

COVID-19

Situation update for the WHO African Region

19 May 2020

External Situation Report 12



REGIONAL OFFICE FOR

World Health
Organization

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 12

Date of issue: 20 May 2020

Data as reported by: 19 May 2020 as of 11:59 PM (GMT+1)

1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to advance in the WHO African Region since the first case was reported on 25 February 2020 in Algeria. Confirmed cases of COVID-19 have now been recorded in all the 47 Member States in the WHO African Region. While there are variations among countries, the overall numbers of reported cases and deaths have been increasing exponentially in recent weeks and more than half of the countries in the region are experiencing community transmission. There are also increasing incidents of cross-border transmission of COVID-19 between countries in the continent, mainly through long-distance truck drivers and illegal movement through porous borders. Notably, in most countries, the disease is still localized to large urban centres, with most rural communities relatively unaffected.

Since our last situation report on 13 May 2020 ([External Situation Report 11](#)), an additional 16 435 confirmed COVID-19 cases (a 34% increase) were reported from 42 countries. During this period, a sharp rise in the number of confirmed COVID-19 cases was observed in nine countries: Mauritania 1538% (from 8 to 131), Central African Republic 90% (from 130 to 411), Uganda 106% (from 126 to 260), Zambia 75% (from 441 to 772), Gabon 74% (from 863 to 1502), Equatorial Guinea 71% (from 522 to 890), Togo 70% (from 199 to 338), Madagascar 70% (from 192 to 326) and South Sudan 62% (from 174 to 282). Similarly, five countries, Namibia, Seychelles, Eritrea, Mauritius and United Republic of Tanzania have reported zero new confirmed COVID-19 cases in the past 44, 42, 32, 22 and 12 days, respectively.

From 13 to 19 May 2020, 339 new deaths (25% increase) were reported from 27 countries: South Africa (106), Algeria (46), Nigeria (34), Chad (16), Cameroon (15), Kenya (14), Mali (13), Sierra Leone (13), Senegal (11), Democratic Republic of the Congo (10), Ghana (9), Niger (8), Côte d'Ivoire (7), Congo (4), Gabon (4), South Sudan (4), Guinea-Bissau (3), Liberia (3), Mauritania (3), Sao Tome and Principe (3), Madagascar (2), Angola (1), Burkina Faso (1), Cabo Verde (1), Equatorial Guinea (1) and Togo (1).

As of 19 May 2020, a cumulative total of 64 388 COVID-19 cases, including 64 091 confirmed and 297 probable cases have been reported across the 47 countries in the region. A total of 1 827 deaths have been reported, giving an overall case fatality ratio (CFR) of 2.8%. The current status in the region represents only 1.4% of confirmed COVID-19 cases and 0.6% of deaths reported worldwide. **Table 1** shows the list of affected countries and their respective number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in Figures 1, 2 and 3, respectively. In the same reporting period, the region recorded its highest daily case count since the beginning of the outbreak, with more than 2 000 new cases reported each day in the past 14 days. Of the 47 countries, 11 have registered a cumulative total of more than 1 000 confirmed COVID-19 cases: South Africa (17 200), Algeria (7 377), Nigeria (6 401), Ghana (6 096), Cameroon (3 529), Guinea (2 863), Senegal (2 617), Côte d'Ivoire (2 153), Democratic Republic of the Congo (1 731), Gabon (1 502) and Guinea-Bissau (1 038). Two more countries, Gabon and Guinea-Bissau are the newest to cross the 1 000-case mark. Together, these 11 most-affected countries account for 82% of all reported cases in the region.

The highest case load has been observed in the West African region, 40% (24 836, CFR 2.2%), followed by the Southern African region, 27% (17 450, CFR 1.8%), the North African, 8.5% (7 377, CFR 7.6%), Central African, 15% (9 331, CFR 3.2%) and East African region, 7% (4 506, CFR 2.4%).

Of the 64 388 confirmed COVID-19 cases reported, 26 075 (41%) have recovered, documented from 46 countries in the region, with 100% of cases in Eritrea (39) and Seychelles (11) recorded as recovered.

Since the beginning of the outbreak, Algeria has consistently reported the highest mortality in the region, with 31% (561) deaths, followed by South Africa with 17% (312), Nigeria 11% (192), Cameroon 7.7% (140), Democratic Republic of the Congo 3.3% (60), Chad 3.0% (56) and Niger 3.0% (55) and Mali 2.9% (53). The highest case fatality ratios were observed in eight countries with 200 cases and more: Chad (10.3%), Liberia (9.9%), Algeria (7.6%), Burkina Faso (7.0%), Sierra Leone (6.2%), Niger (6.0) and Mali (5.9). Of these, Chad, Liberia and Algeria have recorded case fatality ratios higher than the one registered globally at 6.7%. **Figure 4** shows the distribution of cases and deaths by week of notification in the six most affected countries.

Of concern, health workers have been greatly affected by COVID-19, with 1 920 health workers being infected in 32 countries since the beginning of the outbreak. Two countries, Angola and South Sudan, recorded their first health worker infections this week. Overall, Nigeria has been the most affected, with 401 health workers infected, followed by South Africa (325), Niger (169), Cameroon (131), Ghana (126), Côte d'Ivoire (116), Zambia (82), Sierra Leone (67), Democratic Republic of the Congo (63), Senegal (59), Gabon (57) and Equatorial Guinea (53). The other 20 countries that recorded health worker infections are shown in **Table 1**.

Based on the available data on age and gender distribution ($n=5\,027$), the male to female ratio among confirmed cases is 1.8, and the median age is 44 years (range: 0 - 105). Males (63%) in the 31-39 and 40-49 age-groups are more affected than females (37%) across the same age-groups. The distribution of cases by age and sex is presented in **figure 5**.

Currently, 25 countries in the region are experiencing community transmission, 13 have clusters of cases and nine have sporadic cases of COVID-19. The region has also observed increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.

As of 19 May 2020, the seven African countries in the WHO EMRO Region reported a total of 26 555 confirmed COVID-19 cases: Egypt (12 764), Morocco (6 972), Sudan (2 591), Somalia (1 502), Djibouti (1 618), Tunisia (1 037) and Libya (65). Additionally, a total of 1 058 deaths has been recorded from Egypt (645), Morocco (193), Sudan (105), Somalia (59), Tunisia (46), Djibouti (7) and Libya (3).

Generally, in the African continent, a total of 90 943 cases and 2 885 deaths (CFR 3.2%) has been reported including 64 388 cases and 1 927 deaths in the WHO African Region.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 19 May 2020 ($n=64\,388$)

Country	Total Cases	Total Deaths	Probable Cases	Health Workers	Case fatality ratio (%)	Days since last reported case
South Africa	17 200	312		325	1.8	1
Algeria	7 377	561			7.6	1
Nigeria	6 401	192		401	3.0	1
Ghana	6 096	31		126	0.5	1
Cameroon	3 529	140		131	4.0	2
Guinea	2 863	18			0.6	1
Senegal	2 617	30		59	1.1	1
Côte d'Ivoire	2 153	28		116	1.3	1
Democratic Republic of the Congo	1 731	60	1	63	3.5	1
Gabon	1 502	12		57	0.8	1
Guinea-Bissau	1 038	6		46	0.6	2
Kenya	963	50		6	5.2	1
Niger	914	55		169	6.0	1
Mali	901	53			5.9	1

Equatorial Guinea	890	7		53	0.8	2
Burkina Faso	806	52			6.5	2
Zambia	772	7		82	0.9	1
Chad	545	56		46	10.3	1
Sierra Leone	534	33		67	6.2	1
United Republic of Tanzania	509	21		1	4.1	12
Congo (Republic of)	420	15		13	3.6	1
Central African Republic	411			1	0.0	2
Ethiopia	365	5			1.4	1
Benin	340	2	210	2	0.6	2
Togo	338	12		12	3.6	1
Cabo Verde	335	3			0.9	1
Mauritius	332	10		30	3.0	22
Madagascar	326	2		2	0.6	1
Rwanda	308				0.0	1
South Sudan	282	4		7	1.4	4
Uganda	260				0.0	2
Sao Tome and Principe	251	7	86	40	2.8	1
Liberia	233	23		43	9.9	2
Eswatini	208	2		8	1.0	1
Mozambique	146				0.0	1
Mauritania	131	4			3.1	1
Malawi	71	3		5	4.2	1
Angola	52	3		1	5.8	1
Zimbabwe	46	4		2	8.7	2
Burundi	42	1		1	2.4	3
Eritrea	39				0.0	30
Comoros	34	1			2.9	1
Botswana	25	1		3	4.0	3
Gambia	24	1			4.2	3
Namibia	16			2	0.0	44
Seychelles	11				0.0	42
Lesotho	1				0.0	5
Total (n=47)	64 388	1 827	297	1 920		

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 19 May 2020 ($n=64\ 388$)

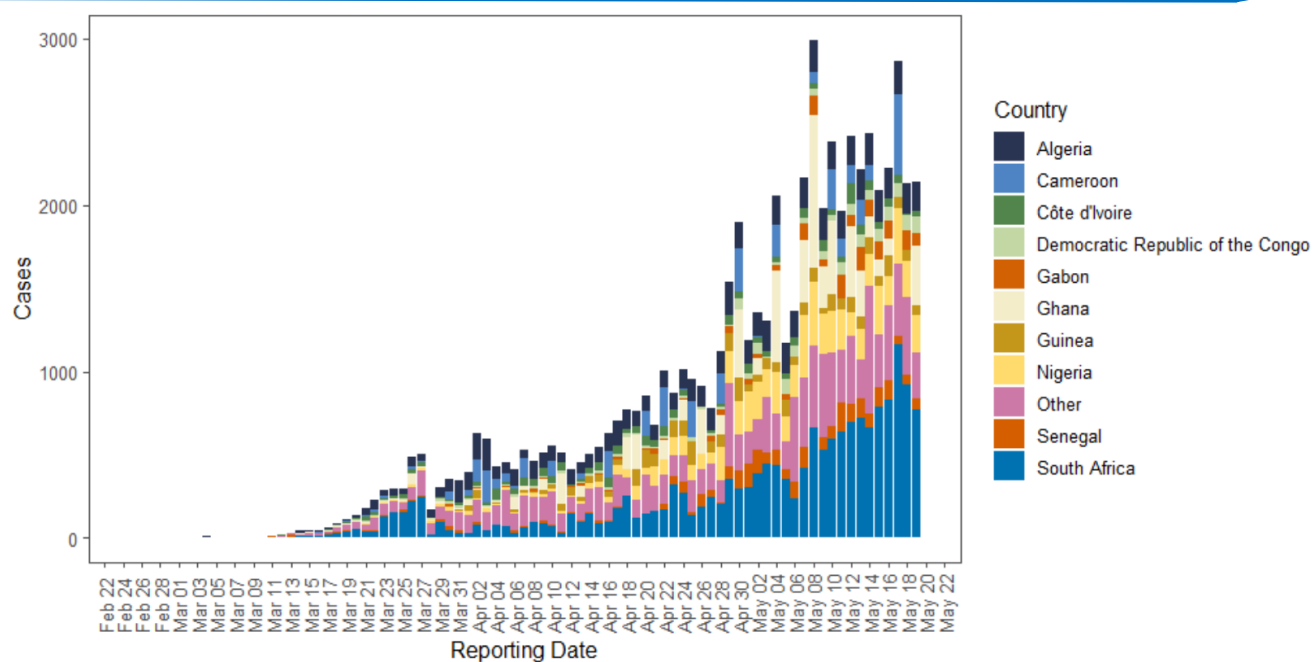


Figure 2. Cumulative number of confirmed COVID-19 cases in the WHO African Region by region, 25 February – 19 May 2020 ($n = 64\ 388$)

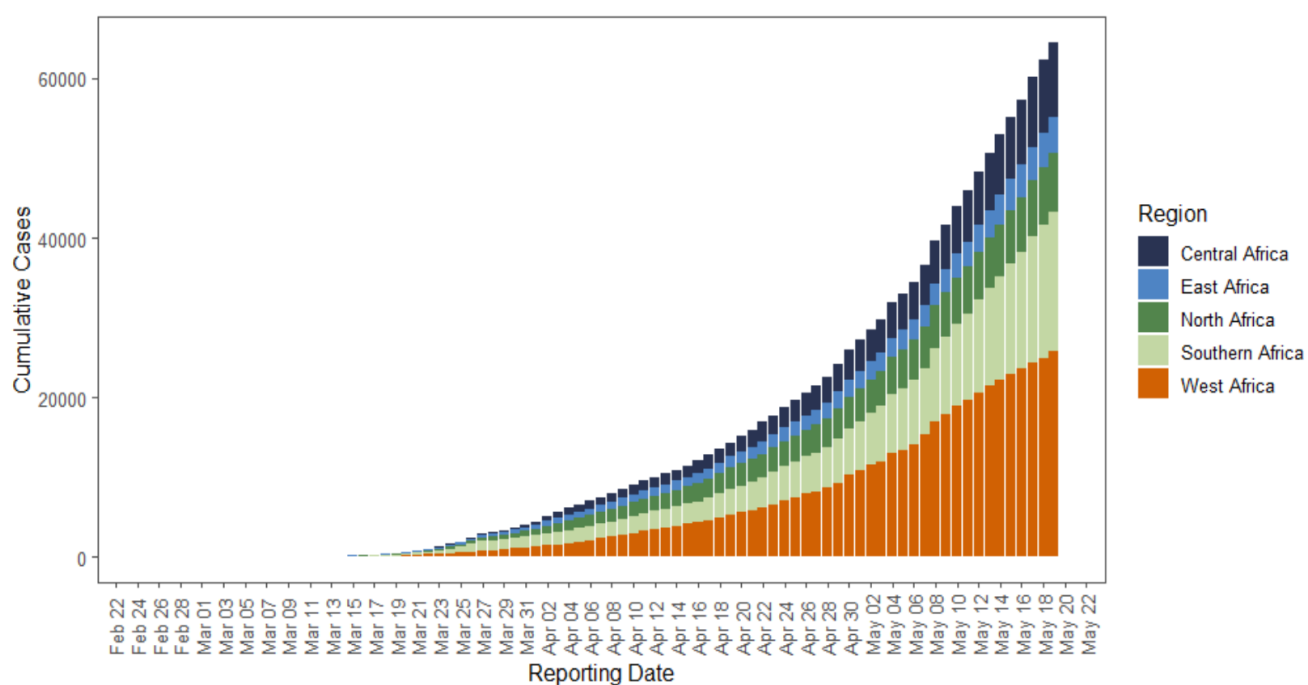


Figure 3. Weekly number of confirmed COVID-19 cases in the WHO African Region by region, 25 February –19 May 2020 ($n = 64\,388$)

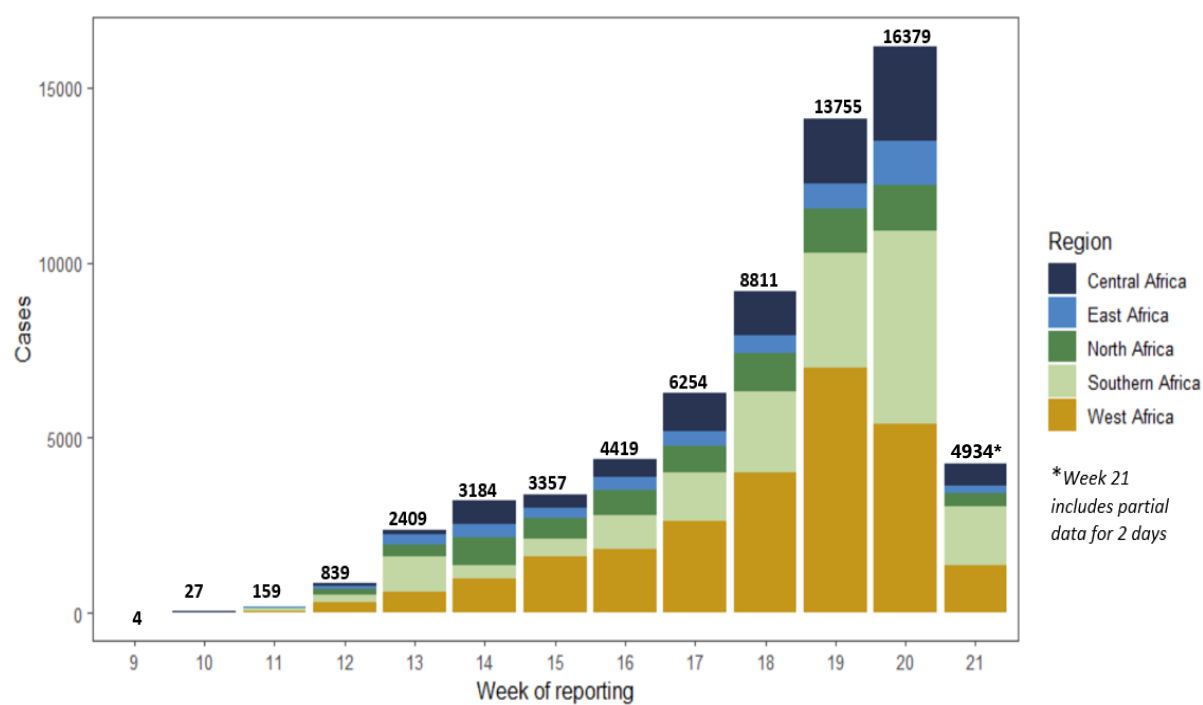


Figure 4. Epidemic curves of COVID-19 outbreaks in South Africa, Algeria, Nigeria, Ghana, Cameroon and Guinea, 25 February – 19 May 2020 (n=64 388)

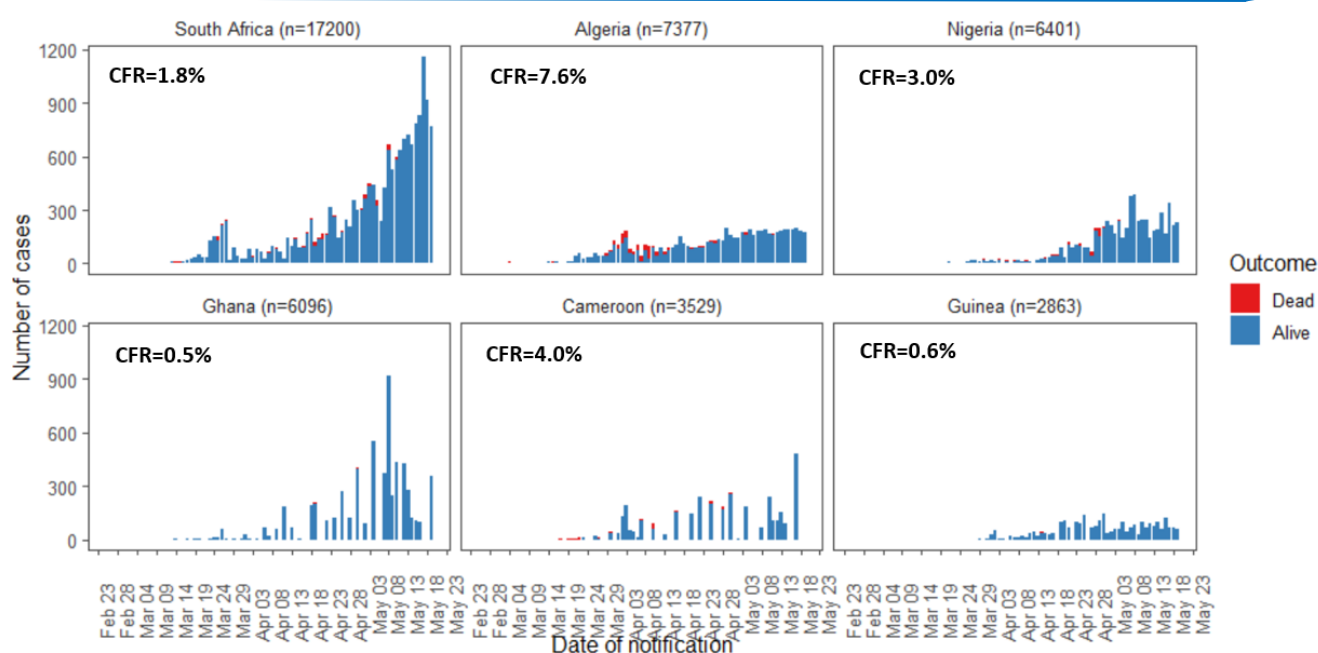
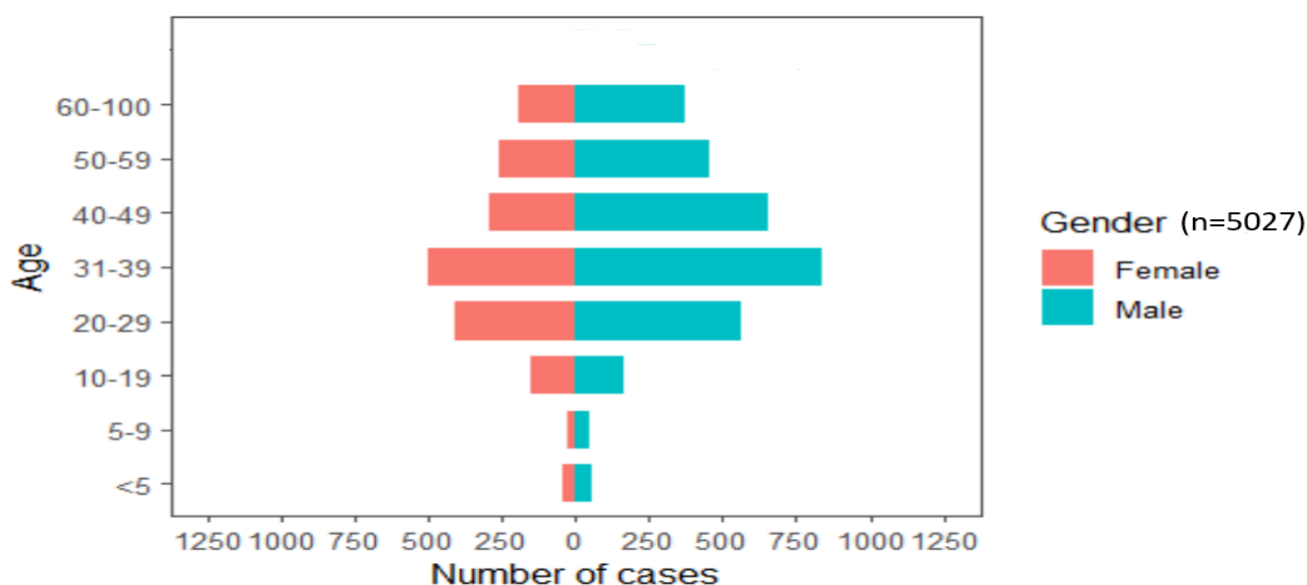


Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 19 May 2020 (n=5 027)



2. Global update

- As of 19 May 2020, at 18:00 CET, a total of 4 731 458 confirmed cases, including 316 169 deaths (CFR 6.7%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past week.
- To date, 214 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 (1 477 516), the Russian Federation (299 941), Spain (231 606), the United Kingdom (246 410), Italy (225 886), Germany (175 210), Turkey (150 593), France (140 497), Iran -Islamic Republic (122 492) and India (101 139). 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 characterized the COVID-19 as 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”.

3. 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. Focal points have been designated for all the countries in the region to strengthen follow up and support.
- The update of the WHO AFRO COVID-19 Strategic Response Plan (SRP), February – December 2020, has been finalized. The total cost of the SRP is US\$ 455 910 114, with US\$ 40 436 494 for supporting Regional Office activities and US\$ 415 473 620 to support critical interventions in Member States in the region. Mobilization of the resources for effective implementation of the SRP is ongoing.

Surveillance

- The Surveillance Pillar of the IMST continues to provide technical support to Member States to improve active surveillance, including alert management systems, case investigations and contact tracing. During the reporting week, technical support was provided to many countries, as follows:
 - Conducted data management (Go. Data, Open Data Kit, EWARs) trainings and offered technical support to Algeria, Eswatini, Democratic Republic of the Congo, Liberia, Sierra Leone, South Africa, South Sudan and Zimbabwe.
 - Virtual meetings were held with staff from the Ministries of Health and WHO Country Offices in Botswana, Eritrea, Mauritius, Sierra Leone, South Sudan and Tanzania to strengthen COVID-19 surveillance, including alert management system, contact tracing, reporting and data analysis.
 - Technical support was provided to Niger, Senegal and Burkina Faso in contact tracing, data entry, quality control and analysis.

- A detailed epidemiological analysis of COVID-19 cases, laboratory testing and contact tracing database was continued to provide evidence to guide and improve public health measures.
- A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

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 than 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 than last week) were disinfected in Burkina Faso (406), Cameroon (1 231), Democratic Republic of the Congo (162) and Senegal (128).
 - **993** IPC trainers (331 more than last week) were trained in Angola (687), Burkina Faso (69), Cameroon (4), Congo (Republic of) (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 than 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 than 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

- A laboratory reporting platform was launched during the reporting week. This is a data reporting tool to monitor, from a regional level, the number of specimens tested, stock levels and other laboratory performance parameters.
- A webinar was conducted during which key regional laboratories shared experiences on laboratory testing methodologies, decentralization and coordination of laboratory activities, among others. This was attended by over 500 participants and generated valuable discussion.
- During the reporting week, laboratory equipment arrived in Comoros, Lesotho and Sao Tome and experts will be deployed to support the establishment of molecular testing for the first time in these countries.

Case management

- The WHO AFRO case management team held virtual meetings with WHO counterparts in Guinea-Bissau, Nigeria, Tanzania, Ghana and Zanzibar to discuss case management challenges in the countries. The key output was agreed strategies to resolve identified gaps.
- On 14 May 2020, the team shared a presentation on Nutritional Management of Severe and Critically ill COVID-19 patients, and the need for immediate nutritional support for severely ill COVID-19 patients was emphasized.
- On 14 May 2020, a Guidance Adaptation Technical Group (GATG) met to finalize the draft "Management of COVID-19 Patient Guide", which will be shared to the countries soon.

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.
- The team submitted and cleared two guidance documents on Ramadan and Risk communication and community engagement.
- The Senegal hub had in-depth discussions with Algeria, Cameroun, Benin, Togo and Democratic Republic of the Congo country team to support them in strategies to improve capacity.
- The Nairobi team had a webinar with 200 journalists on emerging issues and stigma.

Logistics

- The implementation of the centralized supply portal is supported.
- Briefings and trainings on the new supply chain system are ongoing.
- A centralized helpdesk, offering direct support from AFRO has been implemented.
- A stock management and supplies monitoring tool has been developed that will be rolled out in coming days.
- A tool has been developed to help with preparing supplies allocation to countries through quantification.

Emergency Medical Team

- There were continued exchanges with French-speaking academic institutions and non-governmental organizations, who are still working on the agreement for collaboration. During the reporting week, WHO AFRO started assessing the collaborative agreement documents sent by the French-speaking academic institutions
- The team is developing a deployment forecast for EMTs, with an estimated budget.
- During the week, the Chinese EMTs arrived in Algeria, Democratic Republic of the Congo and Zimbabwe, while the Portuguese EMT arrived in Sao Tome Principe.
- The team continues to support Member States who are requesting the deployment of International EMTs to support COVID-19 case management and infection prevention and control in their countries.

Human Resources

- Since the outbreak started, a total of 232 experts have been deployed to 39 countries, including the Regional Office in Congo, 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).
- The lockdowns and international flights restrictions in most African countries remain the main challenges affecting 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 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.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.
- A total of 24 countries are implementing lockdown; nationwide lockdown in 13 countries and lockdown in affected areas in 11 countries.
- Eight countries have started a phased easing of the lockdown measures.

6. Conclusion

The COVID-19 pandemic continues to evolve in the WHO African Region, with the number of new confirmed cases and deaths increasing every week. More than a half of the countries in the region are experiencing community transmission and cross-border spread of COVID-19 between countries is still ongoing, mainly attributed to open transport corridors for goods and illicit activities along porous borders.

Recent analyses of the evolution of the outbreak in Africa show that the disease has largely affected urban populations, with most rural communities relatively unaffected or only reporting sporadic cases. This means that the outbreak can still be controlled by aggressive implementation of both containment and mitigation measures. The critical control measures include active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices. These measures must be implemented diligently and comprehensively in all communities. Governments, Ministries of Health and other national authorities, WHO and partners need to put in place stronger systems to monitor effective implementation of these critical interventions as well as proper accountability systems. Communities also need to own their role as responsible citizenry.

Annex 1. Global and Regional time line for COVID-19 as of 4 May 2020

