

# COVID-19

Situation update for the WHO African Region

1 July 2020

## External Situation Report 18



REGIONAL OFFICE FOR

World Health  
Organization

Africa

# COVID-19

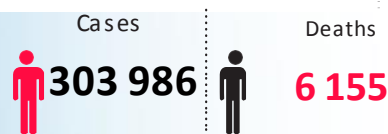
## WHO AFRICAN REGION

### External Situation Report 18

Date of issue: 1 July 2020

Data as reported by: 30 June 2020 as of 00:00 AM (GMT+1)

#### 1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to grow in the WHO African Region since it was first detected in Algeria on 25 February 2020. Since our last [External Situation Report 17](#) issued on 24 June 2020 (from 24 to 30 June 2020), a total of 67 077 new confirmed COVID-19 cases (a 28% increase) was reported from 45 countries. Of the 67 077 reported new cases in the region, 43% (45 101) were recorded in South Africa. South Africa remains the epicentre of the COVID-19 outbreak in the region, consistently registering the highest daily case incidence, now standing at more than 6 000 cases daily in the past week. On 27 June 2020, the WHO African Region and South Africa recorded their highest daily case count of 10 421 and 7 210, respectively. The WHO African region also recorded the highest daily death toll of 172 on 30 June 2020.

During this period, six countries in the region observed the highest percentage increase in incidence cases: Seychelles 636% (from 11 to 81 cases), Zambia 213% (from 509 to 1 594 cases), Namibia 182% (from 72 to 203 cases), Botswana 155% (from 89 to 227 cases), Malawi 58% (from 803 to 1 265 cases) and Angola 50% (from 189 to 284 cases). Seychelles reported new confirmed COVID-19 cases after 78 consecutive days of zero reporting. The confirmed case-patients were part of 207 sea crew arriving on two Air Seychelles chartered flights. Eleven crewmen turned positive on antibody test, of which three tested positive by polymerase chain reaction (PCR) on 24 June 2020. This event occurred just as the Government was considering opening up commercial flights and tourism from 1 July 2020. Only Equatorial Guinea and United Republic of Tanzania did not officially submit reports indicating any confirmed cases in the past week. A total of 26 new health worker infections were recorded from three countries: Malawi (18), Sierra Leone (5) and South Sudan (3).

From 24 to 30 June 2020, an additional 898 COVID-19 related deaths (17% increase) were reported from 31 countries, with 62% (555) of the deaths recorded in South Africa. This was followed by Nigeria, which registered the second highest number of deaths, at 57, followed by Algeria with 51 deaths. The other countries that reported new deaths include; Democratic Republic of the Congo (35), Ethiopia (28), Senegal (23), Kenya (20), Ghana (17), Mauritania (16), Central African Republic (10), Benin (8), Côte d'Ivoire (8), Cabo Verde (7), Zambia (6), Cameroon (5), Madagascar (5), Mali (5), Malawi (5), Sierra Leone (5), Guinea-Bissau (5), Congo (4), Eswatini (4), Guinea (4), Angola (3), Gabon (3), South Sudan (3), Liberia (2), Mozambique (1), Sao Tome and Principe (1) and Zimbabwe (2).

During the reporting period (24 to 30 June 2020), the cumulative number of COVID-19 cases in the region exceeded 300 000, and is now at 303 986 cases, including 303 665 confirmed and 321 probable cases, reported across the 47 Member States. The probable cases have been reported from Sao Tome and Principe (320) and Democratic Republic of the Congo (1). A total of 6 155 deaths have been reported in 42 countries, giving an overall case fatality ratio (CFR) of 2.0%. Five countries (Eritrea, Seychelles, Lesotho, Namibia and Uganda) have not registered any COVID-19 related deaths since the beginning of the pandemic.

The current figures in the region represents 2.9% of confirmed COVID-19 cases and 1.2% 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 10 countries: South Africa (151 209), Nigeria (25 694), Ghana (17 741), Algeria (13 907), Cameroon (12 592), Côte d'Ivoire (9 214), Democratic Republic of Congo (7 039), Senegal (6 793), Kenya (6 366) and Ethiopia (5 848), which collectively account for 84% (256 401) of all reported cases.

Of the 303 986 COVID-19 cases reported, 154 274 (51%) have recovered from across all the 47 countries in the region.

As of 30 June 2020, the countries reporting high numbers of deaths are: South Africa 2 657 (43%), Algeria 912 (15%), Nigeria 590 (9.6%), Cameroon 313 (5.1%), Democratic Republic of the Congo 169 (2.8%), Kenya 148 (2.4%), Mauritania 128 (2.1%), Mali 116 (2.0%), Senegal 112 (1.8%), Ghana 112 (1.8%) and Ethiopia 103 (1.7%). South Africa, Nigeria, Algeria and Cameroon account for 73% of the total deaths reported in the region.

The highest case fatality ratios were observed in seven countries: Chad\* (8.5%), Algeria (6.6%), Niger (6.2%), Burkina Faso (5.5%), Mali (5.3), Angola (4.6%) and Liberia (4.6%)\*. **Figure 3** shows the distribution of cases and deaths by week of notification in the 12 most affected countries.

A significant number of health workers have been affected by COVID-19, with 6 066 (20%) being infected in 38 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 2 084 (34%) health workers infected, followed by Nigeria (987), Ghana (351), Cameroon (325), Niger (184), Guinea-Bissau (181), Côte d'Ivoire (179), Democratic Republic of the Congo (158), Sierra Leone (155), Senegal (147) and Guinea (134). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Niger 17% (184/1 075) and Burundi 14% (24/170) have the highest country specific proportion of health workers.

According to the available data on age and gender distribution (n=7 454), the male to female ratio among confirmed cases is 1.7, and the median age is 36 years (range: 0 - 105). Males (62%) in the 31-39 and 40-49 age-groups are more affected than females (38%) across the same age-groups. The distribution of cases by age and sex is presented in **Figure 4**.

Currently, 30 (64%) countries in the region are experiencing community transmission, nine (19%) have clusters of cases and eight (17%) 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 30 June 2020, the seven African countries in the WHO EMRO Region reported a total of 99 706 confirmed COVID-19 cases: Egypt (68 311), Morocco (12 533), Sudan (9 258), Djibouti (4 682), Somalia (2 924), Tunisia (1 174) and Libya (824). Additionally, a total of 3 971 deaths has been recorded from Egypt (2 953), Sudan (572), Morocco (228), Somalia (90), Tunisia (50), Djibouti (54) and Libya (24). A cumulative total of 403 692 confirmed COVID-19 cases 101 26 deaths (case fatality ratio 2.5%) with 192 364 cases that have recovered have been reported in the African continent.

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

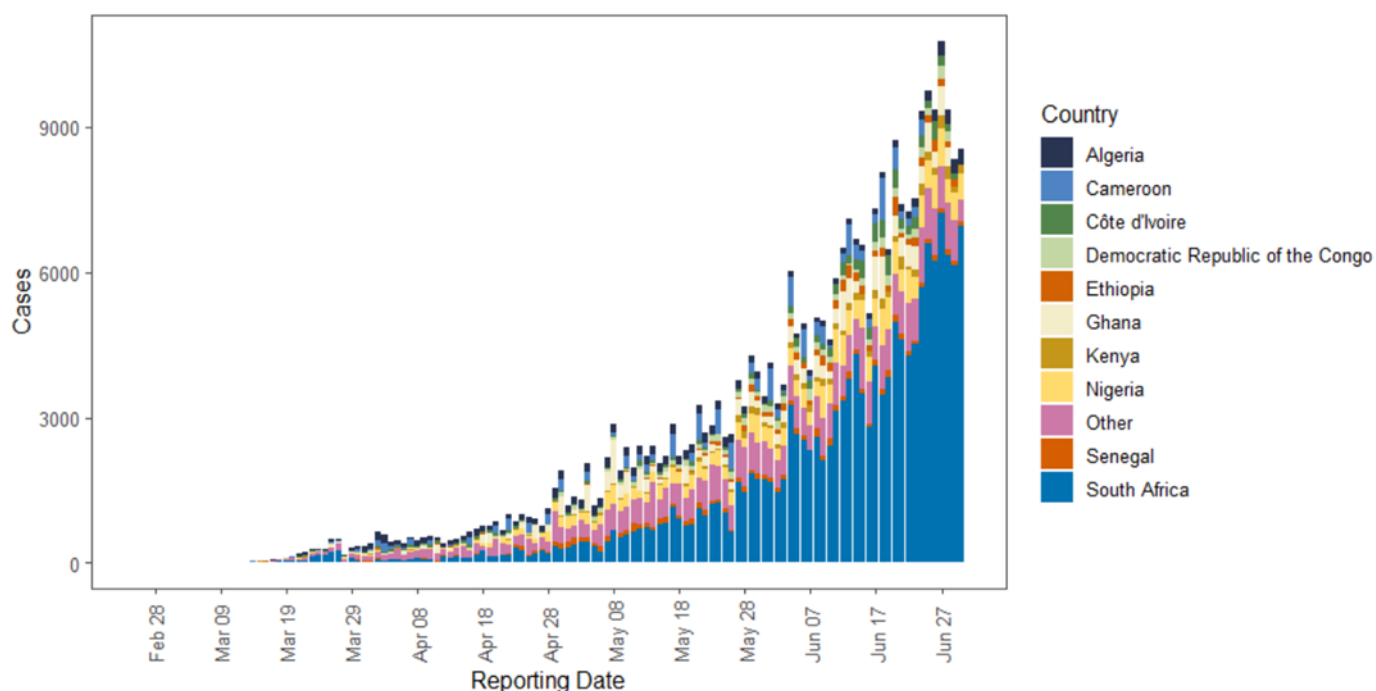
**Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 30 June 2020 (n =303 986)**

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Health Workers	Proportion of Health Workers (%)
South Africa	151 209	2 657	73 543	0	2 084	1.4
Nigeria	25 694	590	9 746	0	987	3.8
Ghana	17 741	112	13 268	0	351	2.0
Algeria	13 907	912	9 950	0	0	0.0
Cameroon	12 592	313	10 100	0	325	2.6
Côte d'Ivoire	9 214	66	3 996	0	179	1.9
Democratic Republic of the Congo	7 039	169	1 801	1	158	2.2
Senegal	6 793	112	4 431	0	147	2.2
Kenya	6 366	148	2 039	0	64	1.0
Ethiopia	5 846	103	2 430	0	87	1.5
Gabon	5 394	42	2 420	0	57	1.1

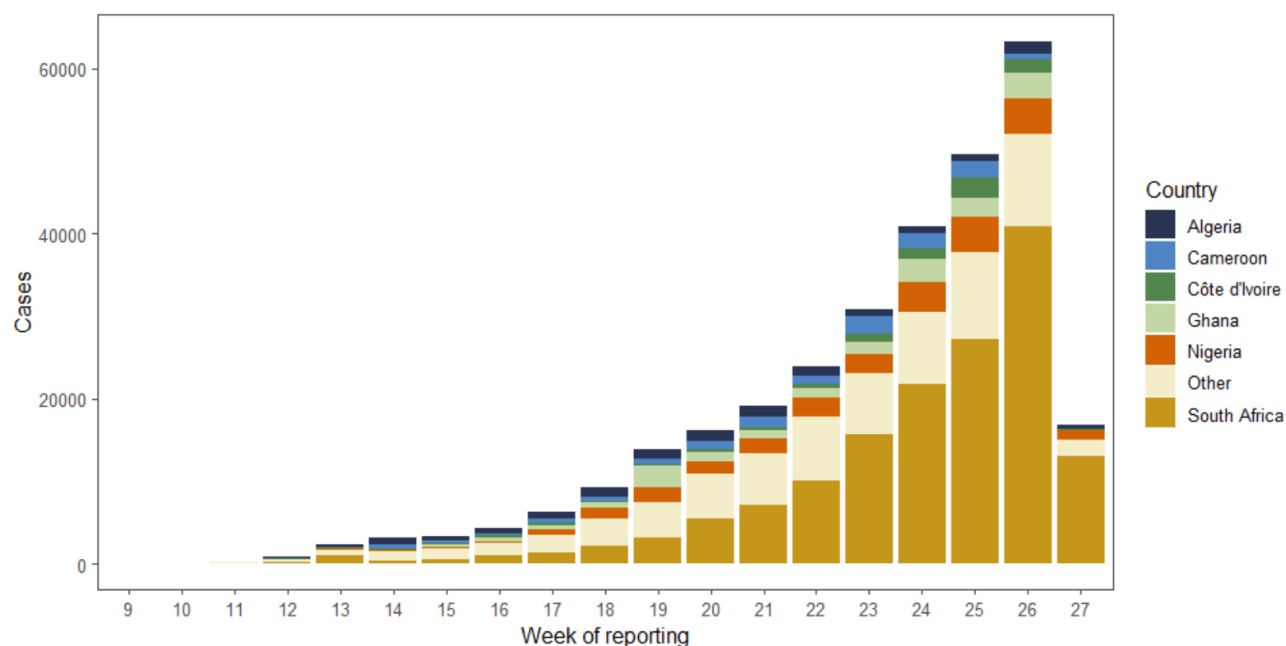
Guinea	<b>5 391</b>	33	4 326	0	134	2.5
Mauritania	<b>4 237</b>	128	1 497	0	0	0.0
Central African Republic	<b>3 745</b>	47	787	0	1	0.0
Madagascar	<b>2 214</b>	20	994	0	2	0.1
Mali	<b>2 181</b>	116	1 474	0	0	0.0
South Sudan	<b>2 007</b>	38	279	0	97	4.8
Guinea-Bissau	<b>1 654</b>	24	317	0	181	10.9
Zambia	<b>1 594</b>	24	1 329	0	111	7.0
Sierra Leone	<b>1 462</b>	60	974	0	155	10.6
Congo	<b>1 329</b>	41	486	0	49	3.7
Malawi	<b>1 265</b>	16	260	0	122	9.6
Cabo Verde	<b>1 227</b>	15	629	0	40	3.3
Benin	<b>1 199</b>	21	333	0	2	0.2
Niger	<b>1 075</b>	67	943	0	184	17.1
Equatorial Guinea	<b>1 043</b>	12	208	0	53	5.1
Rwanda	<b>1 025</b>	2	447	0	0	0.0
Burkina Faso	<b>962</b>	53	838	0	90	9.4
Mozambique	<b>889</b>	6	232	0	93	10.5
Uganda	<b>889</b>	0	819	0	27	3.0
Chad	<b>866</b>	74	781	0	75	8.7
Eswatini	<b>812</b>	11	408	0	17	2.1
Liberia	<b>780</b>	36	324	0	65	8.3
Sao Tome and Principe	<b>714</b>	11	236	320	40	5.6
Togo	<b>643</b>	14	401	0	25	3.9
Zimbabwe	<b>591</b>	7	163	0	2	0.3
United Republic of Tanzania	<b>509</b>	21	180	0	1	0.2
Mauritius	<b>341</b>	10	327	0	30	8.8
Comoros	<b>303</b>	7	200	0	0	0.0
Angola	<b>284</b>	13	93	0	1	0.4
Botswana	<b>227</b>	1	28	0	3	1.3
Namibia	<b>203</b>	0	24	0	3	1.5
Eritrea	<b>203</b>	0	56	0	0	0.0
Burundi	<b>170</b>	1	115	0	24	14.1
Seychelles	<b>81</b>	0	11	0	0	0.0
Gambia	<b>49</b>	2	27	0	0	0.0
Lesotho	<b>27</b>	0	4	0	0	0.0
Total (n=45)	<b>303 986</b>	<b>6 155</b>	<b>154 274</b>	<b>321</b>	<b>6 066</b>	<b>20</b>



**Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 30 June 2020 (n=303 986)**



**Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 30 June 2020 (n=303 986)**



*\*Week 27 includes partial data 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, Democratic Republic of the Congo, Senegal, Kenya, Ethiopia, Gabon and Guinea, 25 February – 30 June 2020 (n=261 795)**

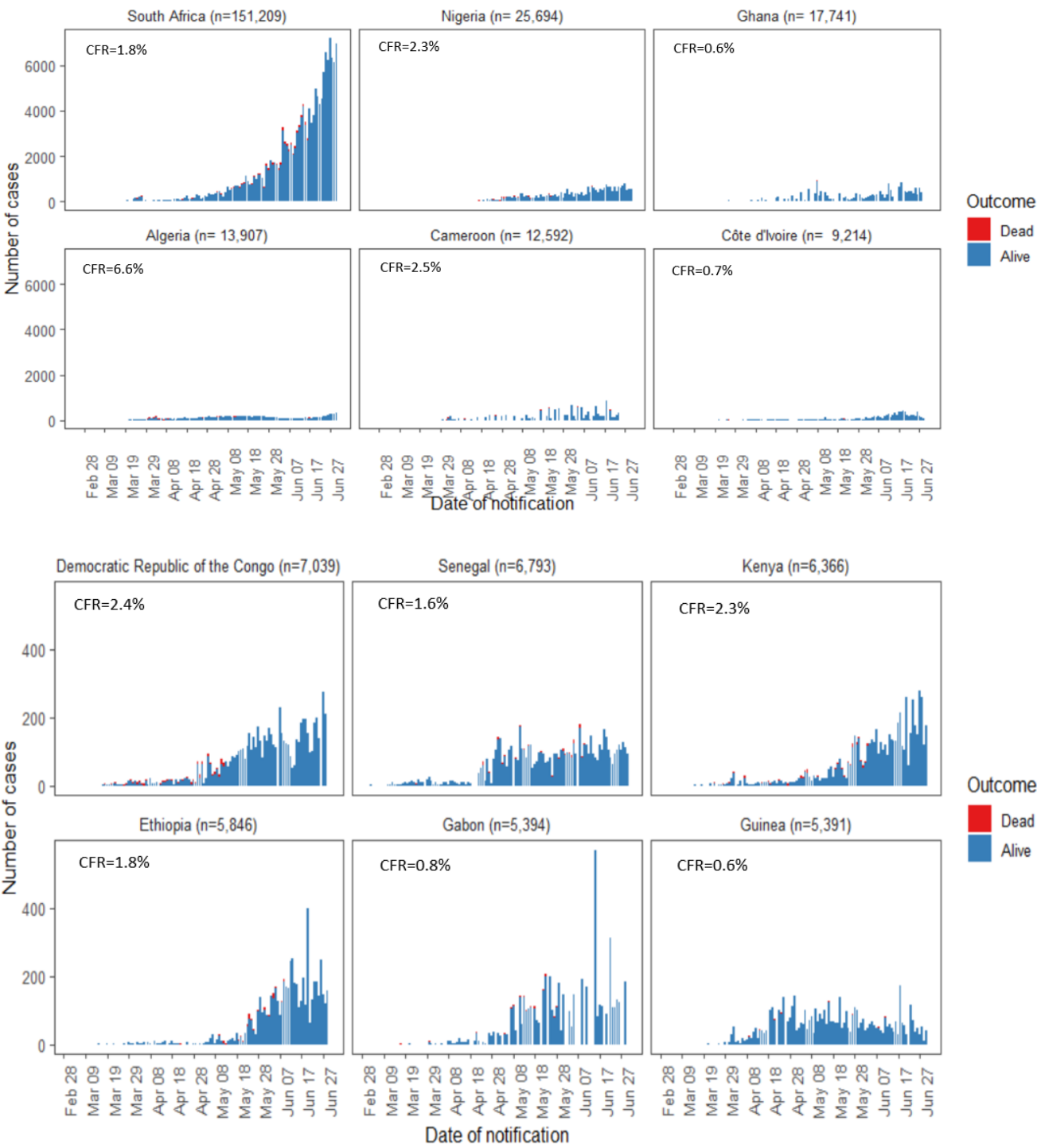
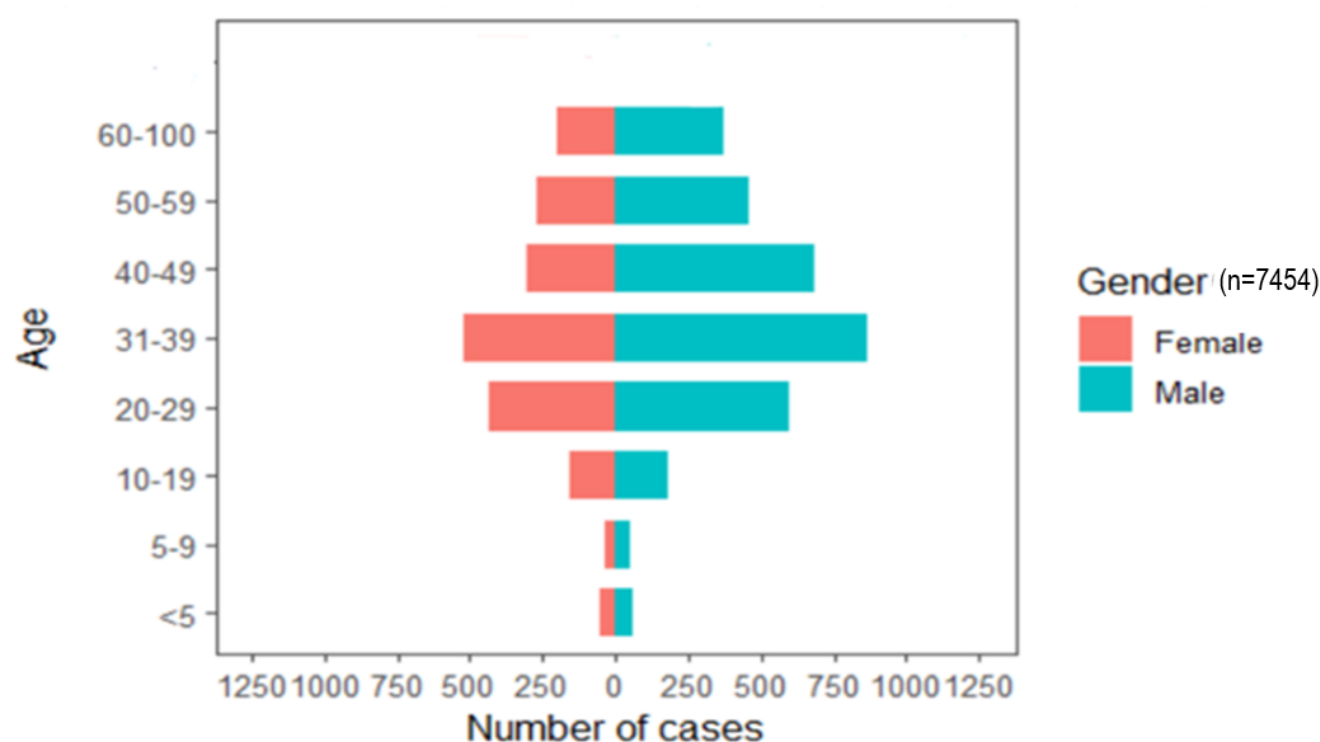


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 30 June 2020 (n=7 454)



## 2. Global update

- As of 30 June 2020, at 18:00 CET, a total of **10 185 374** confirmed cases, including **503 862** deaths (CFR 5.0%), 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 (2 537 636), Brazil (1 344 143), the Russian Federation (647 849), India (566 840), the United Kingdom (311 969), Chile (275 999), Peru (279 419), Spain (248 970), Italy (240 436), and Iran-Islamic Republic (225 205). 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”.

## 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) is supporting countries with priority for hot spots and countries with major change in their case pattern including risk factors; response performance and other gaps or challenges.
- The team is advising and supporting countries to strengthen routine health service delivery programmes even during the COVID-19 pandemic. To that effect, the AFRO IMST focal points are linking with WRs to assign focal persons to focus on improving continuity in routine health services.

### 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.
- A mechanism for tracking of cases in neighboring countries in order to report confirmed cases during cross-border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.
- An analysis is being carried out on the impact of the lockdown on the current epi-situation (joint analysis on the lower trend of COVID in Africa).
- 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

- The AFRO laboratory team validated Rapid Diagnostic Tests evaluation protocols in Senegal and Burkina Faso and also supported Burkina Faso in study implementation.
- A webinar on “Serology in COVID-19 response” was organized for all countries in the region. A laboratory database has also been developed.
- The team is regularly monitoring and analyzing influenza data to see the impact of COVID-19 response measures including lockdown on influenza. Support to countries that are conducting surveillance for seasonal and pandemic influenza is also ongoing.
- A team of experts have been deployed in Sao Tome and Principe and have operationalized the PCR laboratory for COVID-19 testing.



- Laboratories are working closely with the surveillance team to enhance laboratory information management including: tests per capita; positivity rate of specimens tested; and analysis of laboratory information based on sampling strategy to provide a better understanding of the regional status.

## Case management

- WHO has donated 50 beds and mattresses to help with establishment of an isolation centre at Ndolo Prison in the Democratic Republic of the Congo.
- The team presented on AFRO guidance on Case Management and Anti-biotherapy: Lessons learnt, best practices, challenges and way forward at the Webinar – Antimicrobial Resistance threat during COVID-19 response – taking action on antimicrobial stewardship. A total of 370 participants attended across the continent.
- A WCO case management officer is supporting the Ministry of Health in the Ghana team in mapping available treatment centres across the country to address increasing number of cases.
- A curriculum was developed for community health workers along with Guidelines on healthcare workers performing CPR in a COVID-19 patient. General and specific technical advice was provided on prone position ventilation and home management of COVID-19 patients.

## Risk Communication

- The communication team at AFRO supported Nigeria, South Sudan, Lesotho, Eswatini, Sierra Leone to address Stigma and resistance.
- In Nigeria, 1 808 Town announcers from 226 wards in Adamawa State were trained on COVID 19 and their role in the containment of the disease and 11 000 people reached using mobile vans; 108 CSOs were sensitized in Kano state on prevention strategies; Yobe state sensitized bike riders on correct use of face masks; 100 media correspondents and news reporters were trained in Kano state
- The team briefed the elderly people and equipped them to protect themselves, peers and other members of community against COVID-19 Burkina Faso.
- The communication team conducted capacity building on risk communication and community engagement, rumor management and communication to healthcare workers in Cabo Verde, Cote d'Ivoire, Senegal and Mauritania. The team also trained field team leads in Nigeria and Senegal, trained local journalists in three region of Cote D'Ivoire and prison administrators and transport union delegates in Cameroon.
- In Ghana, training of 100 District health staff, engagement of traditional leaders, sensitization of fishermen and dissemination of key messages in the central Region. A 2-day stakeholder engagement and material development workshop was organized by USAID Breakthrough Action and focused on communication needs assessment for stakeholders to generate knowledge and information for print and audio materials for COVID-19. 50 blind students were sensitized on prevention and control measures. Engagement of the public using mass media was intensified throughout the country.

## Logistics

- A total of 37 countries placed requests in the UN supply portal for an amount of 34 million laboratory test kits with sample collection kits, 22 million units of personal protective equipment and five million units of biomed equipment. Delivery of lab test kits is starting this week and is expected to continue during the following weeks.
- Delivery of PPE was expected to start next week but partners are facing challenges in organizing shipments from China. An alternative solution being explored in order to retain the same estimated time of arrival.
- The AFRO logistics team doubled the number of laboratory shipments and new ad-hoc routes have been opened with a progressive increase in the number of commercial flights.

## Emergency Medical Team

- Preparation of a scoping mission in Addis Ababa with WHO/AFRO EMT, HQ, Ministry of Health and WFP for the technical discussions of the implementation of the Regional EMT Simulation Center.
- Monitoring the submission of operational partner projects at the country office level (NGOs and academic institutions) and activities of technical thematic group with academic institutions.

- Deployment of Malteser EMT in Cameroon is underway with the arrival of the team leader in the field. Ongoing discussion with IMC and UK-MED for the implementation of their deployment in South Sudan.
- There is ongoing discussion with Zambia for implementation of National EMT with the support of UK Med and DFID, with continued monitoring of EMT activities for experts deployed in Zambia and Ghana.
- The AFRO IMT team has continued to organize a weekly meeting with operational partners.

## 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 team is conducting advocacy at higher level for more flexible funding within the region.
- 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 outbreak continues to evolve in the WHO African Region, with the numbers of new cases and deaths rapidly increasing. The pandemic in the region is mainly driven by South Africa, although four other countries (Nigeria, Algeria, Ghana and Cameroon) are also reporting larger number of cases. These five countries account for 72% of all cases and 74% of all deaths.

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. With a few reports from countries on re-introduction of lock down in some countries leading to civil unrest, including attacks on ministry of health vehicles and healthcare workers, there is need for countries to start focusing on protection of responders.

Countries must continue with strong implementation of comprehensive 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 time line for COVID-19 as of 20 June 2020

