COVID-19
Situation update for the WHO African Region
17 June 2020

External Situation Report 16
1. Situation update

Since the coronavirus disease 2019 (COVID-19) outbreak was first detected in the WHO African Region in Algeria on 25 February 2020, the outbreak continues to progress with rising incidence cases and associated deaths. Since our last situation report on 10 June 2020 (External Situation Report 15), an additional 42 173 new confirmed COVID-19 cases (a 30% increase) were reported from 42 countries. Of the 42 173 reported new cases in the region, South Africa contributed more than half, 55% (23 343), of the cases. During this period, five countries in the region observed the highest percentage increase in cases: Eritrea 195% (from 41 to 121 cases), Mauritania 62% (from 1 162 to 1 887 cases), Benin 57% (from 339 to 532 cases), Ethiopia 55% (from 2 336 to 3 630 cases) and Angola 50% (from 96 to 142 cases).

Seychelles, Equatorial Guinea, Lesotho and Mauritius have reported zero new confirmed COVID-19 cases in the past 70, 26, 15 and 12 days, respectively and therefore did not record any new cases this reporting period. Eritrea reported 24 new confirmed cases after eight days of zero reporting. These were among returnees who had completed their quarantine period at Adibara quarantine centre. Seventy-three new health worker infections were recorded from six countries, including Cameroon (32), Sierra Leone (22), Malawi (8), South Sudan (4), Uganda (4) and Senegal (3). The region has registered 14 424 new recoveries in this reporting period.

From 10 to 16 June 2020, an additional 854 deaths (25% increase) were reported from 31 countries: South Africa reported the highest number of 463 new deaths in this reporting period. The other countries that reported new deaths include: Algeria (64), Cameroon (61), Nigeria (59), Mauritania (30), Ethiopia (29), Democratic Republic of the Congo (21), Senegal (18), Kenya (17), Mali (12), Ghana (10), South Sudan (10), Central African Republic (9), Côte d’Ivoire (8), Gabon (8), Benin (5), Congo (3), Madagascar (3), Guinea (3), Guinea-Bissau (3), Chad (3), Angola (2), Mozambique (2), Cabo Verde (2), Liberia (2), Malawi (2), Eswatini (2), Comoros (1), Sierra Leone (1), Zambia (3) and Niger (1).

As of 16 June 2020, the cumulative total of 185 070 COVID-19 cases, including 184 796 confirmed and 274 probable cases, were reported across the 47 countries in the region. The probable cases have been reported from Sao Tome and Principe (273) and Democratic Republic of the Congo (1). A total of 4 316 deaths have been reported in 42 countries, giving an overall case fatality ratio (CFR) of 2.3%. Five countries have not registered any COVID-19 related deaths since the beginning of the pandemic in the region: Eritrea, Seychelles, Lesotho, Namibia and Uganda.

The current status in the region represents 2.3% of confirmed COVID-19 cases and 1.0% 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 and 2, respectively. The highest number of cases in the region have been reported from South Africa (76 334), Nigeria (17 148), Ghana (12 193), Algeria (11 147), Cameroon (9 863), Côte d’Ivoire (5 679), Senegal (5 247), Democratic Republic of Congo (4 974), Guinea (4 639) and Gabon (4 114), which collectively account for 81% of all reported cases.

Of the 185 070 COVID-19 cases reported, 89 271 (48%) have recovered from across all the 47 countries in the region. All the reported 11 cases in Seychelles have recovered.

As of 16 June 2020, the countries reporting high numbers of deaths are: South Africa 1 625 (38%), Algeria 788 (18%), Nigeria 424 (10%), Cameroon 276 (6.4%), Democratic Republic of the Congo 111 (2.6%), Mali 106
(2.5%), Kenya 105 (2.4%), Mauritania 91 (2.1%), Chad 74 (1.7%) and Senegal 70 (1.6%). South Africa, Nigeria, Algeria and Cameroon account for 72% of the total deaths reported in the region.

The highest case fatality ratios were observed in seven countries: Chad* (8.7%), Algeria (7.1%), Niger (6.5), Liberia (6.5%)*, Burkina Faso (6.0%), Mali (5.6) and Mauritania (4.8%). Figure 3 shows the distribution of cases and deaths by week of notification in the 12 most affected countries.

Of concern, health workers have been significantly affected by COVID-19, with 5 255 (28%) health workers being infected in 36 counties since the beginning of the outbreak. Overall, South Africa has been the most affected, with 2 084 health workers infected, followed by Nigeria (812), Cameroon (325), Ghana (227), Niger (184), Guinea-Bissau (152), Senegal (141), Sierra Leone (139), Guinea (134) and Democratic Republic of the Congo (131). The other 26 countries that have recorded health worker infections are shown in Table 1.

According to the available data on age and gender distribution (n=5 248), the male to female ratio among confirmed cases is 1.7, and the median age is 38 years (range: 0 - 105). Males 3 272 (62%) in the 31-39 and 40-49 age-groups are more affected than females 1 976 (38%) across the same age-groups. The distribution of cases by age and sex is presented in Figure 4.

Currently, 27 countries in the region are experiencing community transmission, 17 have clusters of cases and seven 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 9 June 2020, the seven African countries in the WHO EMRO Region reported 71 434 confirmed cases: Egypt (46 289), Sudan (7 435), Morocco (8 921), Somalia (2 658), Tunisia (1 125), Djibouti (4 539) and Libya (467). Additionally, a total of 2 542 deaths has been recorded from Egypt (1 672), Morocco (212), Sudan (468), Somalia (88), Tunisia (49), Djibouti (43) and Libya (10). A cumulative total of 256 504 confirmed COVID-19 cases, 6 858 deaths (case fatality ratio 2.7%), with 117 875 recoveries reported in the African continent.

* Chad and Liberia are implementing community mortality surveillance that could have attributed to high case fatality ratios.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 16 June 2020 (n =185 070)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Probable Cases</th>
<th>Recovered Cases</th>
<th>Case fatality ratio (%)</th>
<th>Health Worker infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>76 334</td>
<td>1 625</td>
<td>0</td>
<td>42 063</td>
<td>2.1</td>
<td>2 084</td>
</tr>
<tr>
<td>Nigeria</td>
<td>17 148</td>
<td>424</td>
<td>0</td>
<td>5 349</td>
<td>2.5</td>
<td>812</td>
</tr>
<tr>
<td>Ghana</td>
<td>12 193</td>
<td>58</td>
<td>0</td>
<td>4 326</td>
<td>0.5</td>
<td>227</td>
</tr>
<tr>
<td>Algeria</td>
<td>11 147</td>
<td>788</td>
<td>0</td>
<td>7 842</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>9 863</td>
<td>276</td>
<td>0</td>
<td>5 570</td>
<td>2.8</td>
<td>325</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>5 679</td>
<td>46</td>
<td>0</td>
<td>2 637</td>
<td>0.8</td>
<td>130</td>
</tr>
<tr>
<td>Senegal</td>
<td>5 247</td>
<td>70</td>
<td>0</td>
<td>3 525</td>
<td>1.3</td>
<td>141</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>4 974</td>
<td>111</td>
<td>1</td>
<td>628</td>
<td>2.2</td>
<td>131</td>
</tr>
<tr>
<td>Guinea</td>
<td>4 639</td>
<td>26</td>
<td>0</td>
<td>3 327</td>
<td>0.6</td>
<td>134</td>
</tr>
<tr>
<td>Gabon</td>
<td>4 114</td>
<td>29</td>
<td>0</td>
<td>1 432</td>
<td>0.7</td>
<td>57</td>
</tr>
<tr>
<td>Kenya</td>
<td>3 860</td>
<td>105</td>
<td>0</td>
<td>1 326</td>
<td>2.7</td>
<td>64</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3 630</td>
<td>61</td>
<td>0</td>
<td>738</td>
<td>1.7</td>
<td>87</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2 410</td>
<td>14</td>
<td>0</td>
<td>396</td>
<td>0.6</td>
<td>1</td>
</tr>
<tr>
<td>Mauritania</td>
<td>1 887</td>
<td>91</td>
<td>0</td>
<td>360</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>1 885</td>
<td>106</td>
<td>0</td>
<td>1 145</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>1 776</td>
<td>30</td>
<td>0</td>
<td>58</td>
<td>1.7</td>
<td>73</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>1 492</td>
<td>15</td>
<td>0</td>
<td>152</td>
<td>1.0</td>
<td>152</td>
</tr>
<tr>
<td>Zambia</td>
<td>1 405</td>
<td>11</td>
<td>0</td>
<td>1 142</td>
<td>0.8</td>
<td>111</td>
</tr>
<tr>
<td>Country</td>
<td>Cases</td>
<td>Deaths</td>
<td>New Cases</td>
<td>New Deaths</td>
<td>7-day incidence</td>
<td>7-day (ICU) incidence</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>-----------</td>
<td>------------</td>
<td>-----------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1,317</td>
<td>12</td>
<td>0</td>
<td>417</td>
<td>0.9</td>
<td>2</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1,225</td>
<td>51</td>
<td>0</td>
<td>686</td>
<td>4.2</td>
<td>139</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>1,043</td>
<td>12</td>
<td>0</td>
<td>208</td>
<td>1.2</td>
<td>53</td>
</tr>
<tr>
<td>Niger</td>
<td>1,016</td>
<td>66</td>
<td>0</td>
<td>885</td>
<td>6.5</td>
<td>184</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>895</td>
<td>53</td>
<td>0</td>
<td>810</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>883</td>
<td>27</td>
<td>0</td>
<td>391</td>
<td>3.1</td>
<td>20</td>
</tr>
<tr>
<td>Chad</td>
<td>853</td>
<td>74</td>
<td>0</td>
<td>720</td>
<td>8.7</td>
<td>75</td>
</tr>
<tr>
<td>Uganda</td>
<td>823</td>
<td>0</td>
<td>0</td>
<td>199</td>
<td>0.9</td>
<td>20</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>781</td>
<td>7</td>
<td>0</td>
<td>354</td>
<td>0.9</td>
<td>40</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>671</td>
<td>10</td>
<td>273</td>
<td>4</td>
<td>1.5</td>
<td>40</td>
</tr>
<tr>
<td>Mozambique</td>
<td>638</td>
<td>4</td>
<td>0</td>
<td>160</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td>636</td>
<td>2</td>
<td>0</td>
<td>338</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>646</td>
<td>6</td>
<td>0</td>
<td>73</td>
<td>1.1</td>
<td>20</td>
</tr>
<tr>
<td>Togo</td>
<td>537</td>
<td>13</td>
<td>0</td>
<td>344</td>
<td>2.4</td>
<td>23</td>
</tr>
<tr>
<td>Benin</td>
<td>532</td>
<td>9</td>
<td>0</td>
<td>236</td>
<td>1.7</td>
<td>2</td>
</tr>
<tr>
<td>Eswatini</td>
<td>520</td>
<td>4</td>
<td>0</td>
<td>258</td>
<td>0.8</td>
<td>17</td>
</tr>
<tr>
<td>Liberia</td>
<td>509</td>
<td>33</td>
<td>0</td>
<td>222</td>
<td>6.5</td>
<td>50</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>509</td>
<td>21</td>
<td>0</td>
<td>180</td>
<td>4.1</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>391</td>
<td>4</td>
<td>0</td>
<td>62</td>
<td>1.2</td>
<td>2</td>
</tr>
<tr>
<td>Mauritius</td>
<td>337</td>
<td>10</td>
<td>0</td>
<td>325</td>
<td>3.0</td>
<td>30</td>
</tr>
<tr>
<td>Comoros</td>
<td>197</td>
<td>3</td>
<td>0</td>
<td>127</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>142</td>
<td>6</td>
<td>0</td>
<td>64</td>
<td>4.2</td>
<td>1</td>
</tr>
<tr>
<td>Eritrea</td>
<td>121</td>
<td>0</td>
<td>0</td>
<td>39</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>104</td>
<td>1</td>
<td>0</td>
<td>75</td>
<td>1.7</td>
<td>3</td>
</tr>
<tr>
<td>Botswana</td>
<td>60</td>
<td>1</td>
<td>0</td>
<td>24</td>
<td>1.7</td>
<td>3</td>
</tr>
<tr>
<td>Gambia</td>
<td>34</td>
<td>1</td>
<td>0</td>
<td>24</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0.9</td>
<td>3</td>
</tr>
<tr>
<td>Seychelles</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185,070</strong></td>
<td><strong>4,316</strong></td>
<td><strong>274</strong></td>
<td><strong>89,271</strong></td>
<td><strong>2.3</strong></td>
<td><strong>5,225</strong></td>
</tr>
</tbody>
</table>

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 16 June 2020 (n=185,070)
Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 16 June 2020 (n=185 070)

*Week 25 includes partial days for two days

Figure 3. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the top 12 reporting countries: South Africa, Nigeria, Ghana, Algeria, Cameroon, Côte d’Ivoire, Senegal, Democratic Republic of the Congo, Guinea, Gabon, Kenya and Ethiopia, 25 February – 16 June 2020 (n=158 828)
Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 16 June 2020 (n=5,248)
2. Global update

As of 9 June 2020, at 18:00 CET, a total of 7,941,791 confirmed cases, including 434,796 deaths (CFR 5.5%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past weeks.

To date, 215 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 (2,079,592), Brazil (867,624), the Russian Federation (545,458), India (343,091), the United Kingdom (296,861), Spain (244,109), Italy (237,290), Peru (229,736), Iran-Islamic Republic (189,876) and Germany (186,839). All affected countries have reported new confirmed cases in the past week.


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”.

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. Focal points have been designated for all the countries in the region to strengthen follow up and support.
- WHO is supporting the response to a new Ebola outbreak in northwest Democratic Republic of the Congo. The new outbreak comes as the country continues to respond to the complex Ebola outbreak in the eastern part of the country, as well as the COVID-19 pandemic, the world’s largest measles outbreak, and a complex and long-standing humanitarian crisis.
- 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:
  - Data management training (Go. Data, Open Data Kit, EWARS) was conducted and technical support was offered 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 (IPC)

- WHO AFRO supported eight countries, including Angola, Burkina Faso, Cameroon, Congo, Cote d’Ivoire, Democratic Republic of the Congo, Senegal, South Africa and Tanzania. In these countries, 1 131 IPC trainers are now available, along with 9 381 trained health workers. At the same time 3 658 households of COVID-19 confirmed patients were disinfected, along with 513 healthcare facilities and 133 COVID-19 treatment centres were assessed.
- The IPC monitoring and evaluation framework was developed and will start receiving data from 45 of 47 countries next week.

Laboratory

- A comprehensive document, Technical Guidance on Laboratory Operations for Coronavirus Disease (COVID-19) Testing in the WHO African Region, prepared to support countries in providing streamlined laboratory actions for COVID-19 was published in French, Portuguese and English and disseminated regionally.
- A laboratory reporting platform was launched during the reporting week. This is a data reporting tool to monitor, at a regional level, the number of specimens tested, stock levels and other laboratory performance parameters.

Case management

- Teleconference calls were held with countries with a focus on countries with high case fatality rates (Chad), increasing number of cases (Ghana, Nigeria, South Africa). The aim was to understand concrete actions taken by WCO so far; health worker infections, new WHO guidelines were discussed, and discharge criteria clarified with Ghana. Management of critically ill patients with a focus on production and distribution of oxygen and the Guideline Adaptation Group reviewed the guideline “Clinical Management of the Pregnant Woman, Delivery and Postnatal period” with Sierra Leone.
- The pillar participated in the Africa CDC COVID-19 AFTCOR weekly meeting, and COVID-19 Country level experience on Ethiopia on 9 June 2020. Key challenges and recommendations included Global shortage of Products, especially supplies; limited scientific knowledge about the disease; varying sense of urgency among sectors and agencies; unpredictable and massive flow of the returnees and deportees.
- The Case Management model from Ghana was share with Niger on 10 June 2020 in response to a request to share the Ghana-specific implementation plan for the psychosocial support part of case management as a means of improving what is being done in Niger.
- The AFRO team met with AFTCOR Case management pillar meeting to assess innovative care for critically ill patients using X-vent presented by “Breathe Strong Africa” and chaired the Case management cluster meeting with cooperating partners in Zambia.
A curriculum was developed for community health workers along with Guidelines on healthcare worker performing CPR. General and specific technical advice was provided on prone position ventilation and home management of COVID-19 patients.

TC with FPs on Nairobi Hub platform was held on 11 June 2020 to discuss technical assistance by partners and challenges by shared by countries during deep dives. Key gaps identified during deep dive with Uganda include lack of consensus on standard PPE for use, challenges with patient and sample transport or referral from remote areas to treatment centres, lack of competence on the part of health workers who have been trained via Zoom, limited capacity for critical care, long sample turnaround, inadequate test kits, and poor transmission of results.

A webinar was held on 12 June 2020 on Dissemination of Joint Interim Guidance on Continuity of Essential Health and Nutrition Services during the COVID-19 Pandemic. This provided general and specific technical support.

Risk Communication

Key messages were developed for health workers working in quarantine facilities and guidance on stigma reduction was also developed. Over 200 participants attended a virtual training on monitoring and evaluation of RCCE.

Community health mobilizers are on the frontlines of Angola’s COVID-19 response, increasing awareness of COVID-19 among the general population by conducting home visits and social mobilization campaigns in local markets and other busy communal areas.

The Senegal hub had in-depth discussions with Algeria, Cameroon, Benin, Togo and the Democratic Republic of the Congo country teams to support them in strategies to improve capacity.

Logistics

A total of 1 952 408 (12% of amount requested) personal protective equipment and 337 789 reagents and sampling kits were sent to the 47 countries. The team still faces challenges around shipping too few supplies because shipments are made according to readiness status at supplier level and the availability of flights.

The AFRO logistics team doubled the number of laboratory shipments and new ad-hoc routes have been opened with a progressive increase in number of commercial flights.

Identification of Supply Coordinators at country level is in an advanced stage to enable full use of the online portal and adequate request processing. A total of 27 countries have already placed requests in the online portal.

Individual follow up, briefings and trainings on the new supply chain system have been conducted with countries within the region. A new online portal version with new features has been released.

In addition, requests have been placed for a total value of US$ 30 000 000 to cover urgent needs in 47 countries. Delivery of testing kits is in progress despite limited means of transportation.

Emergency Medical Team

International experts from WHO AFRO arrived in Guinea Bissau to support the response of the Ministry of Health against COVID-19. The procedure for deploying emergency medical team to southern Sudan, Chad and Cameroon is still underway. Their requests are being processed at the HQ level in Geneva.

The EMT team at AFRO is collaborating with NGOs in the finalization of the proposals template of projects to be submitted to the WHO. WHO AFRO country offices have been informed of the projects that will be submitted by the partners. Suggestions were made to orient project proposals on strengthening activities and community engagement.

The terms of reference have been drafted for setting up a technical secretariat to follow the recommendation of the meetings between academic institutions and WHO AFRO. The draft TOR of the technical secretariat of the platform is still awaiting feedback for its validation. The issue of the African facets of COVID-19 remains a major challenge and summarizes the main points of the discussions.
Identification of gaps encountered in the field by implementation partners waiting to be shared and discussed at the next meeting. The meeting has been postponed for next week and it has been agreed that it will now be held every two weeks.

**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 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 outbreak continues to evolve in the WHO African Region, with the numbers of new cases and deaths rapidly increasing, albeit at a disproportionate rate in some countries. Many governments are gradually easing their lockdown restrictions, including the reopening of businesses and the gradual reopening of schools; however, restrictions on border crossings and flight operations largely remain in effect. Countries must continue with strong implementation of public health measures in order to slow down this rapid growth in cases. The cornerstone of the response in every country is to find, isolate, test and care for every case, and to trace and quarantine every contact. Additionally, communities need to adhere to physical distancing, with good personal hygiene practices and cough etiquette.
Annex 1. Global and Regional timeline for COVID-19 as of 4 May 2020

Dec 2019
WHO China Country Office
informed of cases of pneumonia
in Wuhan, China.

Jan 2020
30
Cluster of cases of pneumonia
reported by China National
Health Commission.

31
WHO declares
COVID-19 a pandemic.

Mar 2020
11
First confirmed case in sub-
Saharan Africa reported.

28
WHO officially names
COVID-19 as novel coronavirus.

29
First confirmed case in Africa
reported.

Apr 2020
24
10,000 cases and 500
deaths in Africa.

28
WHO Africa region
has the capacity to test for
SARS-CoV-2.

31
First confirmed case in SW
Africa.

May 2020
01
Over 10,000 cases and
100 deaths in the WHO
African Region.

04
WHO Africa Region
announces 5,000 deaths.

07
10,000 cases
in Africa.

14
Number of deaths
exceed 1000 in Africa.

15
First confirmed case
in the Eastern Africa region.

22
First reported case
from China reported
by the MOH
of Thailand.

29
WHO reports
activation of the
WHO China
Management Team.

30
WHO declares the
COVID-19 outbreak
public health
emergency of
international
concern.

4 May 2020
Over 7,500 confirmed
cases with 374 deaths.
Reported from China and
18 other countries.