

# COVID-19

Situation update for the WHO African Region

15 July 2020

## External Situation Report 20



REGIONAL OFFICE FOR

World Health  
Organization  
Africa

# COVID-19

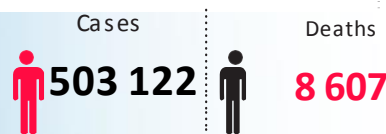
## WHO AFRICAN REGION

### External Situation Report 20

Date of issue: 15 July 2020

Data as reported by: 14 July 2020 as of 00:00 AM (GMT+1)

#### 1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to evolve in the WHO African Region since it was first detected in Algeria on 25 February 2020. Since our last [External Situation Report 19](#) issued on 8 July 2020, a total of 108 098 new confirmed COVID-19 cases (a 27% increase) was reported from 45 countries from 8 to 14 July 2020. Of the 108 098 reported new cases, the majority, 76% (82 437), were recorded in South Africa, which remains the epicentre of the COVID-19 outbreak in the region. South Africa is now the eighth most affected country globally, with its cumulative number of cases (298 292) exceeding that for the United Kingdom (290 137) and Iran (Islamic Republic of) (259 652), which previously reported the highest numbers and are now in the ninth and tenth position, respectively. On 11 July 2020, the WHO African Region and South Africa recorded their highest daily case counts of 17 232 and 12 349, respectively.

During this period, five countries in the region observed the highest percentage increase in incidence cases: Lesotho 181% (from 91 to 256 cases), Namibia 60% (from 539 to 864 cases), Madagascar 54% (from 3 472 to 5 343 cases), Burundi 41% (from 191 to 269 cases) and Angola 40% (from 386 to 541 cases). Lesotho and Namibia have been among the top five countries recording the highest percentage increase for the past three reporting periods. Equatorial Guinea and United Republic of Tanzania did not officially submit reports indicating any confirmed case. A total of 101 new health worker infections were recorded from three countries: Malawi (44), Lesotho (17), Mozambique (15), Guinea-Bissau (11), South Sudan (5), Sierra Leone (5) and Zambia (4). Namibia reported two new deaths for the first time. No new country reported any health worker infection for the first time in this reporting period.

From 8 to 14 July 2020, 1 231 new COVID-19 related deaths (17% increase) were registered in 32 countries, with 844 (69%) of the deaths recorded in South Africa, similar to the previous period. This was followed by Nigeria, with 85 (6.9%) deaths and then Algeria with 60 (4.9%) deaths. Other countries that reported new deaths include; Zambia (40), Kenya (35), Ethiopia (26), Malawi (16), Mauritania (16), Senegal (13), Côte d'Ivoire (12), Zimbabwe (11), Ghana (10), Liberia (10), Democratic Republic of the Congo (7), Madagascar (6), Eswatini (6), Angola (5), Benin (5), Congo (4), Guinea (4), Lesotho (3), Namibia (2), Mali (2), Mozambique (1), Rwanda (1), Cabo Verde (3), Guinea-Bissau (1), Central African Republic (1), Sierra Leone (1), South Sudan (1), Chad (1) and Sao Tome and Principe (1). Cameroon reported no new deaths during this reporting period after recording 45 new deaths in the previous reporting period.

As of 14 July 2020, the cumulative number of COVID-19 cases in the region surpassed the 500 000 mark, now at 503 122 cases, including 502 801 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). South Africa has registered more than half, 59% (298 292) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (33 616), Ghana (24 988), Algeria (20 216), Cameroon (15 173), Côte d'Ivoire (13 037), Kenya (10 791), Senegal (8 243), Ethiopia (8 181) and Democratic Republic of Congo (8 135). These 10 countries collectively account for 88% (440 672) of all reported cases. Of the 503 122 COVID-19 cases reported, 263 969 (53%) have recovered from across all the 47 countries in the region.

A total of 8 607 deaths has been reported in 44 countries, giving an overall case fatality ratio (CFR) of 1.7%. Three countries, including, Eritrea, Seychelles and Uganda have not registered any COVID-19 related deaths since the beginning of the pandemic.

The countries reporting high numbers of deaths are: South Africa 4 346 (51%), Algeria 1 028 (12%), Nigeria 754 (8.8%), Cameroon 359 (4.2%), Kenya 202 (2.4%), Democratic Republic of the Congo 189 (2.2%), Senegal 150 (1.7%), Mauritania 149 (1.7%), Ethiopia 146 (1.7%), Ghana 139 (1.6%) and Mali 121 (1.4%). South Africa, Nigeria, Algeria and Cameroon account for 75% (6 487) of the total deaths reported in the region.

The highest case fatality ratios were observed in seven countries: Chad\* (8.5%), Niger (6.2%), Algeria (5.1%), Burkina Faso (5.1%), Mali (5.0%), Liberia (4.9%)\*, Angola (4.8%) and Gambia (4.7%).

The current figures in the region represents 3.9% of confirmed COVID-19 cases and 1.5% 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. **Figures, 2 and 3** shows the distribution of cases, deaths and a 7-day moving average by date of notification in the most affected (South Africa) and the other top six countries.

Health workers have also been significantly affected by COVID-19, with 9 451 (1.9%) being infected in 40 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 4 821 (51%) health workers infected, followed by Nigeria (987), Cameroon (593), Ghana (421), Guinea-Bissau (250), Malawi (204), Niger (184), Côte d'Ivoire (179), Sierra Leone (163), Democratic Republic of the Congo (158), Senegal (147) and Mozambique (146). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Niger 17% (184/1 099) and Guinea-Bissau 13% (250/1 902) have the highest country specific proportion of health workers.

Complete data on age and gender distribution is only available for 7 484 cases. The male to female ratio among confirmed cases is 1.6, and the median age is 36 years (range: 0 - 105). Males (62%) 4 649 in the 31-39 and 40-49 age-groups are more affected than females (38%) 2 835 across the same age-groups. The distribution of cases by age and sex is presented in **Figure 4**.

Currently, 33 (70%) countries in the region are experiencing community transmission, 10 (21%) have clusters of cases and four (9%) 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 14 July 2020, cumulative total of COVID-19 cases in the African continent has exceeded 600 000 cases and is now at 625 300. This includes 503 122 from the WHO African Region and a total of 122 178 from the seven African countries in the WHO EMRO Region. Additionally, 13 772 deaths (case fatality ratio 2.2%) with 316 114 cases that have recovered have been reported in the African continent.

**Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 14 July 2020 (n =503 122)**

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Workers	Proportion of health workers(%)
South Africa	298 292	4 346	146 279	0	1.5	4 821	1.6
Nigeria	33 616	754	13 792	0	2.2	987	2.9
Ghana	24 988	139	21 067	0	0.6	421	1.7
Algeria	20 216	1 028	14 351	0	5.1	0	0.0
Cameroon	15 173	359	11 928	0	2.4	593	3.9
Côte d'Ivoire	13 037	87	6 908	0	0.7	179	1.4
Kenya	10 791	202	3 017	0	1.9	64	0.6
Senegal	8 243	150	5 580	0	1.8	147	1.8
Ethiopia	8 181	146	4 717	0	1.8	87	1.1
Democratic Republic of the Congo	8 135	189	3 948	1	2.3	158	1.9
Guinea	6 200	38	4 951	0	0.6	134	2.2
Gabon	5 942	46	3 004	0	0.8	57	1.0



Mauritania	5 446	149	2 501	0	2.7	0	0.0
Madagascar	5 343	39	2 646	0	0.7	2	0.0
Central African Republic	4 321	53	1 208	0	1.2	1	0.0
Malawi	2 497	40	795	0	1.6	204	8.2
Mali	2 423	121	1 748	0	5.0	0	0.0
Congo	2 358	48	618	0	2.0	49	2.1
Zambia	2 283	82	1 434	0	3.6	115	5.0
South Sudan	2 153	41	1 175	0	1.9	109	5.1
Guinea-Bissau	1 902	26	903	0	1.4	250	13.1
Cabo Verde	1 780	19	850	0	1.1	40	2.2
Sierra Leone	1 651	64	1 190	0	3.9	163	9.9
Benin	1 463	28	624	0	1.9	2	0.1
Eswatini	1 434	20	695	0	1.4	17	1.2
Rwanda	1 416	4	737	0	0.3	0	0.0
Mozambique	1 268	9	373	0	0.7	146	11.5
Niger	1 099	68	978	0	6.2	184	16.7
Zimbabwe	1 064	20	395	0	1.9	2	0.2
Equatorial Guinea	1 043	12	208	0	1.2	53	5.1
Uganda	1 040	0	984	0	0.0	27	2.6
Liberia	1 038	51	446	0	4.9	120	11.6
Burkina Faso	1 037	53	873	0	5.1	90	8.7
Chad	884	75	798	0	8.5	75	8.5
Namibia	864	2	29	0	0.2	3	0.3
Sao Tome and Principe	736	12	316	320	1.6	40	5.4
Togo	731	15	528	0	2.1	31	4.2
Angola	541	26	118	0	4.8	1	0.2
United Republic of Tanzania	509	21	180	0	4.1	1	0.2
Botswana	399	1	38	0	0.3	3	0.8
Mauritius	343	10	330	0	2.9	30	8.7
Comoros	321	7	302	0	2.2	0	0.0
Burundi	269	1	207	0	0.4	24	8.9
Lesotho	256	3	48	0	1.2	20	7.8
Eritrea	232	0	107	0	0.0	0	0.0
Seychelles	100	0	11	0	0.0	0	0.0
Gambia	64	3	34	0	4.7	1	1.6
<b>Total (n=47)</b>	<b>503 122</b>	<b>8 607</b>	<b>263 969</b>	<b>321</b>	<b>1.7</b>	<b>9 451</b>	<b>1.9</b>

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

Figure 1. An epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 14 July 2020 (n=503 122)

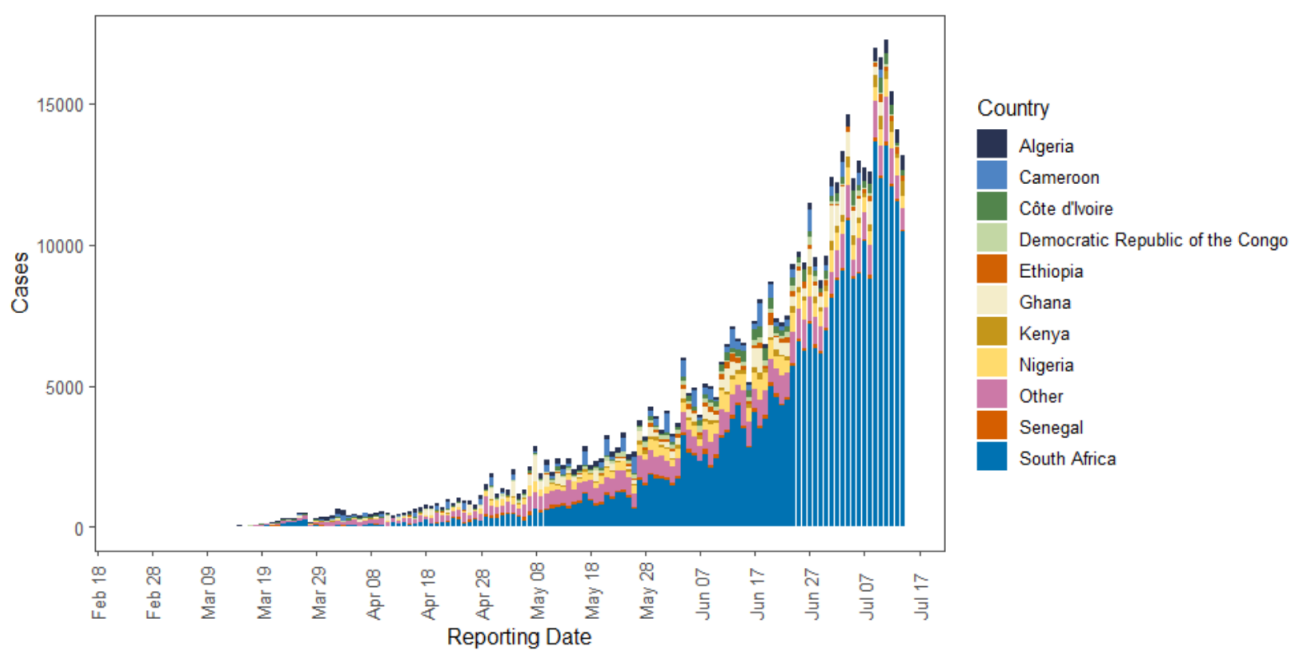
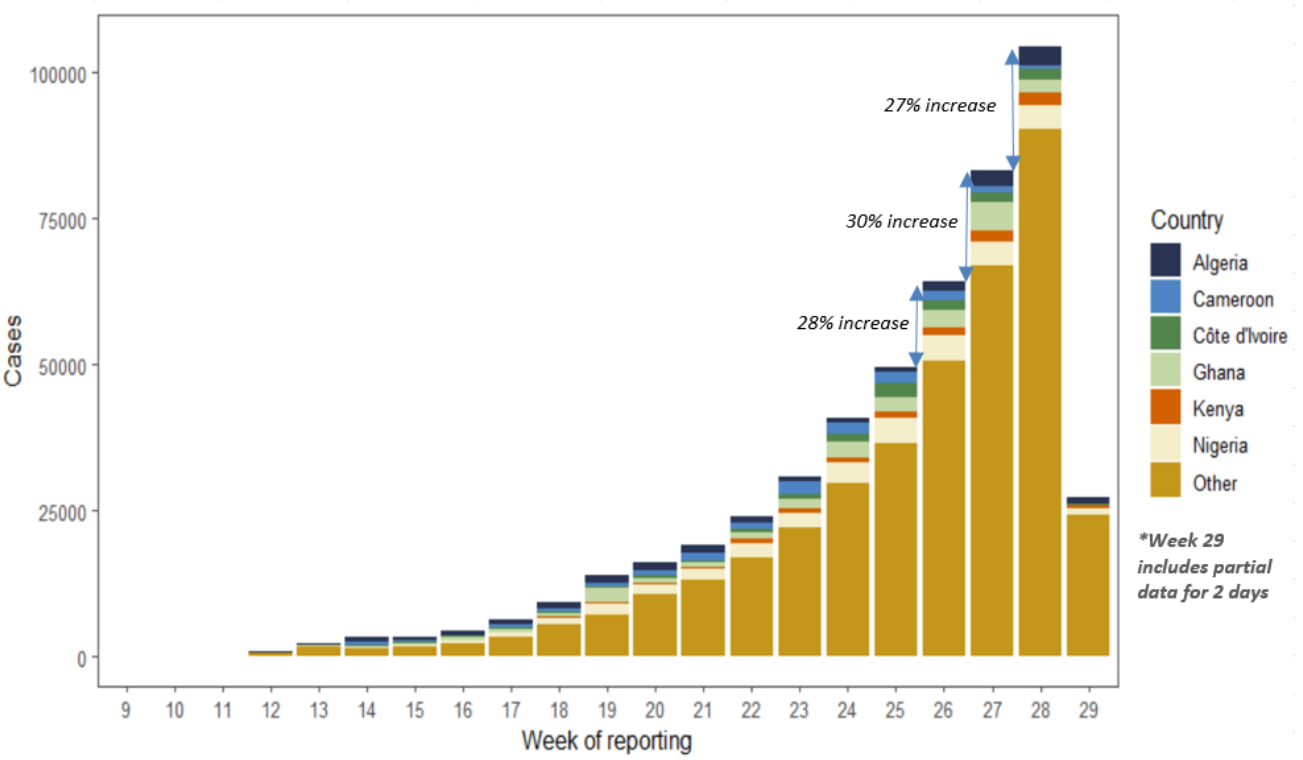
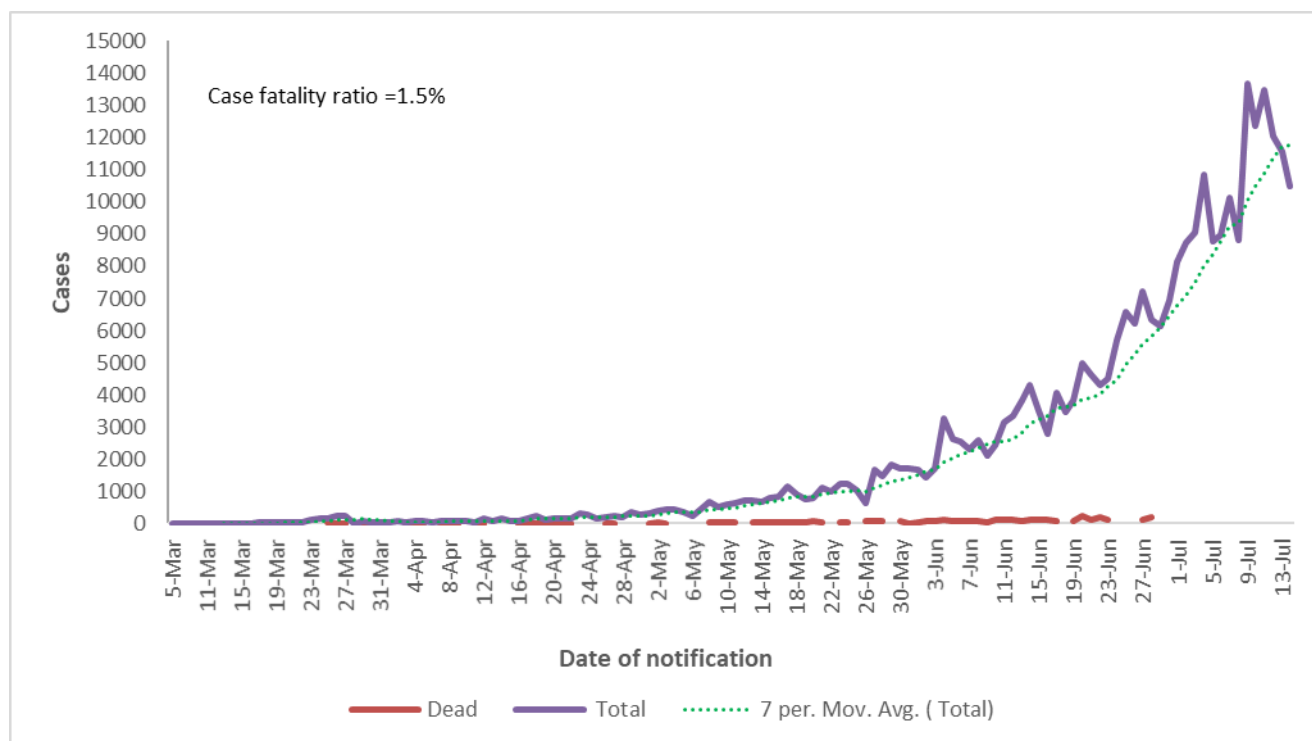


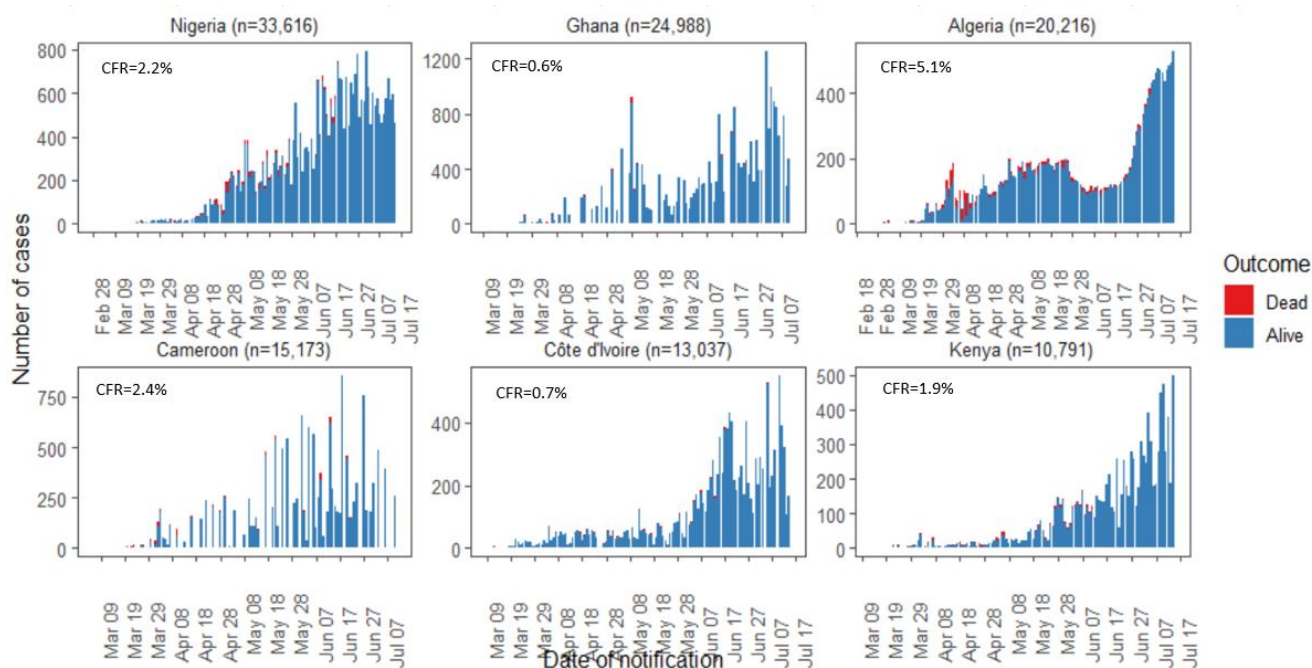
Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 14 July 2020 (n=503 122)



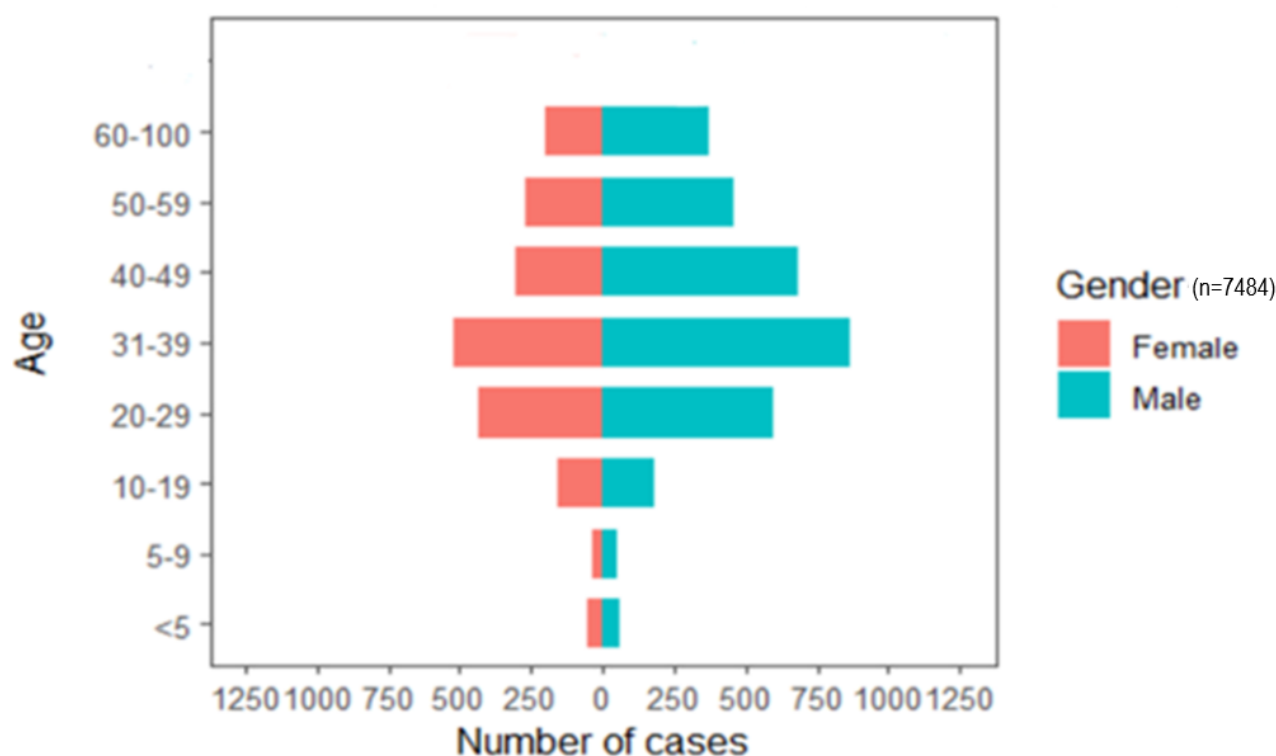
**Figure 3. The distribution of confirmed COVID-19 cases, deaths and 7-day moving average for South Africa by date of notification, 5 March – 14 July 2020 ( $n=298\ 292$ )**



**Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Cameroon, Côte d'Ivoire and Kenya, 25 February – 14 July 2020 ( $n=117\ 821$ )**



**Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 14 July 2020 (n=7 484)**



## 2. Global update

As of 14 July 2020, at 18:00 CET, a total of 12 964 809 confirmed cases, including 570 288 deaths (CFR 4.4%), 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 (3 286 063), Brazil (1 864 681), India (906 752), the Russian Federation (739 947), Peru (326 326), Chile (317 657), Mexico (299 750), South Africa (298 292), the United Kingdom (290 137) and Iran (Islamic Republic of) (259 652).

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 is supporting countries with a special focus on high risk countries such as South Africa by mobilizing surge support and envisaging repurposing of staff from stable countries to support crisis affected countries and schedule deep dive operational discussions to understand the situation in those countries.
- The IMST team has established a system to take advantage of the preliminary research results to advise countries and liaise with focal points to ensure country responses are backed up with research evidence for decision making. The team leads are to set up rotational plans for essential staff compensatory leave that ensures a continuation of the critical functions while staff are on leave.
- Several constraints and increasing inequalities have been posed by COVID-19 regarding the ability of the WHO and countries to address other health issues, therefore they should use this opportunity to call for funding for other health issues beyond COVID-19. WHO AFRO also emphasizes the need to address mental health and other health issues beyond COVID-19.
- The WHO AFRO East and Southern Africa HUB held a preparatory meeting with partners for a ministerial meeting on cross-border collaboration in East Africa. The Hub also contributed to the drafting research protocol on asymptomatic cases, drafted a list of research topics for consideration for inclusion in the regional research agenda and reviewed harmonization of the IPC assessment tool.

### Surveillance

- On 14 July 2020, WHO AFRO hosted a webinar on “Scaling up IDSR implementation for prompt and effective response to COVID 19 and other public health emergencies”. The 3-hour webinar had 1 048 viewers across the WHO African Region and beyond, with 129 questions asked. The webinar session was opened by Dr Moeti, the Regional Director, who emphasized the need for countries to employ and strengthen IDSR implementation in the context of the current COVID-19 pandemic, including the use of data to drive decisions in adjusting social measures such as lockdowns and adapting service delivery as part of adjusting to the new normal.
- 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)

- Investigations of health workers exposed to COVID-19 patients is underway in Sierra Leone. A protocol for health worker infections was developed and approved by the Ministry of Health.
- Cameroon and Côte D’Ivoire were supported with additional IPC commodities and supplies.
- The AFRO IPC team shared an IPC evaluation template with countries; only (55%) 26 of the 47 countries have provided data following a survey campaign that was concluded in June.
- Further challenges faced by the IPC teams in countries include: lack of resources to organise training sessions, poor implementation of learned concepts and inefficient training due to physical distancing.



## Laboratory

- The AFRO laboratory team is verifying current testing strategies, addressing issues of quality control and laboratory supplies with support from logistics subcommittee.
- WHO is sending laboratory reagent for an amount of US\$ 58 000 and country offices need to request additional reagent requirements through follow-up with World Bank. AFRO will discuss with the WCO and deploy a lab expert to enhance laboratory systems and decentralization in Cote d'Ivoire.
- The laboratory team are working closely with the IPC team to promote waste management across all countries in the region.
- The AFRO laboratory team contributed to the development of SARI treatment centre guidelines, participated in the training sessions and supported and coordinated implementation through partners.
- 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

- The case management team offered advocacy and technical support on case management and information sharing.
- Seven countries received a boost in their oxygen production capacity; South Sudan – 160 concentrators; Sierra Leone – seven PSA plants, Guinea Bissau – WHO/WFP procuring 200 cylinders of oxygen from Senegal, UNDP and UNICEF have committed to purchase 100 cylinders each and repair the existing plant. WHO is currently facilitating oxygen production capacity in the Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.
- 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

- In the bid to increase the visibility of WHO's work towards support to the COVID-19 pandemic, documentation of success stories and best practices are ongoing. The COVID-19 update newsletter has been sent out for 22 weeks running since the beginning of the COVID-19 pandemic. Additionally, 15 RD's virtual press conferences, 26 impact stories, 29 infographics and 23 recordings have occurred, covering various COVID-19-related health themes, COVID-19 preparedness and response, laboratory testing, the solidarity chain flights for shipment of emergency supplies, lockdowns etc., have been disseminated to our key stakeholders.
- The communication team at AFRO continues to provide specific advice on risk communication measures as countries ease lockdown measures. The team also plans to conduct high level advocacy by AFRO stipulating the WHO position aligning with UNICEF plans on school resumption.
- The team at the Nairobi Hub finalized Risk Communication and Community Engagement guidance note for communities in refugee and internally Displaced Persons camps and informal settlements. In South Sudan, WHO and the Ministry of Health are working to address stigma and fear, which are proving to be major barriers to tackling the COVID-19 pandemic. 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.

## Logistics

- The AFRO logistics team is currently addressing issues regarding the use of the UN supply portal and also mapping out countries manufacturing supplies for COVID-19 and offering guidance to countries on how to procure supplies within the region.
- 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

- To date, emergency medical teams in support of the Covid-19 response have been deployed to 13 countries in the WHO African region. Two deployments are in preparation in South Sudan (with the UK-MED team and IMC) and Chad (with UK-Med).
- The scoping mission for the implementation of the regional EMTs training center in Addis Ababa is scheduled from July 13 to July 17 2020.
- The implementation of the pilot project of the national EMT in Zambia with the support of UK-MED and DFID is underway. A conference call is scheduled with Zambia on Friday 17 July 2020, which is the first country where this project will be implemented.
- There is continued submission of project proposals from operational partners to country office levels. The community component remains a hub of the response and remains the subject of most projects submitted to date to country offices. The WHO Africa Regional Office, through country offices, is open to bilateral exchanges in cases of difficulties encountered in the implementation of its projects.

## Human Resources

- Since the outbreak started in the region, a total of 255 experts have been deployed to 41 countries, including the Regional Office in Congo, to support: Coordination (33), Surveillance (21), 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 and Capacity Building (2), Planning and Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (2), Planning and Information Management (1), Translator (2), staff wellbeing (1), EOC (1) Technical advisor (1) and Writing and Reporting (1).
- Currently, 182 experts are supporting the COVID-19 response in 38 countries.
- HR are leveraging on deployment arrangements with Africa CDC for better coordination in addressing human resource gaps.
- An RCCE expert in Benin and IPC, RCCE and laboratory experts in Cabo Verde were recruited and deployed.
- 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, which currently contributes 59% of the cases, 51% of the deaths and 51% of the health worker infections.

Many governments continue to ease 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 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.

Finally, the WHO Regional Office for Africa calls for equitable access to future COVID-19 vaccines in Africa, as researchers around the world race to find effective protection against the virus.

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

