends.[14]

Cameroon records 12 documented attacks, including a case in which a man's mutilated remains were discovered in Bafoussam in 2021 with several organs missing[15]. The Republic of Congo records seven killings, all of women attacked with machetes while working alone in remote fields, with none of their bodies recovered and no arrests made.[16] Gabon records two survivors of attempted abduction and Rwanda one grave desecration. The absence of recorded attacks in five ECCAS Member States-Angola, the Central African Republic, Chad, Equatorial Guinea and São Tomé and Príncipe- should be treated as a data and reporting gap, not as proof that children in those countries face no risk.[17]

2.2. Conflict, Displacement and Humanitarian Risk

The DRC case study highlights a protection issue of particular relevance to ECCAS: armed conflict and displacement can dismantle the institutions that ordinarily protect children. In Bagira, Nyiragongo and Karisimbi-zones under full or partial M23 control at the time of the research- several health centres were no longer fully operational, and researchers had to negotiate access separately with both government and de facto rebel authorities to reach study participants safely.[18] Across North and South Kivu, the case study found that insecurity weakened schools, health facilities, police presence and community referral systems, while families feared reporting abuse in areas under de facto armed-group control. Children with albinism who are displaced lost access to sunscreen, protective clothing, visual aids, civil documentation and safe accommodation, and their visibility in crowded transit, reception and displacement settings increased their exposure to stigma, exploitation and targeted harm.[19]

ECCAS identifies peace, security and stability as a regional priority pursued through the Central African Peace and Security Council (COPAX), the Central African Multinational Force (FOMAC), and conflict-prevention and management mechanisms.[20] This architecture provides a potential institutional entry point for incorporating risks affecting children with albinism into regional early warning and civilian-protection planning.

2.3. Stigma, Psychosocial Harm and Family Exclusion

Across the DRC study sites, harmful myths presented albinism as a curse, supernatural condition or source of power. Community members described children with albinism as "ghosts", "night husbands", "spirits returned from the dead" or the offspring of a mother's supposed relations with a supernatural being; some residents avoided greeting or touching children with albinism for fear of giving birth to a child with albinism themselves, while others spat on the ground when a child with albinism passed, as a protective ritual.[21] Children reported insults, social exclusion, restricted mobility, fear and internalised shame. Caregivers described accusations of infidelity or witchcraft following the birth of a child with albinism, as well as isolation and economic strain. A mother in Uvira recounted: "When I saw her skin, I thought maybe I had been cursed. My husband didn't speak to me for two days." In Fizi and Nyiragongo, caregivers reported that neighbours discouraged their children from playing with children with albinism and, in some cases, spread the false belief that albinism is contagious; one father in Nyiragongo recalled that a shopkeeper told his wife to "keep that demon indoors" because he believed their child had cursed his

business. Evidence from Cameron similarly documents abandonment, refusal to breastfeed, bullying and harmful beliefs affecting children with albinism.[22]

Despite these, the DRC study also recorded resilience among children. Children with albinism acted as peer educators, joined youth groups and expressed aspirations to become lawyers, teachers, nurses and public leaders.[23]

2.4. Limited Access to Health Care

Children with albinism require sunscreen, protective clothing, skin screening, ophthalmology and low-vision support. Skin cancer is preventable and treatable when protection and early care are available, but it remains a leading cause of death among persons with albinism in Africa.[24] WHO included broad-spectrum sunscreen in its 2025 Model Lists of Essential Medicines, creating a basis for national listing, public financing and procurement.[25]

In the DRC case study, only three of the 15 families interviewed reported ever receiving sunscreen or skin-cancer screening, generally through short-term NGO distributions rather than public services.[26] A nurse in Fizi said: "We treat skin wounds, but we don't have sunscreen or eye specialists for these children. Sometimes, we just tell the parents to keep them inside."[27] In Bagira and Nyiragongo, several health centres were no longer fully operational at the time of the study, and one female caregiver described how families were treated: "We only go to the clinic if it's an emergency. They don't have what we need, and they look at us with suspicion."

A DRC-based programme has provided dermatological services and sunscreen to hundreds of people through mobile clinics- a model that demonstrates the value of outreach while also showing why essential care must be integrated into sustainable public systems rather than left to short-term projects.[28]

2.5. Barriers to Education

Caregivers and children alike in the DRC case study described repeated difficulties attending schools regularly because of financial constraints, social stigma, bullying or medical issues such as poor eyesight and sun sensitivity.[29] Fewer than one-third of the children interviewed reported receiving seating accommodation or visual aids, and none had access to large-print materials. In Karisimbi, one child dropped out of school entirely after being physically attacked by older pupils. A 14-year-old boy in Nyiragongo described being dismissed when he asked for a seating accommodation: "I told the teacher I can't see from far. He said, 'Everyone has problems.' I gave up."[30] A common and harmful misconception among teachers across the region is that children with albinism have subnormal intelligence, which directly suppresses educational aspiration and opportunity.[31]

The evidence points to the need for enforceable minimum standards on inclusive education for children with albinism. These include front-row seating, large-print and magnified materials, appropriate lighting, shaded spaces, examination accommodation, safe transport and effective anti-bullying procedures. These measures are consistent with the ACERWC Guiding Note, which calls for individualised reasonable accommodation, assistive devices, trained educators and action against discrimination, bullying and exclusion in schools.[32]

2.6. Poverty, Documentation and Social Protection

Poverty increases the risks faced by children with albinism and limits families' ability to meet their needs. The costs of transport, sunscreen, corrective lenses, protective clothing and secure housing can prevent children from accessing health care, attending school regularly and participating fully in community life.[33]

Lack of civil documentation creates an additional barrier. In the DRC, birth registration was particularly low among children with albinism interviewed for the study.[34] Without a birth certificate or other legal identity documents, children may face difficulties enrolling in school, accessing health care and social protection programmes, and obtaining support from child-protection and justice systems.

These barriers are interconnected. Families living in poverty may struggle to complete birth-registration procedures, while children without documentation may be excluded from programmes that could reduce their vulnerability. Civil registration, disability-inclusive social protection and support for caregivers should therefore form part of an integrated protection response for children with albinism, rather than being treated as separate or secondary welfare concerns.

2.7. Gender and Child Participation

Children with albinism may experience intersecting discrimination related to their age, disability, skin colour, sex and poverty.[35] In conflict-affected parts of Central Africa, displacement can create an additional layer of vulnerability by disrupting family support, civil documentation and access to education, health care and protection services. The DRC case study documented blame and accusations directed at mothers of children with albinism, increased financial and caregiving pressures, and heightened vulnerability where family support and public services were weak.[36] It is therefore important for regional and national programmes to assess the different risks and barriers experienced by girls and boys, without assuming that their circumstances and protection needs are identical.

Children with albinism are not only victims who seek protection and other services. They can also contribute to efforts to challenge stigma and promote inclusion. In the DRC, children with albinism participated in youth groups, peer education, music, radio programmes and school leadership.[37] These examples demonstrate children's capacity to contribute to community awareness and influence decisions affecting their lives.

2.8. Access to Justice and Accountability

The DRC records 74 attacks in the UTSS database, yet the country case study found no standard operating procedures for routine albinism-related abuse, weak police awareness and little follow-up after reporting. One official in Bagira captured the prevailing institutional attitude: "If no blood was drawn, we don't intervene. It's a family or community matter."[38] Another officer in Nyiragongo admitted: "We've never had training on this. To us, they are children like any other. If a crime happens, we handle it but we don't track or prevent anything."[39] In conflict-affected zones, families feared reporting incidents altogether, worried that doing so would make them targets of retaliation.

3. LEGAL AND POLICY FRAMEWORKS: PROTECTIONS AND IMPLEMENTATION GAPS

Albinism falls within the disability framework because it can result in long-term sensory impairments, particularly low vision, and physical impairments, including vulnerability to sun exposure and skin damage.[40] These impairments interact with attitudinal, institutional and environmental barriers that restrict equal participation. In Z v. United Republic of Tanzania, the CRPD Committee examined violence and discrimination against a person with albinism under the CRPD, reinforcing the application of disability-rights protections to persons with albinism across the continent, including in ECCAS Member States that have ratified the Convention.[41]

All ECCAS Member States are also bound by the African Charter on the Rights and Welfare of the Child. This is complemented by the UN Convention on the Rights of Persons with Disabilities (CRPD), the AU Plan of Action to End Attacks and Other Human Rights Violations Targeting Persons with Albinism in Africa (2021-2031), the Pan-African Parliament Guidelines on Accusations of Witchcraft and Ritual Attacks and the ACERWC's 2025 Guiding Note on reporting on children with albinism.[42] Together these instruments provide the continental policy and reporting framework that should anchor ECCAS action.

At national level, the DRC has constitutional, child-protection, disability, public-health and education laws, but no albinism-specific national policy or action plan. The Constitution of the DRC (2006, revised 2011) guarantees equality before the law and prohibits discrimination; Article 49 affirms the rights of persons with disabilities to specific protections and Article 123 mandates state policies promoting social justice and equitable access to basic services. The Child Protection Law No. 09/001 (2009) provides a legal foundation for protecting children from abuse and harmful practices, and the National Disability Law No. 22/003 (2022) provides a more specific basis for the protection and inclusion of persons with disabilities but neither law explicitly mentions albinism, and the case study identifies limited operational guidance, weak budgets, poor dissemination and minimal frontline training. [43] Comparable implementation gaps across the region justify a common ECCAS framework and national action plans adapted to each country's context.[44]

ACERWC ACCOUNTABILITY FRAMEWORK

In April 2024, the ACERWC convened a Day of General Discussion on Solutions to the Challenges Faced by Children with Albinism, resulting in an outcome declaration that called on governments to enforce anti-discrimination laws, fund national action plans, train service providers, and collect disaggregated data.[45] The ACERWC's 2025 Guiding Note on Reporting on Children with Albinism now requires all AU Member States to include disaggregated data on children with albinism in their periodic reports under the ACRWC.[46] ECCAS can use and translate these continental standards into a common regional monitoring tool and peer-review process.

4. ECCAS REGIONAL COORDINATION AND ADDED VALUE

ECCAS is uniquely positioned to connect child protection, peace and security, humanitarian action and human development. The revised Treaty provides for cross-border cooperation and cooperation in human resources, social affairs and gender.[47] Within the ECCAS Commission, the Department for Gender Promotion, Human and Social Development coordinates regional policies and programmes in key sectors,

including health, education, youth, gender, and social development.[48] These mandates provide a clear institutional basis for developing and coordinating a regional implementation framework to protect and promote the rights of children with albinism.

ECCAS can add value by harmonising regional policies and standards, facilitating cross-border cooperation, strengthening data collection and reporting, promoting peer learning among Member States, and mobilising coordinated action by governments, civil society organisations, communities, and development partners. The Council for Peace and Security in Central Africa (COPAX) can complement these efforts by addressing the cross-border, conflict-related, and security dimensions of violations affecting children with albinism, including trafficking, displacement, ritual attacks, and other forms of exploitation and violence.

ECCAS can build on existing regional and interregional cooperation mechanisms. ECCAS and ECOWAS previously adopted a multilateral cooperation agreement and joint action plan against trafficking in persons, especially women and children.[49] This architecture could be revived and adapted to address trafficking and other cross-border violations affecting children with albinism. Cooperation should also extend to the East African Community (EAC) and the Southern African Development Community (SADC), given the overlapping regional memberships of Angola, Burundi, the Democratic Republic of the Congo, and Rwanda. Such coordination would help align prevention, identification, referral, investigation, and victim-support measures across borders and reduce protection gaps between regional jurisdictions.[50]

ECCAS can further add value by developing regional standards and practical operational guidance in its official working languages. This could include simple indicators for identifying cases and risks, standard referral procedures, minimum requirements for reasonable accommodation and accessible services, and guidance on collecting, disaggregating and securely sharing data. The AU Plan of Action and its Implementation Matrix already establish measurable targets, indicators, responsible entities and data-collection mechanisms,[51] while the ACERWC's 2025 Guiding Note on Reporting on the Rights and Welfare of Children with Albinism in Africa provides child-specific indicators that States are encouraged to integrate into their reporting frameworks.[52]

These regional tools could help police and border officials, teachers, health workers, social welfare personnel, humanitarian actors and community-based protection structures to identify risks, provide appropriate first-line responses and refer affected children to accessible, child-sensitive and rights-based services. They would also support implementation of the AU Plan of Action's priorities relating to human security, social protection, access to justice, victim and survivor support, inclusive education, adequate health care, data collection, monitoring and accountability.[53]

ECCAS also has an important role in facilitating regional learning, mutual accountability and the transfer of effective practices. Experiences from across the region offer complementary lessons. The Democratic Republic of the Congo provides relevant experience in delivering child-protection and inclusive-education interventions in a context affected by conflict, displacement and humanitarian emergencies, including measures to reduce the exclusion of children with albinism from education.[54] Rwanda's 2012 and 2022 Population and Housing Censuses demonstrate the possibility of identifying albinism within national census data, including disaggregation by sex and urban or rural residence.[55] Angola's 2023-2027 Plan for the Support and Protection of Persons with Albinism provides a useful example of multisectoral planning,

health-system monitoring and the prioritisation of dermatological, ophthalmological and other essential health services.[56] Documented attacks, cross-border risks, stigma and discrimination affecting persons with albinism in Burundi,[57] together with evidence concerning discrimination and violence against children with albinism in Cameroon,[58] can inform prevention, community awareness, protection and criminal-justice capacity-building across the region.

A regular ECCAS regional forum could bring together Member States, national human rights institutions, organisations of persons with albinism, child-rights organisations, civil society, affected children and families, and technical and development partners. The forum could review comparable and appropriately disaggregated data, assess implementation against agreed indicators, identify gaps and transferable practices, and adopt time-bound follow-up actions. This approach would be consistent with the AU Plan of Action's results-based and participatory implementation framework and with the ACERWC Guiding Note's recognition of the reporting, monitoring and advocacy roles of States, children, national human rights institutions and civil-society organisations.

5. PROMISING PRACTICES IN THE REGION

Rwanda's inclusion of albinism in its 2022 census demonstrates that national statistical systems can make persons with albinism visible, providing the most reliable population baseline anywhere in ECCAS.[59] Angola's health-service monitoring offers a potential starting point for service planning, although national coverage remains incomplete.[60]

In the DRC, mobile dermatology services, community health outreach, OPD advocacy, school accommodation by individual teachers and child-led peer activities provide practical examples for regional learning.[61] Community mechanisms in the DRC, including child-protection committees and networks, offer structures that could be trained to identify risk, support referrals and monitor exclusion, though their effectiveness depends on adequate resources, clear protocols, trained personnel and referral links to formal institutions. [62]

Children themselves are among the region's most promising resources. Peer educators, youth-group members and young people who have used community radio and school leadership roles to challenge stigma in Uvira, Karisimbi and Bagira demonstrate that meaningful child participation, once enabled, can shift attitudes even in the most difficult conflict-affected settings. Scaling these examples requires targeted funding, policy alignment and the deliberate amplification of grassroots and youth leadership.

6. REGIONAL POLICY AND IMPLEMENTATION GAPS

ECCAS currently has no dedicated regional framework or publicly accessible implementation mechanism specifically addressing the rights and protection of children with albinism. Nor has the region adopted an instrument comparable to the SADC Declaration on the Protection of Persons with Albinism. The evidence reviewed for this Brief highlights the following priority gaps:

- *Limited application of regional security mechanisms: Existing* COPAX, anti-trafficking and cross-border cooperation mechanisms are not systematically applied to attacks, trafficking and other crimes affecting children with albinism, despite the clear relevance of their mandates.

- *Insufficient inclusion in humanitarian action:* Conflict-prevention, preparedness and humanitarian-response systems do not routinely identify or address the specific protection, health, accessibility, civil-documentation and family-reunification needs of children with albinism.
- *Weak and inconsistent data:* Population, service-access and attack data remain incomplete and methodologically inconsistent. Available data are rarely disaggregated by age, sex, disability, location and case outcome, limiting effective prevention, resource allocation, investigation and accountability.
- *Fragmented access to essential services:* Health, education and protection support is often fragmented, concentrated in urban areas and dependent on civil-society organisations or external funding. Civil-registration, disability-assessment and social-protection systems rarely identify children with albinism or systematically connect them to appropriate benefits and services.
- *Limited participation in decision-making:* Children with albinism and their representative organisations are not systematically or meaningfully included in the design, implementation, monitoring and evaluation of relevant regional and national policies and programmes.
- *Limited regional scrutiny and accountability:* No ECCAS Member State has yet been the subject of ACERWC'S investigative or fact-finding mission focused on the rights of children with albinism. This contrasts with the Committee's fact-finding missions to Tanzania in 2015 and Malawi in 2022 and points to an opportunity for stronger regional monitoring, reporting and engagement with African human-rights mechanisms.

These gaps demonstrate the need for an ECCAS-wide framework that clearly assigns institutional responsibilities, establishes common standards and indicators, integrates children with albinism into existing regional mechanisms, and provides for regular monitoring, reporting and participation by affected children and their representative organisations.

7. RECOMMENDATIONS FOR ECCAS AND ITS MEMBER STATES

For the ECCAS Commission and Relevant Organs

- *Adopt a regional action framework:* Develop and adopt a time-bound and costed ECCAS regional action framework for protecting and promoting the rights of children with albinism. The framework should align with the AU Plan of Action, the African Children's Charter, the CRPD, the outcome statement of the ACERWC Day of General Discussion, and the ACERWC Guiding Note. It should establish measurable indicators, institutional responsibilities, implementation timelines, a regular reporting cycle, and an independent mid-term review.
- *Establish interdepartmental coordination:* Create a standing interdepartmental coordination mechanism linking the ECCAS portfolios responsible for gender and human development, health, education, social affairs, humanitarian action, justice, migration, and peace and security, including COPAX. Its terms of reference should guarantee the formal participation of organisations of persons with albinism and provide for the safe, meaningful, accessible and age-appropriate participation of children with albinism.
- *Integrate albinism into peace and security mechanisms:* Incorporate the risks facing children with albinism into COPAX early-warning systems, conflict analysis, risk assessments and civilian-

protection planning. Particular attention should be given to border communities, displacement sites and territories affected by armed groups, trafficking networks or weakened state protection.

- *Develop a child-sensitive cross-border protocol:* Establish a regional protocol covering urgent alerts, harmonised case classification, missing-child tracing, victim identification and referral, coordinated investigations, preservation and exchange of evidence, safe return, family reunification, and witness and survivor protection. The protocol should incorporate child-safeguarding, confidentiality, informed-consent, privacy and data-protection requirements.
- *Strengthen interregional cooperation:* Revitalise cooperation with ECOWAS on trafficking and related cross-border crimes and develop compatible operational procedures with the EAC and SADC, particularly for countries holding overlapping membership or sharing borders with ECCAS Member States.
- *Commission a regional baseline:* Undertake a regional baseline assessment covering all 11 ECCAS Member States. The assessment should clearly distinguish among census data, administrative records, research-based estimates and civil-society documentation. It should cover population estimates, attacks, abductions, missing persons, grave desecration, access to services, applicable laws and policies, budget allocations, investigations, prosecutions, convictions and other case outcomes. Data should be disaggregated, at a minimum, by age, sex and location.
- *Establish regional minimum standards:* Develop, adopt and monitor minimum standards for access to broad-spectrum, high-SPF sunscreen; regular skin screening and treatment; ophthalmological and low-vision care; inclusive education; birth registration and civil documentation; disability-inclusive social protection; trauma-informed psychosocial support; and disability-inclusive humanitarian assistance.
- *Create a regional learning forum:* Convene an annual ECCAS peer-learning and accountability forum involving Member States, relevant ECCAS institutions, national human rights institutions, organisations of persons with albinism, child-rights organisations, civil society, affected children and families, and technical partners. The forum should publish implementation progress, identify persistent gaps and failures, document transferable practices, and assign time-bound follow-up actions.

For ECCAS Member States

- *Adopt and finance national implementation frameworks:* Develop, fund and implement costed national action plans on albinism or equivalent implementation frameworks. These should assign responsibilities across government, establish annual targets and budget lines, require public reporting, and provide for the meaningful participation of children with albinism and their representative organisations.
- *Strengthen criminal-law and justice responses:* Ensure that national law effectively criminalises and punishes the abduction, trafficking and killing of persons with albinism; grave desecration; the possession, transport or trade of human remains or body parts; and related harmful practices. Police officers, border officials, prosecutors, judges, health personnel and social workers should receive specialised training, supported by child-sensitive complaints, investigation, protection and referral mechanisms.

- *Guarantee access to essential health services:* Include suitable broad-spectrum, high-SPF sunscreen in national essential-medicines or essential-health-products lists and public procurement systems. Integrate skin screening, dermatological care, ophthalmological assessment, low-vision services, assistive products and referral pathways into primary health care, school-health programmes and specialist services.
- *Ensure inclusive and safe education: R*equire schools to provide reasonable accommodation based on each child's individual needs. Measures should include appropriate classroom seating, large-print or magnified learning materials, suitable lighting, shaded areas, examination accommodations, accessible information, safe transport where necessary, and enforceable procedures for preventing and responding to bullying, harassment and violence.
- *Improve data collection and interoperability:* Include albinism in population censuses, household surveys and relevant administrative information systems. Data should be disaggregated by age, sex and location, while police, justice, health, education, social-protection and civil-registration records should be regularly reconciled through secure and rights-respecting procedures.
- *Guarantee legal identity and social protection:* Ensure timely birth registration and appropriate civil documentation for every child with albinism. Affected children and households should be identified and prioritised within disability-inclusive social-protection, poverty-reduction and livelihood programmes, based on assessed needs and without creating stigma or exposing personal information.
- *Integrate albinism into humanitarian action:* Incorporate the specific needs and risks of children with albinism into humanitarian needs assessments, displacement tracking, protection monitoring, case management, distribution systems, shelter planning, health services, family tracing and reunification, and child-friendly or other safe-space programming.
- *Invest in community-based prevention and support:* Fund community-based protection mechanisms, trauma-informed psychosocial support, caregiver and peer-support groups, public education, and initiatives to address harmful beliefs and practices. These interventions should be designed and delivered with organisations of persons with albinism, children with albinism, families, community leaders and other trusted local actors.
- *Promote ethical and rights-based communication:* Establish guidance for public authorities and media organisations on accurate, respectful and child-sensitive reporting. Communications should protect children's identities and privacy, avoid sensationalism and harmful stereotypes, and amplify the informed perspectives of persons with albinism.

8. CONCLUSION

Children with albinism in Central Africa face documented killings, abductions, grave desecration, stigma, preventable health risks, and exclusion from education, social protection and child-protection systems. In the Democratic Republic of the Congo, armed conflict and displacement compound these harms by disrupting essential services, weakening civil documentation and family-support systems, increasing exposure to violence and exploitation, and limiting access to justice. ECCAS has the mandate and institutional capacity to connect human development with peace and security, humanitarian action and cross-border cooperation.

ECCAS's role is not to replace the primary responsibility of Member States, but to make national action more coherent, comparable and mutually reinforcing. Member States must enact, finance and implement effective laws, protection measures and accessible services. ECCAS should establish regional standards, coordinate cross-border and conflict-sensitive responses, facilitate peer learning, strengthen cooperation with other Regional Economic Communities, and monitor implementation and results.

A functioning regional architecture, supported by adequate national investment and the meaningful participation of children with albinism and their representative organisations, is essential to close existing protection gaps. It would enable ECCAS and its Member States to move from fragmented interventions to sustained, accountable and rights-based action, ensuring that every child with albinism in Central Africa can survive, develop, learn and participate in safety, equality and dignity.

9. ENDNOTES

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