

COVID-19

Situation update for the WHO African Region

28 April 2020

External Situation Report 9



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

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1. Situation update



A steady increase in the number of cases has been observed in the WHO African Region since the first case of coronavirus disease 2019 (COVID-19) was reported on 25 February 2020 in Algeria. All Member States have since been affected, with the exemption of Comoros and Lesotho where there have been no official reports of confirmed COVID-19 cases to date. Since our last situation report on 22 April 2020 ([External Situation Report 8](#)), there has been a 52% increase in the number of confirmed COVID-19 cases (7 982 additional cases) and a 26% increase in the number of COVID-19 related deaths (183 additional deaths) reported in the WHO African Region. As of 28 April 2020, a cumulative total of 22 376 confirmed COVID-19 cases with 899 deaths (case fatality ratio 4.0%) have been reported across the 45 affected countries in the region. With the rising number of COVID-19 cases, the overall case fatality ratio fell from 4.7% to 4.0% during the reporting period. The list of affected countries and their respective number of cases and deaths is presented in **Table 1**.

Figures 1 and 2 show the daily and weekly distribution of cases by date and week of reporting, respectively. The number of reported new cases has increased by 42% in week 17 ($n=6\,254$ cases) compared to week 16 ($n=4\,419$ cases). Although the outbreak has been ongoing for over 9 weeks, the majority (88%) of cases were reported over the past five weeks. Out of the 45 affected countries, 10 (22%) reported over 500 cases, 14 (31%) reported between 100 and 499 cases and 21 (47) reported fewer than 100 cases. Seven countries have registered more than 1 000 confirmed COVID-19 cases, including, South Africa (4 996), Algeria (3 649), Cameroon (1 705), Ghana (1 671), Nigeria (1 337), Guinea (1 240) and Côte d'Ivoire (1 164). Côte d'Ivoire, Guinea and Nigeria are the latest countries to cross the 1 000 cases mark this week. Together, these seven most affected countries account for 71% of the cases reported in the region. Among countries with widespread transmission, the highest case fatality ratios were observed in Algeria (12.0%), Liberia (11.3%), Burkina Faso (6.6%), Democratic Republic of the Congo (6.1%) and Mali (5.7%). Algeria alone accounted for 49% of COVID-19 deaths reported in the region. **Figure 3** shows the distribution of cases by week of notification in the six most affected countries.

In week 17 (week ending 26 April 2020), five countries observed an exponential increase in their weekly case incidence; these include Equatorial Guinea 299% (from 79 to 315 cases), Central African Republic 257% (from 14 to 50 cases), Eswatini 196% (from 24 to 71 cases), Nigeria 147% (from 541 to 1 337 cases) and Sierra Leone 108% (50 to 104 cases). Since our last report on 22 April 2020, five countries including Eritrea, Gambia, Mauritania, Namibia and Seychelles have not reported any new confirmed COVID-19 cases.

Notably, a critical group of people, health workers, have been greatly affected by the COVID-19 outbreak, with 423 infections registered from 23 countries in the region since the beginning of the outbreak. Niger has been the most affected, with 126 health workers infected, followed by Côte d'Ivoire (72), Cameroon (40), Mauritius (30), Ghana (25) and Senegal (22). Other countries that recorded health worker infections include Democratic Republic of the Congo (20), Sierra Leone (17), Zambia (15), Equatorial Guinea (13), South Africa (13), Togo (6), Madagascar (5), Congo (4), Eswatini (3), Uganda (3), Kenya (2), Namibia (2), Benin (1), Burundi (1), Central African Republic (1), Guinea-Bissau (1) and Zimbabwe (1).

Information on sex and age is currently available for 4 361 (20%) of cases. The male to female ratio among confirmed cases is 1.8, and the median age is 42 years old (range: 0 - 105). The distribution of cases according to age and sex is presented in **figure 4**; older males continue to be disproportionately affected by this disease.

Currently, the majority of the countries in the region are experiencing local transmission of COVID-19 and the number of countries with widespread community transmission also increasing. The importation of cases from affected countries within the region is being reported.

Overall, in the African continent, a total of 34 610 cases and 1 517 deaths (case fatality ratio 4.4%) have been reported as of 28 April 2020, including 22 376 cases and 899 deaths in Member States within the WHO African Region and 12 234 cases and 618 deaths in Member States within the WHO Eastern Mediterranean Region.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 28 April 2020 (n = 22 376)

Country	Total cases	New cases	New deaths	Total deaths	Total recovered	Case fatality ratio (%)	Days elapsed since last reported case
South Africa	4 996	203	3	93	2 073	1.9	1
Algeria	3 649	132	5	437	1 651	12.0	1
Cameroon	1 705	84	2	58	805	3.4	1
Ghana	1 671	121	5	16	188	1.0	1
Nigeria	1 337	0	0	40	255	3.0	2
Guinea	1 240	77	0	7	269	0.6	1
Côte d'Ivoire	1 183	19	0	14	525	1.2	1
Senegal	823	88	0	9	296	1.1	1
Niger	709	8	0	31	403	4.4	1
Burkina Faso	638	3	0	42	476	6.6	1
Democratic Republic of the Congo	491	20	0	30	59	6.1	1
Mali	424	16	1	24	122	5.7	1
Kenya	374	11	0	14	124	3.7	1
Mauritius	332	0	0	10	303	3.0	3
Equatorial Guinea	315	0	0	1	9	0.3	3
United Republic of Tanzania	300	0	0	10	48	3.3	5
Gabon	238	27	0	3	55	1.3	1
Rwanda	212	5	0	0	95	0.0	1
Congo	207	0	0	8	19	3.9	2
Liberia	141	8	0	16	45	11.3	1
Madagascar	128	0	0	0	82	0.0	3
Ethiopia	126	2	0	3	50	2.4	1
Cabo Verde	113	4	0	1	2	0.9	1
Sierra Leone	104	5	1	5	12	4.8	1
Togo	99	0	0	6	63	6.1	2
Zambia	95	6	0	3	42	3.2	1
Uganda	79	0	0	0	52	0.0	2
Mozambique	76	0	0	0	9	0.0	3
Guinea-Bissau	73	0	0	1	18	1.4	2
Eswatini	71	6	0	1	10	1.4	1
Benin	64	0	0	1	33	1.6	3
Chad	52	6	0	2	19	3.8	1
Central African Republic	50	0	0	0	10	0.0	2
Eritrea	39	0	0	0	19	0.0	8
Malawi	36	0	0	3	4	8.3	2
South Sudan	34	28	0	0	0	0.0	1
Zimbabwe	32	0	0	4	5	12.5	2
Angola	27	0	0	2	6	7.4	2
Botswana	23	1	0	1	0	4.3	1
Namibia	16	0	0	0	8	0.0	23

Burundi	15	0	0	1	4	6.7	4
Seychelles	11	0	0	0	6	0.0	21
Sao Tome & Principe	11	3	0	0	4	0.0	1
Gambia	10	0	0	1	8	10.0	9
Mauritania	7	0	0	1	6	14.3	18
Total (n=45)	22 376	883	17	899	8 292		

*New cases and new deaths are for the past 24 hours

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 28 April 2020 (n = 22 376)

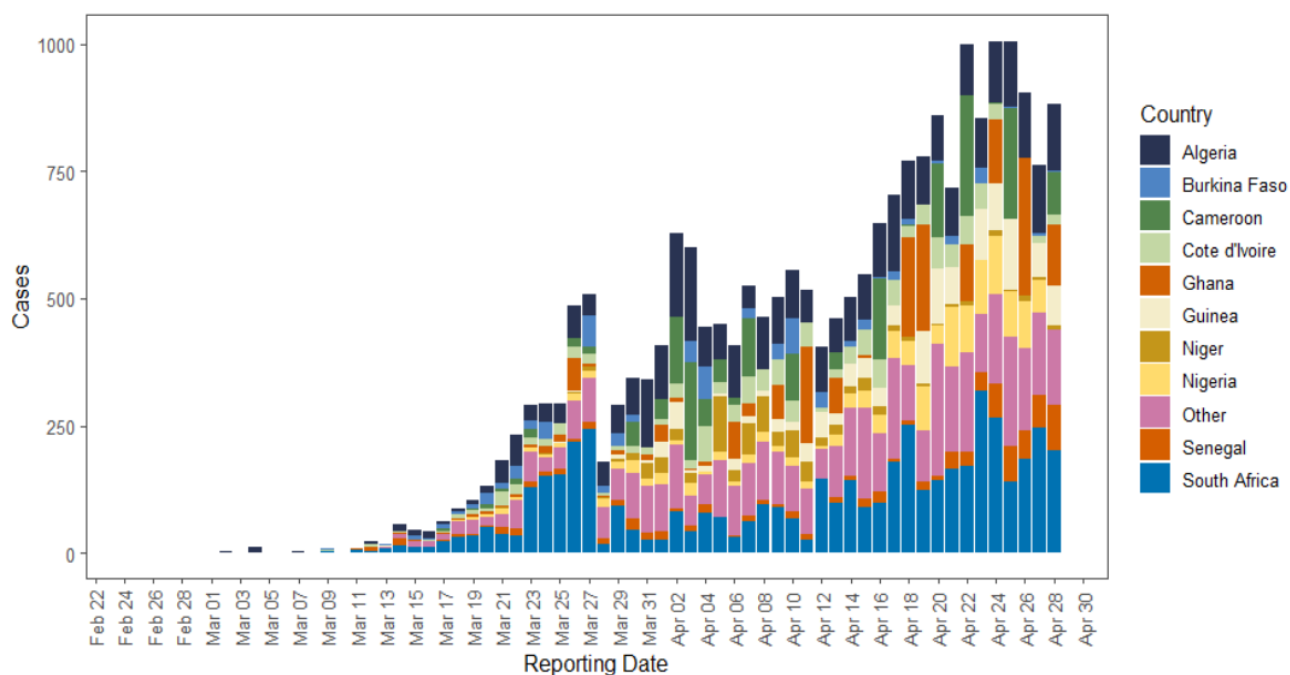
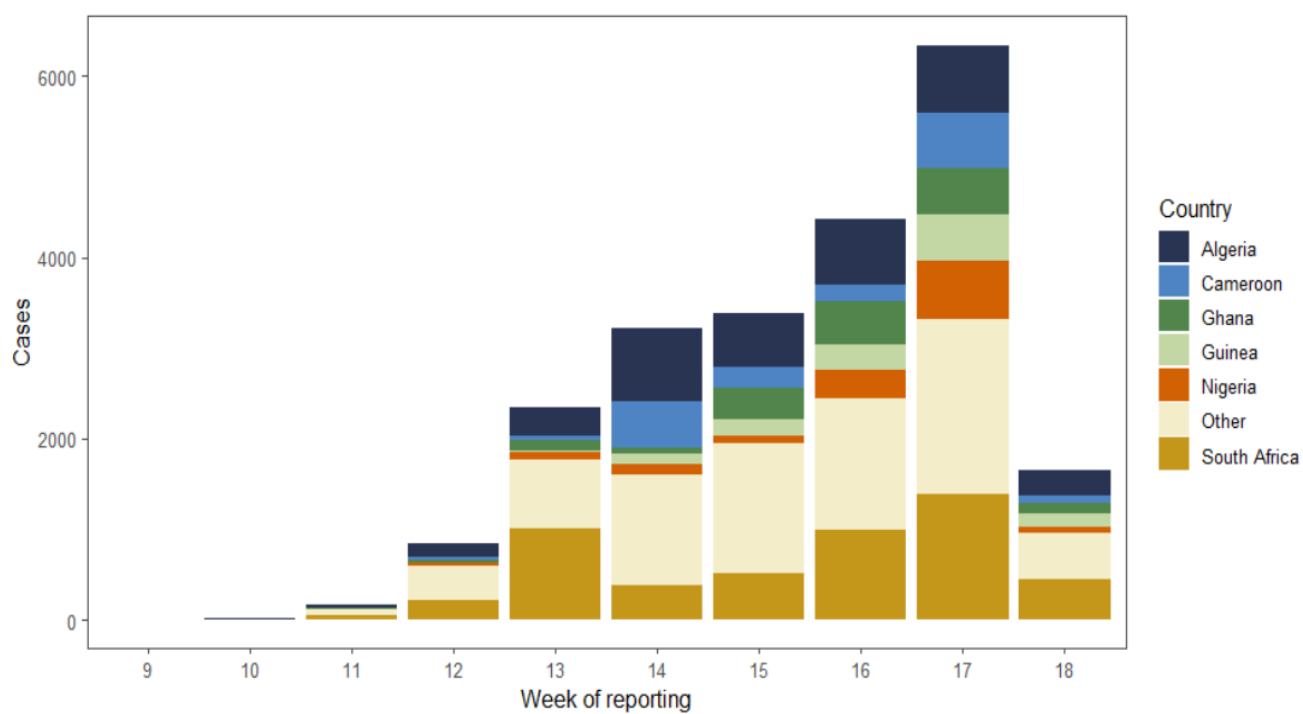


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 28 April 2020 (n = 22 376)



**Week 18 data is up to 28 April 2020 (2 days) and is therefore partial*

Figure 3. Epidemic curves of COVID-19 outbreaks in Algeria, Cameroon, Ghana, Guinea, Nigeria and South Africa, 25 February – 28 April 2020

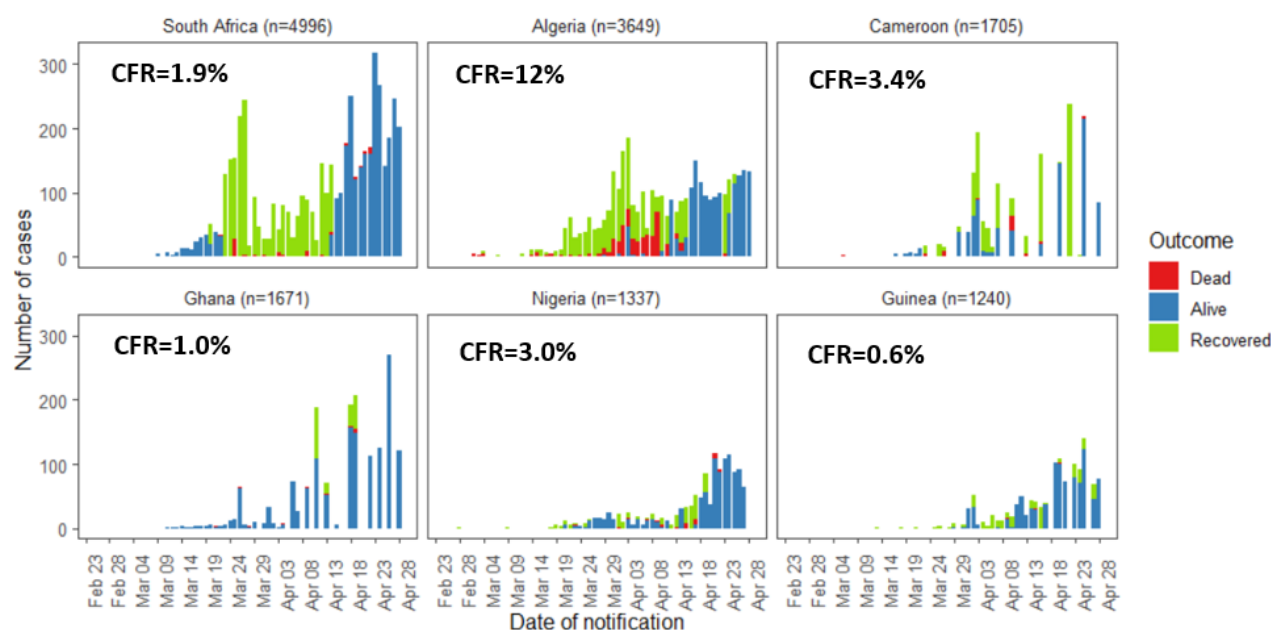
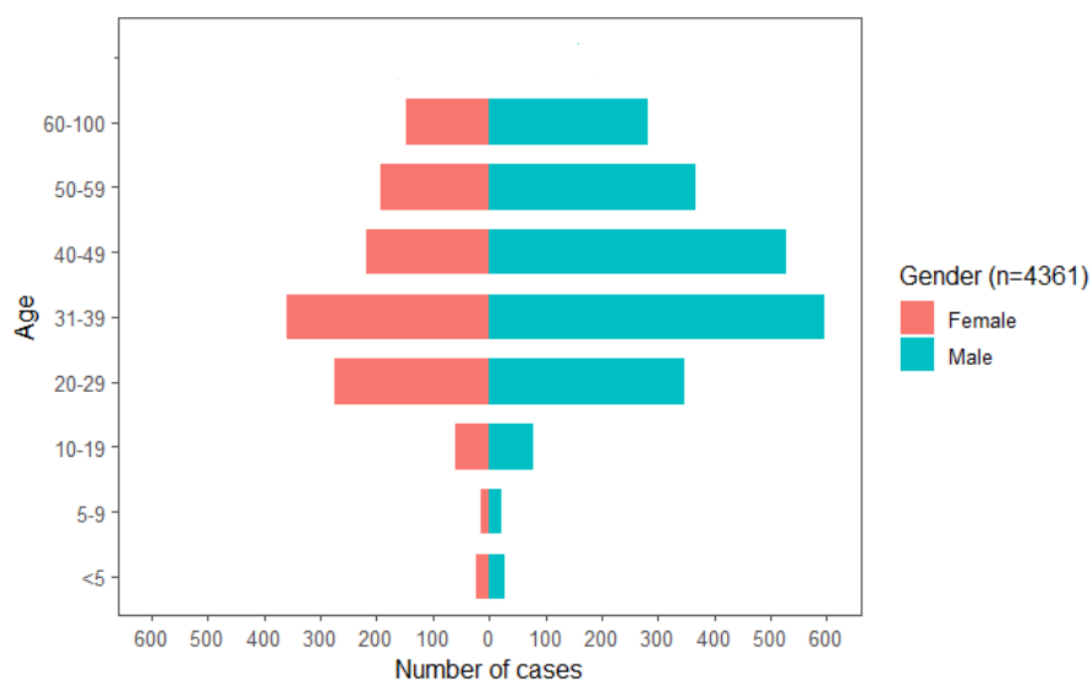


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 28 April 2020



2. Global update

As of 28 April 2020, at 18:00 CET, a total of 2 954 222 confirmed cases, including 202 597 deaths (case fatality ratio 6.9%), were reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to significantly increase in the course of the past week.

As of 28 April 2020, 212 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (960 916), Spain (209 465), Italy (199 414), the United Kingdom (157 153), Germany (156 337), France (127 008), Turkey (112 261), Iran (Islamic Republic of) (91 472), China (84 347) and the Russian Federation (93 558). All affected countries have reported new confirmed cases in the past week.

Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

On 11 March 2020, the WHO Director-General declared the COVID-19 a pandemic.

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

Coordination

- The WHO AFRO COVID-19 Incident Management Support Team (IMST) continues to coordinate and support response efforts across the region. The IMST holds daily virtual coordination meetings and regularly engages with the country Incident Management Systems in Member States to provide technical, financial and logistical support.
- WHO AFRO has finalized its second Strategic Response Plan for the COVID-19 pandemic, which covers the period from April to September 2020.
- WHO AFRO will release, this month, a COVID-19 de-confinement strategy to guide Member States that are considering gradually phasing out of lockdown orders. This strategy will assist Member States to identify the best measures to take according to their national context.
- As the majority of African countries have now entered the COVID-19 mitigation phase, WHO AFRO is intensifying its efforts to support these countries.
- WHO AFRO will soon release a COVID-19 training package on the decentralization of the response to the district level.

Surveillance

- WHO AFRO has developed a training on COVID-19 surveillance and contact tracing at district level.
- WHO AFRO has developed technical guidance on contact tracing implementation as well as a user guide for the contact tracing tool.
- WHO AFRO is closely monitoring signals on potential confirmed COVID-19 cases in Comoros.
- WHO AFRO is piloting a project on the use of the polio GIS platform for contact tracing in Republic of the Congo.

Infection Prevention and Control

- WHO AFRO has developed an infection and prevention control (IPC) assessment framework of healthcare facilities, aimed to reduce the high rate of infection among health workers.
- Since the beginning of the pandemic:
 - **7 127** healthcare workers (948 more since last week) were trained in Algeria (33), Angola (303), Burkina Faso (757), Cameroon (534), Congo (407), Cote d'Ivoire (1 512), Democratic Republic of the Congo (246), Kenya (32), Senegal (1 079), South Africa (1 800) and Tanzania (424).
 - **2 122** households (476 more since last week) were disinfected in Burkina Faso (406), Cameroon (1 231), DRC (162) and Senegal (128).
 - **993** IPC trainers (331 more since last week) were trained in Angola (687), Burkina Faso (69), Cameroon (4), Congo (12), Cote d'Ivoire (12), Democratic Republic of the Congo (51), Ethiopia (2), Gabon (2), Ghana (1), Kenya (34), Madagascar (2), Malawi (2), Mali (1), Mozambique (2), Namibia (2), Nigeria (6), Senegal (30), Uganda (2), Zambia (1) and Zimbabwe (1).
 - **179** healthcare facilities (87 more since last week) have been disinfected in Angola (1), Burkina Faso (83), Cameroon (17), Congo (6), Cote d'Ivoire (13) and Democratic Republic of the Congo (50)
 - **112** COVID-19 treatment centres (two more since last week) have been assessed across the region in Angola (7), Burkina Faso (3), Cameroon (17), Congo (4), Democratic Republic of the Congo (8), Kenya (4), Senegal (13), South Africa (47) and Tanzania (9).

Laboratory

- WHO AFRO has completed the mapping of diagnostic platforms in the region to facilitate planning to expand testing capacity.
- The procurement of diagnostic reagents for high throughput platforms has been initiated in order to increase the testing capacity of countries.
- WHO AFRO continues to work with partners to provide support to countries by mapping expertise and increasing access to training tools.
- There are continued challenges with global supplies of reagents, which are affecting regional capacity to test for SARS-CoV-2

Case management

- On 24 April 2020, a capacity building exercise was undertaken as part of decentralization of district management, in which ICU Management was discussed, covering hospital readiness checklists and clinical care of the severely and critically ill. More than 600 participants, including Focal Points, attended.
- A 90-minute coordination meeting was held with the Democratic Republic of the Congo Case Management Team on 24 April 2020, to discuss improving efficiency and clarifying the role of team members. Dr Janet Diaz, Head of Clinical Care, was in attendance.
- A teleconference was held with the Zimbabwe Focal Point and Ministry of Health Case Management Team on 25 April 2020 to discuss challenges related to treatment centre and ICU management.
- An adapted guideline for oxygen therapy has been developed.

Risk Communication

- WHO AFRO has distributed its guidance on physical distancing to all Member States.
- Twenty-eight countries have developed and are implementing engagement strategies.
- Member States are partnering with journalists and local radio and television stations to disseminate key information on COVID-19. Regular updates are provided to the public through press releases and daily updates.
- Eighteen countries have trained risk communication and community health teams.
- Twenty-seven countries have identified and trained community influencers on preventive measures.
- Seventeen countries have trained traditional leaders and traditional health practitioners to practice community guidance on preventive measures.
- Twenty-eight government and relevant authorities have engaged and supported Risk Communication actions.

Logistics

- The solidarity flight distribution supported by WHO and Jack Ma Foundation, after being interrupted for a few days, resumed on 27 April 2020 and finished distribution of PPE and laboratory testing reagents to 51 countries.
- Training in the use of a need forecasting tool has been conducted with countries and partners and need forecasting of critical items for COVID-19 response has been finished for the region.
- A UN COVID-19 Supply Chain Task Force (Global Level) operating model, used to address current international supply and transport challenges has been presented. A centralized procurement model at global level, which will be accessible to partners involved in COVID-19 response at country level will be launched shortly.
- Two sub-regional logistics hubs, coordinated by WPF, are functional (Addis Ababa and Accra) and a third is in the process of being established in Johannesburg. These hubs, complemented by air transportation, will enable the distribution of supplies within the African Region and the transport of responders to COVID-19.

Emergency Medical Team

- A strategic and operational partnership has been established between the WHO Regional Office for Africa and partners (NGOs, African academic institutions and with the African Partner Outbreak Response Alliance (APORA)).
- Support is being provided to countries with guidance on the Emergency Medical Team deployment process.
- Two Chinese EMT from Tianjin and Sichuan arrived on 16 April 2020 for deployment in Burkina Faso and Ethiopia.

Human Resources

- Since the outbreak started, 232 experts have been deployed in 39 countries, including AFRO, to support Coordination (33), Surveillance (19), Laboratory (14), IPC (24), Case Management (19), Point of Entry (5), Epidemiology (11), Risk Com (22), Media Com (10), Logistics (19), Partnership coordination (2), Data Management (15), Information Management Officer (1), SHOC Support (1), Training & Capacity Building (2), Planning & Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (2), Planning & Information Management (1), Translator (2), staff wellbeing (1), EOC (1) Technical advisor (1) and Writing and Reporting (1).
- Lockdowns and international flights restriction in most of African countries remain the main challenge for the deployment of experts to support national responses.

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>
- WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.
- WHO continues to monitor IHR measures being implemented by countries in the region:
 - All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
 - A total of 35 countries are implementing total refusal of entry into their territories; of these, 22 countries allow cargo, humanitarian or emergency flights.
 - Nine countries are implementing refusal of entry of passengers from high risk countries and three countries allow entry with days 14 quarantine upon arrival.
 - A total of 22 countries are implementing lockdown; nationwide lockdown in 12 countries and lockdown in affected areas in 10 countries.
 - Curfew has been put in place in eight countries.

6. Conclusion

The COVID-19 pandemic continues to expand in the WHO African Region, with the number of new confirmed cases and deaths continuing to increase every week. Seven countries (South Africa, Algeria, Cameroon, Ghana, Nigeria, Guinea and Côte d'Ivoire) have recorded over 1 000 cases; these countries alone account for over half (71%) of the cases reported in the region. It is essential to reinforce mitigation measures in these countries to reduce morbidity and mortality, maintain essential health services and minimize the disruption of public services and economic activities. At the same time, just under half (47%) of affected countries have reported fewer than 100 cases to date. In these countries, measures to contain or at least delay the spread of the outbreak need to be intensified, including active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices. Finally, the absence of reported COVID-19 cases from Comoros and Lesotho calls for a reinforcement of the alert management system in these countries, including the intensification of active case search and testing of suspected cases. Governments need to commit local resources, supplemented by the donor communities, to support the implementation of their containment and mitigation strategies.

Annex 1. Global and Regional time line for COVID-19 as of 14 April 2020

