

COVID-19

Situation update for the WHO African Region

22 July 2020

External Situation Report 21



COVID-19

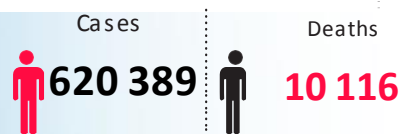
WHO AFRICAN REGION

External Situation Report 21

Date of issue: 22 July 2020

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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 20](#) issued on 15 July 2020, a total of 117 267 new confirmed COVID-19 cases (a 23% increase) was reported from 45 countries from 15 to 21 July 2020 compared to 27% increase recorded during the previous reporting period (8 - 14 July 2020). Of the 117 267 reported new cases, the majority, 71% (83 506), were recorded in South Africa, which remains the epicentre of the COVID-19 outbreak in the region. South Africa (381 798) is now ranked fifth in the world, with only the United States of America (3 748 248), Brazil (2 098 389), India (1 155 191), and the Russian Federation (783 328), ahead in terms of case numbers, although reported deaths are comparatively low.

During this period, six countries in the region observed the highest percentage increase in incidence cases: Equatorial Guinea 125% (from 1 043 to 2350 cases), Gambia 106% (from 64 to 132 cases), Zimbabwe 71% (from 1 064 to 1 820 cases), Namibia 58% (from 864 to 1 366 cases), Zambia 46% (from 2 283 to 3 326 cases) and Angola 44% (from 541 to 779 cases). Angola and Namibia have been among the top five countries recording the highest percentage increase for the past three reporting periods. Mauritius and United Republic of Tanzania did not officially submit reports indicating any confirmed case. A total of 767 new health worker infections were recorded from three countries: Ghana (475), Guinea (110), Senegal (99), Malawi (39), Gambia (31), Sudan (6), Sierra Leone (4) and Mozambique (3). The WHO African Region and South Africa recorded their highest daily number of deaths at 264 and 216, respectively, on the 16 July 2020. No new country reported any health worker infection for the first time in this reporting period.

From 15 to 21 July 2020, 1 509 new COVID-19 related deaths (23% increase) were registered in 34 countries, with 1 022 (68%) of the deaths recorded in South Africa. This was followed by Algeria, with 72 (4.8%) deaths and then Nigeria with 51 (3.8%) deaths. Other countries that reported new deaths during the reporting period include; Kenya (48), Zambia (46), Ethiopia (34), Malawi (31), Equatorial Guinea (29), Madagascar (26), Senegal (24), Cameroon (23), Liberia (19), Ghana (14), Benin (6), Côte d'Ivoire (6), Democratic Republic of the Congo (6), Mauritania (6), Zimbabwe (6), Namibia (5), Angola (4), Eswatini (4), South Sudan (4), Guinea (3), Lesotho (3), Congo (2), Cabo Verde (2), Central African Republic (2), Gambia (2), Mozambique (2), Sierra Leone (2), Sao Tome and Principe (2), Mali (1), Niger (1) and Rwanda (1).

As of 21 July 2020, the cumulative number of COVID-19 cases in the region surpassed the 600 000 mark, now at 620 389 cases, including 620 388 confirmed with one probable case reported in Democratic Republic of the Congo. The 320 probable cases from Sao Tome and Principe were reclassified as confirmed. South Africa has registered more than half, 62% (381 798) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (37 801), Ghana (28 989), Algeria (24 278), Cameroon (16 522), Côte d'Ivoire (14 531), Kenya (14 168), Ethiopia (11 072), Senegal (8 985) and Democratic Republic of Congo (8 534). These 10 countries collectively account for 88% (546 678) of all reported cases. Of the 620 389 COVID-19 cases reported, 351 560 (57%) have recovered from across all the 47 countries in the region.

The total number of deaths exceeded 10 000 and is now at 10 116, reported in 44 countries, giving an overall case fatality ratio (CFR) of 1.6%. Three countries, including Eritrea, Seychelles and Uganda have not registered any COVID-19 related deaths since the beginning of the pandemic.

The majority of the deaths have been reported from: South Africa 53% (5 368), Algeria 12% (1 100), Nigeria 8.0% (805), Cameroon 3.8% (382), Kenya 2.5% (250), Democratic Republic of the Congo 2.0% (195), Ethiopia

1.8% (180), Senegal 1.7% (174), Mauritania 1.5% (155), Ghana 1.5% (153) and Zambia 1.3% (128). The top five countries, including South Africa, Nigeria, Algeria, Cameroon and Kenya account for 78% (7 905) of the total deaths reported in the region.

The highest case fatality ratios were observed in seven countries: Chad (8.4%), Liberia (6.3%), Niger (6.2%), Burkina Faso (5.0%), Mali (4.9%), Algeria (4.5%) and Angola (4.0%).

The current figures in the region represents 4.3% of confirmed COVID-19 cases and 1.7% 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** show the distribution of cases, deaths and a 7-day moving average by date of notification in the most affected country, South Africa, and the other top six countries.

Health workers have also been significantly affected by COVID-19, with 11 449 (1.9%) being infected in 40 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 4 821 (52%) health workers infected, followed by Ghana (2 065), Nigeria (987), Cameroon (593), Guinea-Bissau (250), Senegal (246), Guinea (244), Malawi (245), Côte d'Ivoire (187), Niger (184), Sierra Leone (167), Liberia (163) and Mozambique (159). The other 27 countries that have recorded health worker infections are shown in **Table 1**. Gambia 22% (29/132), Niger 17% (184/1 108), Liberia 15% (163/1 108), Guinea Bissau 13% (250/1 954) and Mozambique 11% (159/1 536) have the highest country specific proportion of health worker infections.

Complete data on age and gender distribution is only available for 7 533 cases. The male to female ratio among confirmed cases is 1.6, and the median age is 36 years (range: 0 - 105). Males (62%) 4 678 in the 31-39 and 40-49 age-groups are more affected than females (38%) 2 855 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 21 July 2020, the seven African countries in the WHO Eastern Mediterranean Region reported a total of 129 586 confirmed COVID-19 cases: Egypt (89 078), Morocco (17 742), Sudan (11 127), Djibouti (5 027), Somalia (3 135), Libya (2 088) and Tunisia (1 389). Additionally, a total of 5 634 deaths has been recorded from Egypt (4 399), Sudan (706), Morocco (280), Somalia (93), Tunisia (50), Djibouti (56) and Libya.

A cumulative total of 749 875 confirmed COVID-19 cases 15 750 deaths (case fatality ratio 2.1%) with 410 168 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 – 21 July 2020 (n =620 389)

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Workers	Proportion of health workers (%)
South Africa	381 798	5 368	208 144	0	1.4	4 821	1.3
Nigeria	37 801	805	15 677	0	2.1	987	2.6
Ghana	28 989	153	25 331	0	0.5	2 065	7.1
Algeria	24 278	1 100	16 646	0	4.5	0	0.0
Cameroon	16 522	382	14 037	0	2.3	593	3.6
Côte d'Ivoire	14 531	93	8 857	0	0.6	187	1.3
Kenya	14 168	250	6 258	0	1.8	64	0.5
Ethiopia	11 072	180	5 448	0	1.6	87	0.8
Senegal	8 985	174	6 044	0	1.9	246	2.7
Democratic Republic of the Congo	8 534	195	4 528	1	2.3	158	1.9
Madagascar	7 548	65	4 286	0	0.9	2	0.0
Guinea	6 625	41	5 771	0	0.6	244	3.7
Cabon	6 433	46	4 034	0	0.7	57	0.9
Mauritania	5 985	155	3 826	0	2.6	0	0.0
Central African Republic	4 561	55	1 411	0	1.2	1	0.0
Zambia	3 326	128	1 620	0	3.8	115	3.5
Malawi	3 149	71	1 256	0	2.3	245	7.8
Congo	2 851	50	666	0	1.8	49	1.7
Mali	2 477	122	1 856	0	4.9	0	0.0
Equatorial Guinea	2 350	41	660	0	1.7	53	2.3
South Sudan	2 211	45	1 185	0	2.0	115	5.2
Cabo Verde	2 107	21	1 100	0	1.0	40	1.9
Guinea-Bissau	1 954	26	903	0	1.3	250	12.8
Eswatini	1 894	24	855	0	1.3	17	0.9
Zimbabwe	1 820	26	488	0	1.4	2	0.1
Sierra Leone	1 727	66	1 273	0	3.8	167	9.7
Benin	1 690	34	893	0	2.0	2	0.1
Rwanda	1 655	5	848	0	0.3	0	0.0
Mozambique	1 536	11	506	0	0.7	159	10.4
Namibia	1 366	7	57	0	0.5	3	0.2
Niger	1 108	69	1 018	0	6.2	184	16.6
Liberia	1 108	70	575	0	6.3	163	14.7
Uganda	1 072	0	958	0	0.0	27	2.5
Burkina Faso	1 065	53	913	0	5.0	90	8.5
Chad	889	75	803	0	8.4	75	8.4
Togo	790	15	560	0	1.9	33	4.2
Angola	779	30	221	0	3.9	1	0.1
Sao Tome and Principe	746	14	588	0	1.9	40	5.4
Botswana	522	1	48	0	0.2	3	0.6
United Republic of Tanzania	509	21	180	0	4.1	1	0.2
Lesotho	359	6	69	0	1.7	20	5.6
Mauritius	343	10	332	0	2.9	30	8.7
Comoros	337	7	319	0	2.1	0	0.0
Burundi	328	1	237	0	0.3	24	7.3
Eritrea	251	0	155	0	0.0	0	0.0
Gambia	132	5	57	0	3.8	29	22.0
Seychelles	108	0	63	0	0.0	0	0.0
Total (n=47)	620 389	10 116	351 560	1	1.6	11 449	1.9

* 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 – 21 July 2020 (n=620 389)

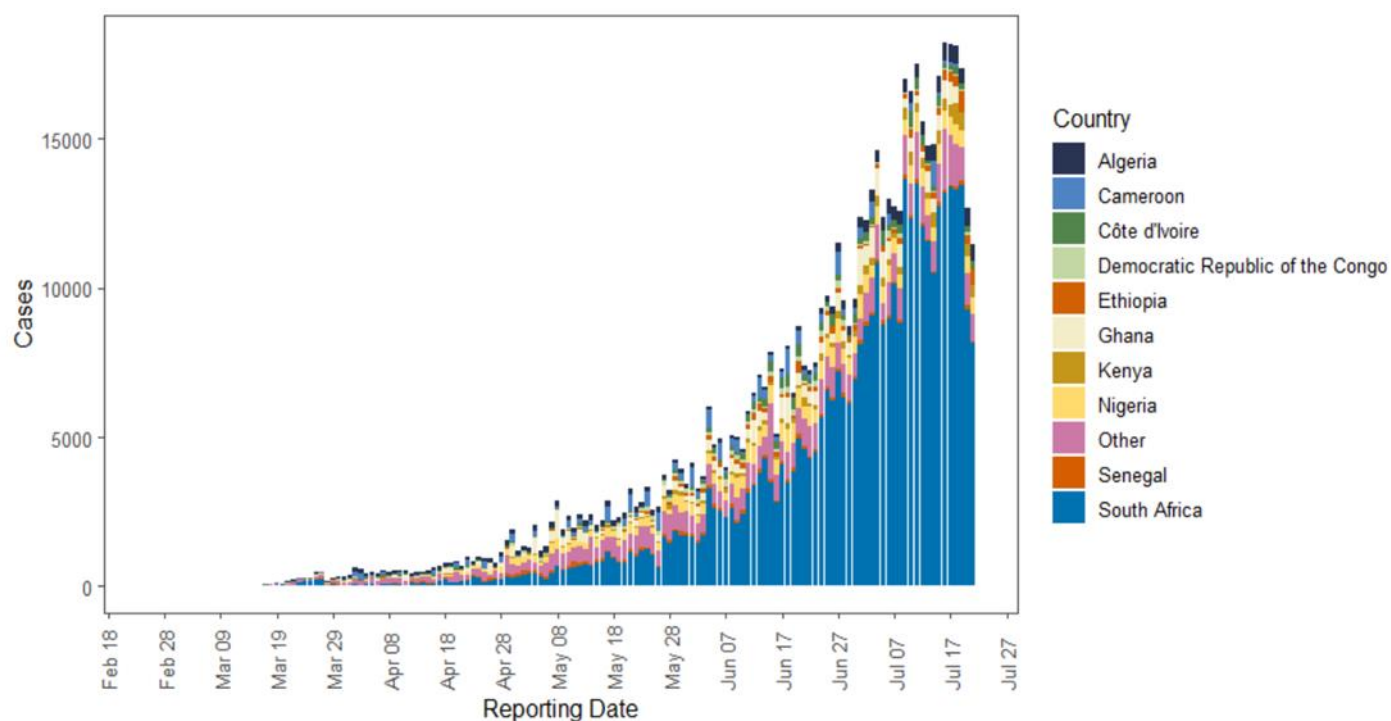


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 21 July 2020 (n=620 389)

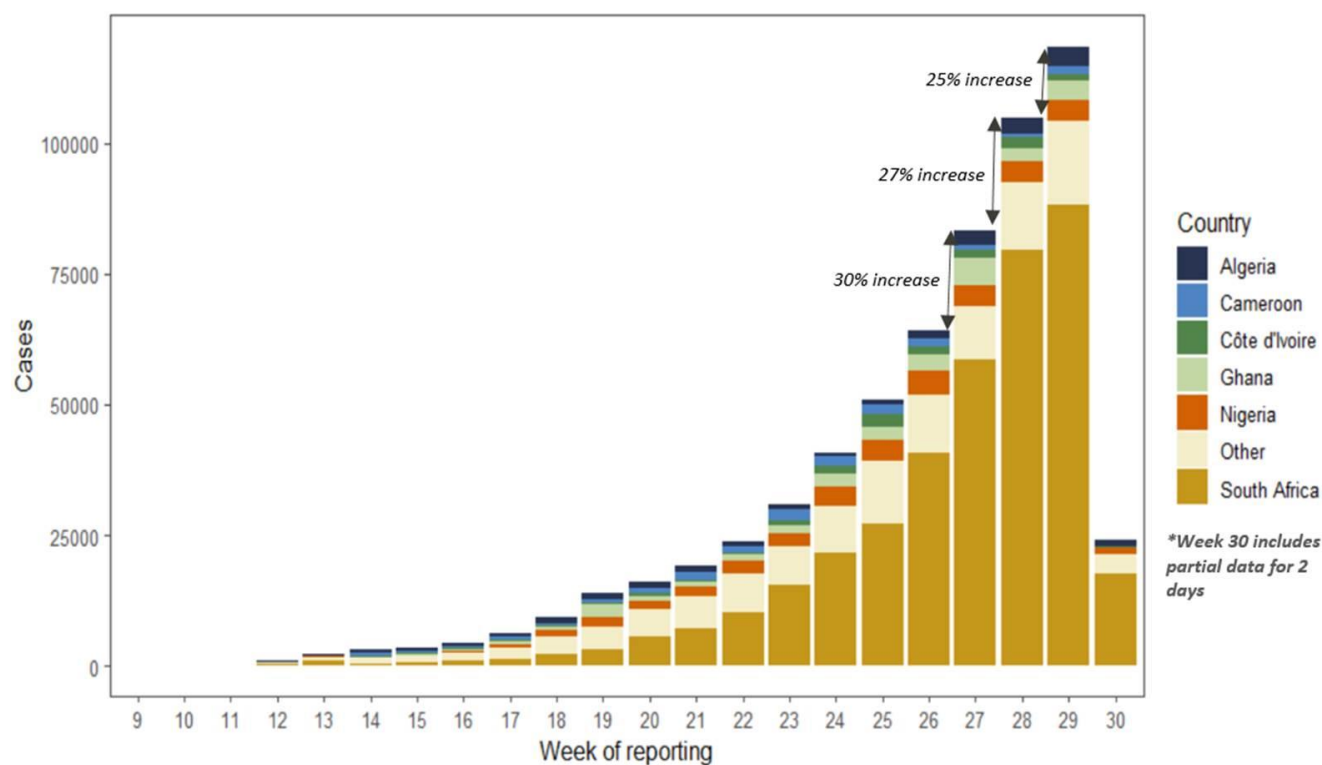


Figure 3. The distribution of confirmed COVID-19 cases, deaths and 7-day moving average for South Africa by date of notification, 5 March – 21 July 2020 (n=381 798)

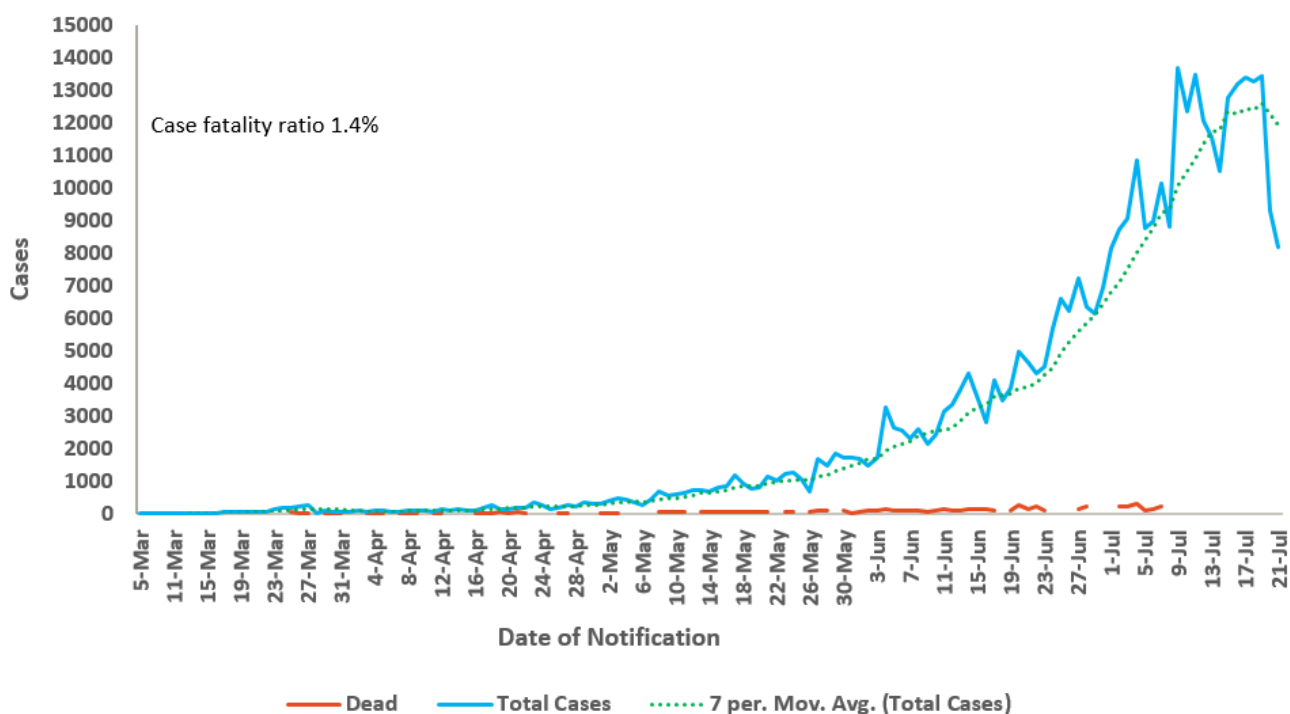


Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Cameroon, Côte d’Ivoire and Kenya, 25 February – 21 July 2020 (n=136 289)

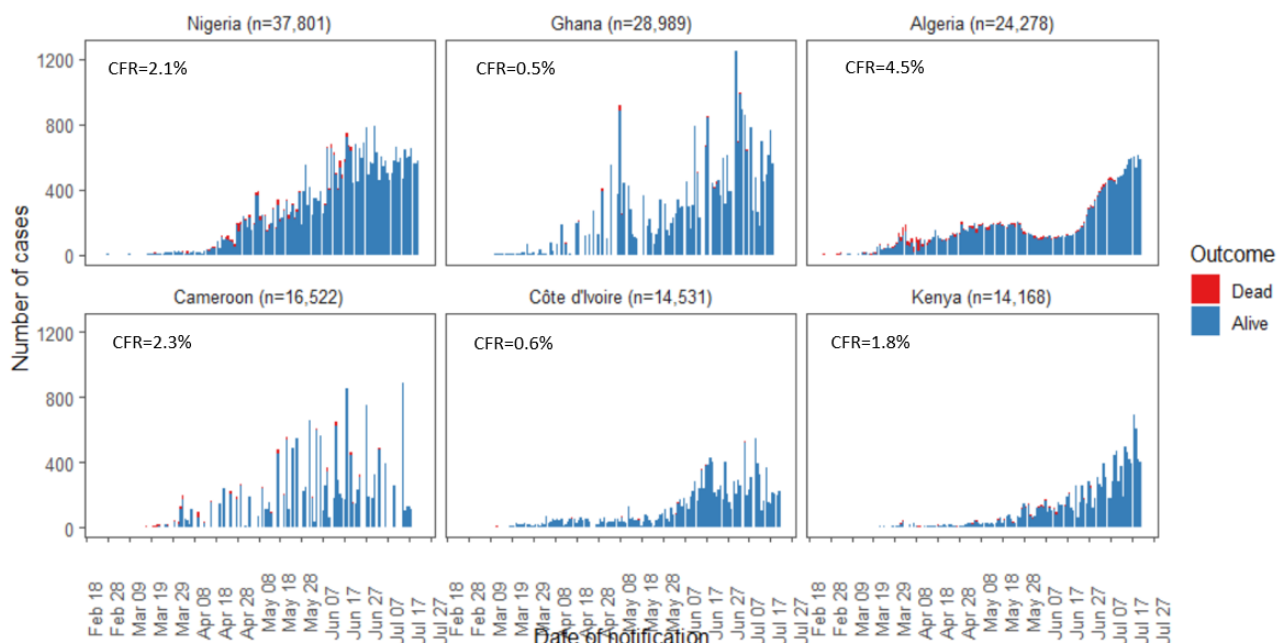
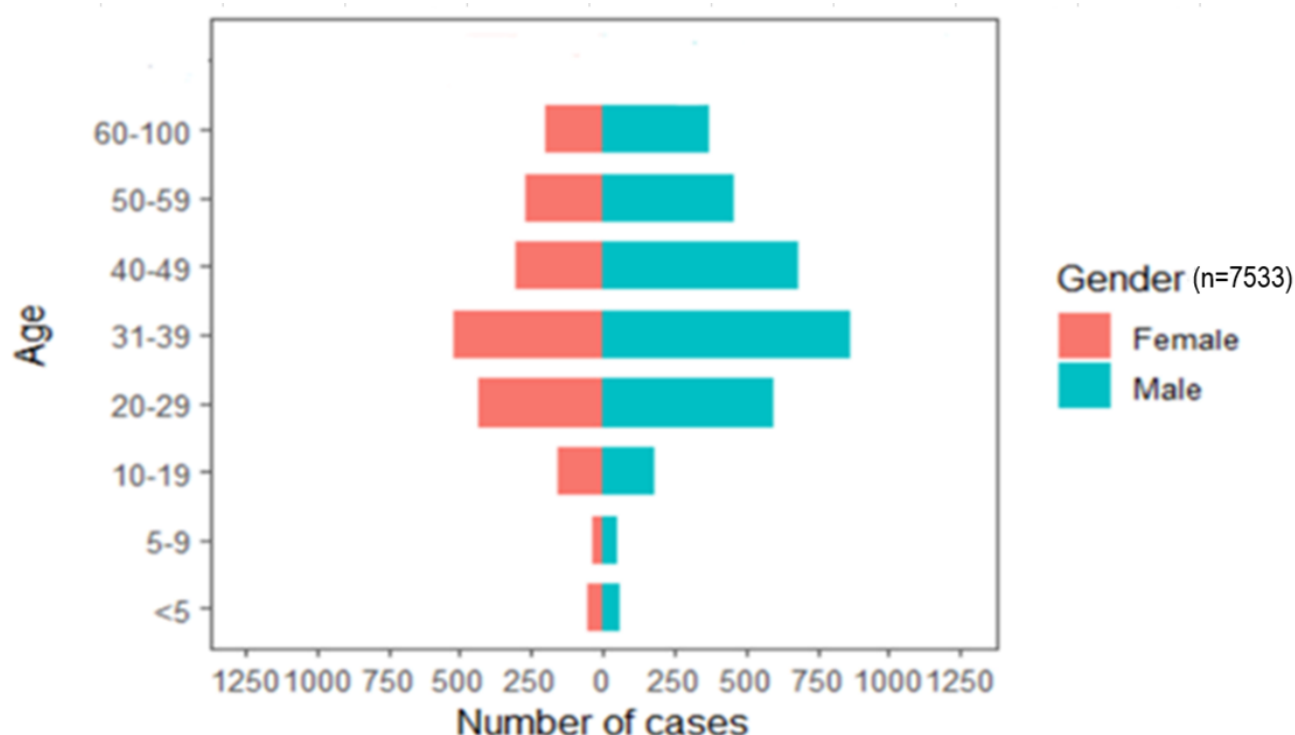


Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 21 July 2020 (n=7 533)



2. Global update

As of 21 July 2020, at 18:00 CET, a total of **14 562 550** confirmed cases, including **607 781** deaths (CFR 4.2%), 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 (3 748 248), Brazil (2 098 389), India (1 155 191), the Russian Federation (783 328), South Africa (373 628), Peru (353 590), Mexico (344 224), Chile (333 029), the United Kingdom (295 376) and Iran (Islamic Republic of) (276 202).

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

- An agenda was developed for documenting best practices and lessons learned in the response to COVID. A list of topics for best practices and lessons learned (collected through deep dive sessions, webinars and general interaction with partners and countries) and leads have been identified and the possibility of publication in a supplement of the *Pan-African Medical Journal* is being explored.
- 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 these countries.
- The team at Dakar Hub held three virtual consultation meetings with WAHO, WORLD BANK and AFRO in the REDISSE Project Mid-Term Review (MTR) implementation in the context of COVID-19.
- A system was established 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.
- 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 is collecting information on refugees and Internally Displaced Persons in collaboration with UNHCR and IOM.

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).

Infection Prevention and Control (IPC)

- Round-table discussion was held on IPC measures and the use of the AFRO KPI tool by six countries in the East and Southern Africa region (Tanzania, Ethiopia, Zimbabwe, Namibia, Uganda, and Malawi). Major issues included: low uptake of the tool due to unfamiliarity and difficulty in navigating through and using the tool itself, short (weekly) reporting period that did not allow for reflection of change on the ground and difficulty in obtaining information from the health facilities within their countries.
- 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.
- 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 conducted a webinar session on Antigen-detecting COVID-19 Rapid Diagnostic Tests (RDTs) with over 150 participants in attendance. They have developed COVID-19 diagnostic algorithm tests; and rapid test kit evaluation for COVID-19 in Zimbabwe and facilitated transfer of lab supplies to Cabo Verde, as well as identifying challenges and solutions in laboratory testing for COVID-19 in Togo and Guinea Bissau.
- The deployment of a laboratory scientist to Lesotho was supported and there are ongoing arrangements for deployment of a laboratory expert to Equatorial Guinea and a biomedical engineer to Chad.
- Mapping of Eastern and Southern Africa countries' laboratory capacities for testing COVID-19 is ongoing in collaboration with Africa CDC.
- A South African hospital has developed an innovative solution to boost COVID-19 testing. Staff in the Westfleur Hospital, a public facility in the Western Cape, are refashioning security booths into make-shift COVID-19 testing centres.
- The laboratory team are working closely with the IPC team to promote waste management across all countries. 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.
- 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.

Case management

- The team at Nairobi Hub developed Fact Sheets on case fatality rates of COVID 19 as well as status of research on therapies for COVID 19, based on RCCE feedback, to counteract the current rumors and misbeliefs on COVID 19.
- 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.
- Ghana's nurses are delivering child healthcare services to communities in need amidst the COVID-19 pandemic. Segla, a community nurse who provides preventive healthcare to children in the north of Accra, emphasized the importance of visiting households if pediatric patients do not attend clinics due to COVID-19. <https://www.afro.who.int/news/ghanas-community-nurses-deliver-child-health-care-amid-covid-19>.
- Webinar training was conducted for Uganda and Rwanda targeting country offices, Ministries of Health, partners on treatment and quarantine with main focus on: screening and triage areas, new COVID-19 treatment centre design and principles and repurposing of existing buildings into COVID-19 treatment centres or community facilities.
- An inventory was completed of the Basic Critical Care Courses on case management available for Clinicians in the Region.

Risk Communication

- To combat misconceptions about COVID-19 in Nigeria, WHO and the Nigerian government are scaling up strategies to demystify COVID-19 by working with traditional leaders. <https://www.afro.who.int/news/demystifying-covid-19-who-supports-plateau-state-engage-traditional-leaders-grassroots>.
- 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.
- 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 WHO team at the Dakar Hub is supporting trans-border collaboration and experience exchange between Guinea and neighboring countries. In addition, Benin, Madagascar and Comoros were supported in RCCE training, particularly in community engagement and rumor management.
- 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.

- Guinea was supported in undertaking comprehensive qualitative analysis to understand the drivers of fatigue and stigma as countries ease lockdown measures

Logistics

- The AFRO logistics team is currently addressing issues regarding the use of the UN supply portal and also mapping out countries that are manufacturing supplies for COVID-19 and offering guidance to countries on how to procure supplies within the region.
- A total of 1.4 million laboratory tests have been shipped, approximately 500 000 test plus 41 million. Personal Protective Equipment items are ready for shipping and 800 000 are under procurement.
- Documentation of best practices in fast-tracking and obtaining supplies by countries in the region is ongoing across countries in the region.
- Delivery of PPE was expected to start next week but partners are facing challenges in organizing shipments from China. An alternative solution is 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 establishment of the EMT Regional Training Center in Ethiopia ended on 16 July 2020. It was attended by representatives of the HQ, WHO/AFRO and the WCO. Main activities were a field visit of the facility setup by WFP, a meeting with MoH representatives, and a follow-up meeting with EMT Focal Points.
- There is ongoing advocacy to operational partners to increase the impact of the response on COVID-19 at country level, as well as ongoing discussions for the deployment in South Sudan (with the UK-MED team and IMC) and Chad (with UK-Med).
- There are ongoing meetings with academic institutions on the epidemiological situations in Cote d'Ivoire, Congo and Senegal. Monitoring of the theme on the opening of schools and universities protocol discussions are ongoing.

Human Resources

- Since the outbreak started in the region, a total of 266 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).
- The Human Resource (HR) team is currently supporting some of the priority countries (South Africa, Eswatini, Cabo Verde, Lesotho, Sao Tome and Principe, Guinea Bissau, Equatorial Guinea, Chad) with surge deployments of experts. Additionally, they are analysing HR needs in countries considering the funding challenges and developing country HR plans with one-month cost implication to anticipate needed resources. Currently, 184 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 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

With the increasing numbers of new cases and deaths in the WHO African Region, South Africa remains the epicenter of the outbreak, now ranked fifth globally, although with comparatively low reported deaths. Currently, South Africa contributes 62% of all cases, 68% of the deaths and 42% of the health worker infections recorded in the region.

As many governments continue to ease their lockdown restrictions, the WHO encourages member countries to continue with strong implementation of comprehensive public health measures in order to slow down this rapid growth in cases. The WHO AFRO continues to support countries with a special focus on high risk countries 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 these countries.

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

