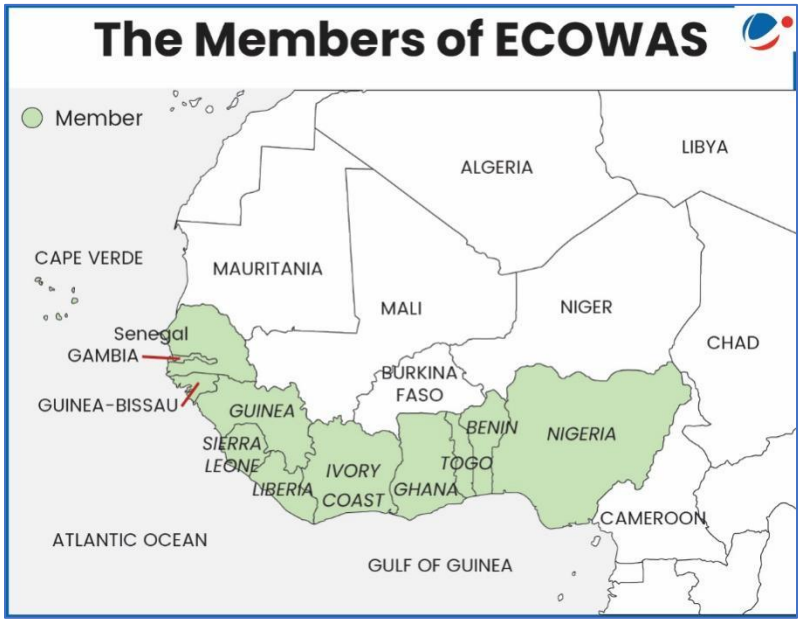
REGIONAL BRIEF

ECONOMIC COMMUNITY OF WEST AFRICAN STATES (ECOWAS)



Children with Albinism in West Africa:

Priorities for Integrated Regional and National Action

African Child Policy Forum (ACPF)

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1. CONTEXT

This Brief highlights the situation of children with albinism in West Africa, including the challenges they face and the measures taken to address them. It also sets out the region-wide policy and programmatic action required from ECOWAS and its Member States.

The Brief draws on ACPF's 2026 continental report, its 2025 Nigeria country case study and additional evidence from across the region.

Violence against persons with albinism is documented across West Africa more widely than is often recognised. The July 2025 Under the Same Sun (UTSS) database[1] records that seven of the 12 current ECOWAS Member States, namely Benin, Côte d'Ivoire, Ghana, Guinea, Nigeria, Senegal and Togo, have a combined total of 93 documented attacks against persons with albinism, including at least 29 killings. A further 30 attacks are recorded in Burkina Faso, Mali and Niger, whose withdrawal from ECOWAS became effective on 29 January 2025.[2] Côte d'Ivoire has the highest documented total among current ECOWAS Member States, with 31 attacks, including 10 killings. Benin records 18 attacks, Guinea 16, Nigeria 14, Senegal 9, Ghana 4 and Togo 1. Taken together, the wider West African region accounts for 123 documented attacks.[3] These figures represent documented reports compiled by UTSS and should not be interpreted as a complete record of all violence, as underreporting is likely.

Population data on persons with albinism in the ECOWAS region are uneven in quality, date and method, but available evidence shows that the data gap is not absolute. Some countries have census, mapping or policy-based figures, while others rely on programme or research estimates. Côte d'Ivoire's 2014 census is reported to have identified approximately 6,200 persons with albinism.[4] Nigeria's National Policy on Albinism cites an estimate of six million persons with albinism, 40 per cent of whom are children, although this figure is not census-validated.[5] In Togo, a nationwide mapping exercise conducted in 2024 identified 1,521 persons with albinism, of whom 43.58 per cent were children and adolescents aged 1 to 15.[6] In Senegal, secondary sources cite an official estimate of 2,040 persons with albinism, while albinism associations estimate the number at approximately 10,000 to 10,500.[7] In Sierra Leone, programme estimates suggest that there are approximately 1,500 to 3,000 persons with albinism;[8] however, there is no agreed national figure, and accurate census data remain difficult because some persons with albinism are hidden or not consistently captured in national data system. In Ghana, research estimates suggest that the country had approximately 1,800 to 5,400 persons with albinism in 2015, based on an estimated prevalence range of 1 in 5,000 to 1 in 15,000 applied to Ghana's population at that time.[9] These figures as a whole are not methodologically comparable and should not be added together to produce a regional total. They should instead be treated as a starting point for verification, improved national data collection and regional planning.

ACPF's continental report, *Living in the Shadows: Children with Albinism in Africa*, documents how stigma, violence, poverty, limited access to health care and education, exclusion from social protection, and weak access to justice combine to harm children with albinism.[10] Similarly, ACPF's Nigeria case study further

shows that harm is not limited to ritual attacks. Even where study participants did not report such attacks, children experienced serious and sustained harm through emotional violence, confinement, bullying and institutional discrimination.[11]

KEY FIGURES: PERSONS WITH ALBINISM IN CURRENT ECOWAS MEMBER STATES

Country	Latest available population figure and data status	Documented attacks (July 2025)
Benin	No reliable national figure located	18: 5 killings, 5 survivors, 7 missing, 1 grave desecration
Cabo Verde	No reliable national figure located	No documented attacks[1] in UTSS database
Côte d'Ivoire	Approx. 6,200 (2014 census figure cited by programme source)	31: 10 killings, 13 survivors, 4 missing, 4 asylum cases
The Gambia	No reliable national figure located	No documented attacks in UTSS database
Ghana	Approx. 1,800-5,400 (older research estimate)	4: 1 killing, 3 survivors
Guinea	No reliable national figure located	16: 5 killings, 6 survivors, 5 asylum/refuge cases
Guinea-Bissau	No reliable national figure located	No documented attacks in UTSS database
Liberia	No reliable national figure located	No documented attacks in UTSS database
Nigeria	Approx. 6 million, including 40% children (government policy estimate; not census-validated)	14: 4 killings, 4 survivors, 1 missing, 5 asylum cases
Senegal	2,040 reported official count; association estimate approx. 10,000-10,500	9: 3 killings, 4 survivors, 2 asylum cases
Sierra Leone	Approx. 1,500-3,000 (programme estimate); 500+ association reach/identified	No documented attacks in UTSS database
Togo	1,521 identified nationwide in 2024; 43.58% aged 1-15	1 killing

Sources: UTSS (2025). Population data are drawn from the Nigeria National Policy on Albinism; Fondation Pierre Fabre for Côte d'Ivoire; ATOP for Togo's 2024 nationwide mapping; OFPRA, SenePlus and Le Quotidien for Senegal; Medical Assistance Sierra Leone for Sierra Leone; and Under The Same Sun (2015) for Ghana.

[1] *"No documented attacks" means that no cases are recorded in the UTSS database and does not establish the absence of violence.*

2. SITUATION OF CHILDREN WITH ALBINISM IN THE ECOWAS REGION

2.1. Accusations of Witchcraft, Ritual Attacks, Trafficking and Cross-Border Crime

Ritual violence is documented in multiple countries in the ECOWAS region. In Guinea, a four-year-old girl was abducted in Damankania in 2017 and rescued after swift action by the gendarmerie; two suspects, including a witchdoctor, were arrested.[12] In Ghana, a 16-year-old boy narrowly escaped an attempted abduction in 2023.[13] These cases show that threats to children can involve organised networks, cross-border demand and actors who exploit harmful beliefs.

In Nigeria, the country case study did not document ritual killings, mutilations or trafficking of children with albinism in the study sites. However, harmful beliefs remain significant. Children with albinism were described as "cursed," "spirits," or associated with supernatural causes, and some families responded by hiding children indoors, restricting their movement or excluding them from school and community life.

Given the cross-border nature of this crime, the regional situation cannot be separated from developments in the wider West African region. In Togo, the killing of a two-year-old boy in 2017 was reportedly linked to plans to exhume his remains and take them to neighbouring Benin for use in witchcraft practices. Burkina Faso, although no longer an ECOWAS Member State, recorded a reported trafficking case involving a three-year-old child with albinism allegedly being moved from Tanzania to Ouagadougou without a passport. Such cases underline the need for continued cooperation between ECOWAS Member States, neighbouring countries and relevant regional blocs on cross-border trafficking, border security and the protection of children with albinism.

2.2. Electoral Periods and Heightened Protection Risks

Evidence from the wider West African region indicates that beliefs linking the body parts of persons with albinism to political power or electoral success can heighten protection risks around elections. In Mali, a five-year-old girl with albinism was abducted and killed in Fana in May 2018, ahead of the country's presidential election, with the Federation of Associations of Persons with Albinism in West Africa (FAPAO)'s secretary-general linking the case to a wider pattern of attacks around elections.[14] Although Mali is no longer an ECOWAS Member State, the case remains relevant to ECOWAS early-warning work because it illustrates how harmful beliefs and ritual violence may create heightened risks for persons with albinism during electoral periods in the wider West African region.

Within the ECOWAS region, Senegal provides a cautionary example. UTSS records three alleged murders of persons with albinism reportedly linked to the March 2012 elections, while noting that these allegations were unproven.[15] Côte d'Ivoire also illustrates the need for precautionary monitoring: UTSS records a 2024 alleged killing involving claims that body parts were sought for political purposes.[16] These cases should be treated with caution in terms of using them as proof of a general causal relationship between elections and attacks. They do, however, justify precautionary monitoring, community alerts and prevention messaging before, during and after electoral periods.

Given ECOWAS's existing mandate on electoral assistance, election observation, early warning and conflict prevention, the Commission should integrate risks facing children with albinism into election-related risk assessment and protection planning. This should include prevention messaging, community alerts and referral pathways before, during and after electoral periods.

2.3. Stigma, Discrimination and Psychosocial Harm

ACPF's Nigeria case study[17] found that stigma and institutional discrimination were the most pervasive forms of harm in the communities studied. Children reported name-calling, staring, exclusion from games and sports, bullying, and discriminatory treatment in schools and health facilities. One child said, "I feel discriminated against at the hospital and while in school. I am always excluded in sports." Another child was punished by being made to kneel in direct sunlight despite the teacher's knowledge of her condition.[18]

These harms are not limited to isolated incidents. They shape children's daily lives, movement, confidence and participation. Some children are kept indoors because families fear stigma, shame, abuse or safety risks. Although confinement is often framed as protection, it can deny children access to healthcare, education, friendships, recreation and access to services. Girls may face additional restrictions because of heightened concerns about rejection, exploitation, and future relationships. Over time, these experiences can lead to anxiety, low self-esteem, internalised shame and social withdrawal.[19]

Across the ECOWAS region, stigma against children with albinism is reinforced by the language, labels and beliefs used to describe them. Research on disability discourse in Africa, drawing on evidence from Ghana, Guinea, Sierra Leone and Togo, links the devaluation of children with disabilities to their exclusion and heightened exposure to violence. [20] This insight is directly relevant to children with albinism who are often labeled as "cursed," "spirits," "worthless" or sources of supernatural power. These beliefs do more than cause emotional harm and can make discrimination and abuse appear acceptable and can influence how families, communities and institutions respond to them. Such beliefs may result in children being hidden, isolated, excluded from school, denied services or treated as legitimate targets of abduction and ritual violence. Addressing these harms therefore requires more than laws, services and prosecution. Countries must also confront the language and social beliefs that enable abuse, while promoting positive cultural and rights-based narratives that recognise children with albinism as children with equal rights, inherent dignity and full membership in their families and communities.

Country-level evidence illustrates how these harmful beliefs and attitudes translate into different but interconnected forms of exclusion.[21] In Benin, reports describe stereotyping, social exclusion, gender-based discrimination and inadequate services.[22] In Ghana, disability organisations report stigma, bullying and exclusion from education, employment and community life.[23] In Côte d'Ivoire, misinformation and discrimination coexist with serious health risks, including preventable skin damage and skin cancer.[24] These examples show that stigma is not only a social attitude; it is a barrier to protection, health, education, social inclusion and dignity.

2.4. Limited Access to Health Care

Children with albinism require lifelong sun protection, routine skin examinations, low-vision assessment and access to dermatological and ophthalmological care. Yet these services remain out of reach for many children. ACPF's Nigeria case study found that sunscreen and glasses were often unavailable or unaffordable, while specialist services were concentrated in urban areas. A health worker described referring a boy with severe burns from school sports to a general hospital, but his mother could not afford transport.[25]

The inclusion of broad-spectrum sunscreen in the WHO Model Lists of Essential Medicines for adults and children in 2025 provides an important opportunity for ECOWAS Member States. Governments can now add suitable broad-spectrum, high-SPF sunscreen to national essential medicines lists, public financing mechanisms and procurement systems. However, the WHO listing will save lives only if it is backed by public budgets, reliable supply chains and delivery systems that reach children with albinism, including those in rural and low-income communities.[26]

Evidence from other Member States confirms the regional nature of health barriers.[27] In Ghana, research identifies gaps in health information, reasonable accommodation and access to appropriate services.[28] In Côte d'Ivoire, a multidisciplinary programme has combined mobile dermatological and ophthalmological services, skin-cancer screening, protective clothing, eye care and local sunscreen production.[29] The Côte d'Ivoire experience demonstrates the value of integrated care, while its limited geographic coverage reinforces the case for sustained public financing and national scale-up.[30]

2.5. Barriers to Education

Low vision, sensitivity to glare and sun exposure, bullying and the absence of reasonable accommodation undermine the education of children with albinism. In Nigeria, the National Policy on Albinism and Blueprint on Albinism Education provide for inclusive teaching and examination accommodations. In practice, however, implementation remains inconsistent. Children still lack large-print materials, visual aids and trained teachers, while anti-bullying measures are weak or absent. Some children leave school after repeated name-calling and teacher inaction.[31]

The barriers are practical and preventable. Front-row seating, large print, magnification, appropriate lighting, extra examination time, shaded play and assembly spaces, protective uniforms and informed teachers can make mainstream schools safer and more effective. These measures should be embedded in national inclusive education standards rather than left to individual teachers or donor-funded projects.[32]

The problem is regional. Across Africa, low vision associated with albinism is frequently misunderstood, and the absence of reasonable accommodation contributes to exclusion from education.[33] In Ghana, disability advocates have called for safer learning environments, action against bullying and stronger educational support.[34] In Côte d'Ivoire, the albinism programme includes academic support for younger beneficiaries.[35] ECOWAS minimum standards could turn these scattered measures into clear regional

expectations for Member States, covering classroom accommodation, safe school environments, teacher training, anti-bullying procedures and access to visual aids.[36]

2.6. Access to Justice and Accountability Gaps

Existing child protection, anti-trafficking and disability laws are rarely applied with specific attention to children with albinism. Missing-person cases, fear of reprisals, weak investigation of offences linked to harmful practices, and limited victim and witness support all impede accountability. Guinea's response to the 2017 abduction of a four-year-old girl shows that rapid and informed law-enforcement action can interrupt trafficking risks and bring suspects before the justice system.[37]

Justice must also address non-physical violence and discrimination. In Nigeria, children with albinism reported bullying, rejection and emotional violence, yet no formal protection mechanisms were in place to address these incidents.[38] One key informant described a girl with albinism who was kept indoors because her family feared for her safety and felt shame after neighbours claimed she brought bad luck; she was denied school and social interaction until community dialogue helped support her reintegration.

Such cases show why children with albinism need accessible complaint mechanisms in schools, health facilities and communities; child-sensitive police and social welfare services; legal aid; psychosocial support; and protection from retaliation. Emotional abuse, forced confinement, bullying, denial of reasonable accommodation and discriminatory treatment should not be normalised simply because they leave no visible injury. [39]

3. LEGAL AND POLICY FRAMEWORKS ON CHILDREN WITH ALBINISM IN ECOWAS

The rights of children with albinism in ECOWAS are protected by overlapping child-rights, disability-rights and human-rights frameworks. All ECOWAS Member States are parties to the African Charter on the Rights and Welfare of the Child. The Convention on the Rights of Persons with Disabilities applies in accordance with each State's treaty obligations and requires non-discrimination, accessibility and reasonable accommodation. At the continental level, the AU Plan of Action to End Attacks and Other Human Rights Violations Targeting Persons with Albinism in Africa (2021-2031) sets out specific measures for prevention, protection, accountability and inclusion. [40] Similarly, the Pan-African Parliament Guidelines on Accusations of Witchcraft and Ritual Attacks call for legal, policy, administrative and budgetary measures to prevent harmful practices and protect victims, including persons with albinism.[41]

Albinism falls within the disability framework because it can result in long-term sensory (particularly low vision) and physical (vulnerability to sun exposure and skin damage) impairments which interact with attitudinal, institutional and environmental barriers that restrict equal participation.[42] Persons with albinism are therefore entitled to protection under the Convention on the Rights of Persons with Disabilities (CRPD), including reasonable accommodation, non-discrimination and full access to essential services. This position was expressly affirmed by the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) in the legal communication, *Z. v. United Republic of Tanzania*, where the

Committee confirmed that albinism falls within the definition of disability on the basis of its visual and dermatological consequences and associated barriers.[43]

The ACERWC Guiding Note on Reporting on the Rights and Welfare of Children with Albinism in Africa (2025), provides indicators for State Party reporting under the African Children's Charter. It should be used by ECOWAS Member States, national human rights institutions, civil society organisations and children's groups to strengthen data, reporting and accountability.[44]

In the national policy front, across the region, general child-rights, disability, anti-trafficking and criminal-law protections can be applied to children with albinism. However, these generic protective instruments

ACERWC LEADERSHIP ON CHILDREN WITH ALBINISM

On 17 April 2024, during its 43rd Ordinary Session, the ACERWC held a Day of General Discussion on solutions to the challenges faced by children with albinism. The outcome statement called for stronger legislation and enforcement, domestication of the AU Plan of Action through national action plans, reasonable accommodation, assistive products, sunscreen, participation of children and improved data. Its subsequent Guiding Note provides a concrete reporting tool for governments and other stakeholders. ECOWAS can reinforce this work by facilitating peer learning, coordinating Member State reporting and tracking implementation of the outcome statement, the Guiding Note and relevant Committee recommendations.

make no explicit recognition of the special risks facing persons with albinism.[45]

Besides, no publicly available evidence was found that any current ECOWAS Member State has adopted a costed National Action Plan on Albinism aligned with the AU Plan of Action. Nigeria has the region's most developed albinism-specific policy architecture. The Child Rights Act 2003 protects children from discrimination and abuse; the Discrimination Against Persons with Disabilities (Prohibition) Act 2018 prohibits disability discrimination and establishes institutional responsibilities; and the reviewed National Policy on Albinism provides a multi-sectoral framework covering education, health, social security, research, monitoring and financing. The central challenge is implementation where there are no costed plans, dedicated budgets and enforceable service standards.[46] In addition, financing and accountability have remained weak as most of these efforts are often fragmented.[47]

In addition to state-centric efforts, civil society and disability-rights initiatives have also played a role in advocating for the rights of individuals with albinism, but have often had very limited coverage.

4. NATIONAL AND COMMUNITY-LEVEL PROMISING PRACTICES

Nigeria's reviewed National Policy on Albinism is a useful example of how governments can frame albinism as a multi-sectoral issue rather than a narrow health or disability concern. The policy covers health, education, social inclusion, public awareness, research, monitoring and financing, and provides a basis for coordinated government action. [48]

Civil society organisations in Nigeria, including the Albinism Association of Nigeria, the Women and Girls with Albinism Network and TAF Africa, have supported children and families through the provision of sunscreen, glasses, awareness-raising and advocacy. ACPF's Nigeria case study also documents community dialogue, teacher training, school reintegration and psychosocial support that improved children's confidence and participation.[49] These initiatives show the practical value of community-based and child-centred responses.

In Côte d'Ivoire, collaboration among public authorities, medical professionals and civil society has supported mobile consultations, skin-cancer prevention, referral of serious cases, protective clothing, eye care, local sunscreen production and epidemiological monitoring.[50] This model demonstrates how health, prevention, data and community support can be combined in a more integrated response.

In Ghana and Benin, organisations of persons with albinism and broader disability movements have contributed to awareness-raising and advocacy for inclusive laws and services. [51] These efforts show the importance of civil society leadership in contexts where public systems have not yet fully recognised the needs of persons with albinism.

Guinea's rapid response to the 2017 abduction of a four-year-old girl with albinism offers a practical law-enforcement example. The child was rescued after swift action by the gendarmerie, and two suspects, including a witchdoctor, were arrested.[52] The case shows that informed and timely law-enforcement action can interrupt trafficking risks and support accountability.

5. HOW ECOWAS CAN ADD REGIONAL VALUE

National action alone cannot adequately address trafficking, organised abduction, the movement of perpetrators or body parts, and other offences that cross borders. ECOWAS already has institutions and mechanisms that can be adapted to protect children with albinism.[53] The Regional Network of National Focal Institutions Against Trafficking in Persons Plus convenes Member States for annual review, stocktaking, technical assistance and joint action on trafficking, sexual and gender-based violence, and violence against children.[54] ECOWAS should explicitly incorporate children with albinism and albinism-related crimes into this mechanism, including its annual review, synthesis reporting and technical-support activities.[55]

The West African Police Information System provides an ECOWAS-supported platform for structured and secure exchange of police information, including data on suspects, victims, vehicles, firearms and identity documents.[56] Its national Data Collection and Registration Centres and connection to INTERPOL's I-24/7 network can support alerts, investigation and identification across borders. ECOWAS should develop a child-sensitive operational protocol for recording and flagging albinism-related abductions, missing children, trafficking, killings and grave desecration, with clear referral pathways and safeguards for privacy and personal data.[57]

ECOWAS also has conventions on extradition and mutual assistance in criminal matters.[58] These instruments provide a legal basis for cooperation when suspects, witnesses or evidence are located in another Member State. The Commission should assess implementation gaps, issue practical guidance for albinism-related cases, and promote designation of national contact points for urgent child-protection and criminal-justice cooperation.[59]

Beyond enforcement, ECOWAS can add value through coordination and cross-country learning. Its 2019 Child Policy, Strategic Framework for Strengthening National Child Protection Systems and Child Rights Information Management System provide a foundation for common indicators, regional reporting and comparison of national progress.[60] A dedicated regional learning platform should enable Member States to exchange tested approaches to sunscreen procurement, low-vision support, teacher training, community engagement, survivor assistance, investigation and prosecution, and to document commitments for follow-up.[61] Peer exchange should include organisations of persons with albinism, children with albinism, child-rights institutions, police, prosecutors, health and education authorities, and national statistical offices.[62]

6. KEY IMPLENTATION GAPS

- ECOWAS's disability and child-protection mandates provide a basis for action, but there is currently no dedicated regional framework for children with albinism. This means there is no agreed plan, designated coordinating body, common set of indicators or regular process for monitoring and reporting progress.
- No publicly available evidence was found that any current ECOWAS Member State has adopted a costed National Action Plan on Albinism aligned with the AU Plan of Action (2021-2031). Nigeria has a National Policy on Albinism, but available evidence indicates that implementation, financing and accountability remain weak.
- Population data are incomplete and methodologically inconsistent. Some Member States have census-reported figures, nationwide mappings, policy estimates, programme estimates or association figures, while others have no reliable national figure. Few datasets are consistently disaggregated by age, sex and location.
- Existing ECOWAS police-information, anti-trafficking, extradition and mutual-assistance mechanisms are relevant to albinism-related crimes, but there is no publicly available evidence that they are systematically or explicitly applied to crimes targeting persons with albinism.
- Children with albinism are not systematically visible in regional disability, health, education, child protection and social protection data and monitoring systems.
- Protection risks linked to electoral periods and political power-seeking are not explicitly reflected in publicly available ECOWAS early-warning, election observation or electoral security frameworks.

7. RECOMMENDATIONS FOR ECOWAS AND ITS MEMBER STATES

For the ECOWAS Commission and Relevant Organs:

- Commission a regional baseline that validates existing census figures, mappings, policy estimates and association registers; fills gaps in countries with no reliable national figure; and covers attacks, trafficking routes, services, laws, policies and budgets across all 12 Member States using common, age-, sex- and location-disaggregated indicators.
- Adopt a time-bound ECOWAS regional action framework on children with albinism, aligned with the AU Plan of Action (2021-2031), the African Children's Charter, the CRPD and the ACERWC Guiding Note, with indicators, institutional responsibilities and a reporting cycle.
- Integrate risks facing children with albinism into ECOWAS early-warning, electoral security, anti-trafficking and transnational organised-crime mechanisms. Include precautionary risk monitoring and prevention measures before, during and after elections. Use WAPIS, the trafficking focal-point network and existing conventions to establish child-sensitive protocols for alerts, information sharing, victim referral, joint investigation, extradition and mutual legal assistance.
- Designate an ECOWAS focal point and inter-directorate technical working group linking Humanitarian and Social Affairs, Political Affairs, Peace and Security, health, education and legal affairs. The mechanism should coordinate implementation, convene annual peer-learning exchanges, monitor progress and ensure the participation of children with albinism, national organisations and relevant regional networks, including FAPAO where active and appropriately representative.
- Develop and monitor regional minimum standards for inclusive health and education services, including suitable sunscreen, skin screening, low-vision services, assistive products, reasonable accommodation, anti-bullying measures and psychosocial support.
- Create a peer-review mechanism for Member States' implementation of the ACERWC Guiding Note and relevant recommendations and include progress on children with albinism in ECOWAS child-rights and disability reporting.
- Establish an annual ECOWAS learning and exchange forum on children with albinism, documenting transferable practices, implementation challenges and agreed follow-up actions across health, education, justice, social protection and community engagement.

For ECOWAS Member States:

- Develop, cost and finance a national action plan, or an equivalent implementation framework, on albinism, with clear institutional responsibilities, annual targets and public reporting. Where national policies or action plans already exist, fully operationalise them at all levels of government, including through dedicated budgets and implementation arrangements.
- Explicitly recognise albinism within disability and child-protection laws, policies and eligibility criteria, while addressing the specific health, low-vision, protection and psychosocial needs associated with albinism.
- Add suitable broad-spectrum, high-SPF sunscreen to national essential medicines lists and public procurement systems; provide it free or at subsidised cost to children with albinism; and integrate

routine skin examinations, dermatology, ophthalmology and low-vision care into primary and referral health services.

- Require schools to provide reasonable accommodation, including front-row seating, large-print and magnified materials, appropriate lighting, extra examination time, shaded spaces and safe participation in sport. Train teachers and enforce child-friendly anti-bullying and complaints procedures.
- Strengthen investigation and prosecution of abduction, trafficking, killings, grave desecration and other offences targeting persons with albinism. Train police, border officials, prosecutors, judges and social workers, and provide child-sensitive victim, witness and psychosocial support.
- Prohibit harmful protective practices that unnecessarily isolate or institutionalise children. Invest instead in family strengthening, community-based protection, safe transport and locally accessible services.
- Include albinism in censuses, household surveys and administrative systems, disaggregated by age, sex, disability, location and service access, and use the ACERWC Guiding Note in State Party reports.
- Fund sustained community engagement through schools, community radio, health workers, traditional and religious leaders, and organisations of persons with albinism to challenge myths and promote accurate, respectful information.
- Ensure that children with albinism, in all their diversity, participate meaningfully and safely in the design, implementation and evaluation of laws, budgets, services and awareness initiatives that affect them.

8. CONCLUSION

Children with albinism in West Africa experience a continuum of preventable harm. In some countries, this includes killings, abductions, missing-person cases and grave desecration. Across the region, children also face pervasive stigma, emotional violence, exclusion from education, unaffordable health care, weak access to justice and persistent invisibility in official data. Among the 12 current ECOWAS Member States, at least 93 documented attacks have been recorded across seven countries. The wider West African context further shows that protection risks, harmful beliefs and trafficking dynamics do not stop at institutional borders.

The main task is to make national action more coherent, comparable and effective. The ECOWAS Commission can add value by setting common standards, strengthening regional evidence, convening peer learning, supporting cross-border alerts and investigations, and monitoring implementation. Member States must translate these regional commitments into funded laws, policies and services. Together, these actions can help ensure that the safety, health, education and dignity of children with albinism no longer depend on geography, family income or short-term projects.

9. ENDNOTES

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