COVID-19

Situation update for the WHO African Region 5 August 2020

External Situation Report 23





COVID-19 WHO AFRICAN REGION

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to evolve, with over 800 000 cases and nearly 15 000 deaths reported in the WHO African Region. Since our last *External Situation Report 22* issued on 29 July 2020, a total of 95 673 new confirmed COVID-19 cases (13% increase) was reported from 44 countries between 28 July and 4 August 2020, compared to a 18% increase recorded during the previous reporting period (22 - 28 July 2020). Of the 95 673 reported new cases, the majority, 68% (61 557), were recorded in South Africa, which remains the hardest hit country across the continent and ranks fifth globally only after the United States of America (4 629 459), Brazil (2 733 677), India (1 855 745), and the Russian Federation (861 423). Even with high case numbers in South Africa, the reported deaths remain relatively low. The rate at which COVID-19 cases are increasing daily in the region has for the first time, started declining, according to official data reported to WHO. This is mainly attributed to the significant declines in the daily case counts being reported in South Africa for the past few days. Anecdotal reports also indicate that the number of COVID-19 hospitalizations is slowing in South Africa. While these indicators are encouraging, the figures should be cautiously interpreted as they may be affected by many factors, including the current testing capacity and strategy.

From 29 July to 4 August 2020, Gambia registered the highest percentage increase of 145% (326 to 799 cases). This was followed by Equatorial Guinea 105% (2 350 to 4 821), Zimbabwe with a 50% increase (2 817 to 4 221 cases) and Lesotho a 44% increase (505 to 726 cases). Other countries with high percentage increases included; Angola 34% (from 1 000 to 1 344 cases), Zambia 32% (from 5 002 to 6 580 cases), and Ethiopia 31% (from 15 200 to 19 875 cases). Gambia, Lesotho, Zambia and Zimbabwe have been among the top five countries with the highest percentage increase for the past three reporting periods.

Mauritius, Seychelles and United Republic of Tanzania did not officially submit reports indicating any confirmed case. Twenty-five new health worker infections were recorded from six countries: Malawi (7), Namibia (6), Mozambique (4), Sudan (3), Sierra Leone (3) and Togo (2). Kenya and Ethiopia retrospectively reported 681 and 391 health worker infections, respectively. No new country reported any health worker infection or death for the first time during this reporting week.

During this period, 2 231 new COVID-19 related deaths (18% increase) occurred in 35 countries, with 1 627 (73%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 104 (4.7%) deaths and Kenya with 89 (4.0%) deaths. Other countries that reported new deaths during the reporting period include; Algeria (74), Equatorial Guinea (42), Nigeria (42), Zimbabwe (41), Madagascar (30), Zambia (29), Malawi (25), Ghana (23), Senegal (16), Angola (12), Eswatini (10), Lesotho (9), Gambia (8), Democratic Republic of the Congo (7), Liberia (6), Côte d'Ivoire (5), Cabo Verde (4), Congo (4), Mozambique (4), Namibia (4), Uganda (3), Benin (2), Gabon (2), Guinea (2), Guinea-Bissau (1), Burkina Faso (1), Mauritania (1), Sierra Leone (1), South Sudan (1) and Togo (1), One of the top five countries, Cameroon, with the highest cumulative number of cases and deaths in the region reported no new death during this reporting period.

As of 4 August 2020, a cumulative total of 830 456 COVID-19 cases have been reported in the region, including 830 455 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 63% (521 318) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (44 433), Ghana (37 812), Algeria (32 504), Kenya (23 202), Ethiopia (19 875), Cameroon (17 718), Côte d'Ivoire (16 293), Madagascar (11 895) and Senegal (10 432). These 10 countries collectively account for 89% (735 482) of all reported cases. Of the 830 456 COVID-19 cases reported, 572 548 (69%) have recovered from across all the 47 countries in the region.

The total number of deaths reported in the region is 14 707, reported in 45 countries, giving an overall case fatality ratio (CFR) of 1.8%. Two countries, including Eritrea and Seychelles have not registered any COVID-19 related deaths since the beginning of the pandemic.

Since the beginning of the outbreak in the region, the majority of the deaths have been reported from: South Africa 60% (8 884), Algeria 8.5% (1 248), Nigeria 6.2% (910), Cameroon 2.7% (391), Kenya 2.6% (388), Ethiopia 2.3 (343), Democratic Republic of the Congo 1.5% (214), Senegal 1.5% (214), Ghana 1.3% (191), Zambia 1.2% (171) and Mauritania 1.1% (157). The top five countries, South Africa, Nigeria, Algeria, Cameroon and Kenya, account for 80% (11 821) of the total deaths reported in the region. Chad (8.0%), Liberia (6.4%), Niger (6.0%), Mali (4.9%), Burkina Faso (4.7%), Angola (4.4%) and Algeria (3.8%) have registered the highest case fatality ratios

The current figures in the region represent 4.6% of confirmed COVID-19 cases and 2.1% of deaths reported worldwide. **Table 1** shows the list of affected countries and their corresponding 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 and deaths with case fatality ratio by reporting date in the most affected country, South Africa, and in the other top six countries.

More infections continue to be detected among health workers, with 15 662 (1.9%) infections reported in 41 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 4 821 (31%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (987), Kenya (745), Cameroon (593), Ethiopia (478), Equatorial Guinea (334), Senegal (271), Malawi (271), Guinea-Bissau (268), Guinea (244), Liberia (200), and Côte d'Ivoire (187). The other 27 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (200/1 216), Niger 16% (184/1 152), Guinea Bissau 13% (268/2 022), Gambia 13% (102/799), and Burkina Faso 10% (116/1 153) have the highest country specific proportion of health worker infections among confirmed cases **Table 1**.

Complete data on age and gender distribution is only available for (1.0%) 7 650 cases. The male to female ratio among confirmed cases is 1.6, and the median age is 36 years (range: 0 - 105). Males (62%) 4 746 in the 31-39 and 40-49 age-groups are more affected than females (38%) 2 904 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 continues to observe 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 4 August 2020 2020, seven African countries in the WHO EMRO Region reported a total of 148 025 confirmed COVID-19 cases: Egypt (94 752), Morocco (27 217), Sudan (11 780), Djibouti (5 248), Libya (4 224), Somalia (3 220), and Tunisia (1 584). Additionally, a total of 6 391 deaths has been recorded from Egypt (4 912), Sudan (763), Morocco (417), Somalia (93), Tunisia (51), Djibouti (59) and Libya (96).

To date, a cumulative total of 978 481 confirmed COVID-19 cases 21 098 deaths (case fatality ratio 2.2%) with 652 440 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 – 4 August 2020 (n =830 456)

| Country | Total Cases | Total Deaths | Recovered Cases | Probable Cases | Case fatality ratio (%) | Health Worker infections | Proportion of health worker infections (%) |
|-----------------------------|----------------|-----------------|--------------------|-------------------|-------------------------------|--------------------------------|--|
| South Africa | 521 318 | 8 884 | 363 751 | 0 | 1.7 | 4 821 | 0.9 |
| Nigeria | 44 433 | 910 | 31 851 | 0 | 2.0 | 987 | 2.2 |
| Ghana | 37 812 | 191 | 34 313 | 0 | 0.5 | 2 065 | 5.5 |
| Algeria | 32 504 | 1 248 | 22 375 | 0 | 3.8 | 2 300 | 7.1 |
| Kenya | 23 202 | 388 | 9 327 | 0 | 1.7 | 745 | 3.2 |
| Ethiopia | 19 875 | 343 | 8 240 | 0 | 1.7 | 478 | 2.4 |
| Cameroon | 17 718 | 391 | 15 320 | 0 | 2.2 | 593 | 3.3 |
| Côte d'Ivoire | 16 293 | 103 | 11 955 | 0 | 0.6 | 187 | 1.1 |
| Madagascar | 11 895 | 123 | 9 286 | 0 | 1.0 | 70 | 0.6 |
| Senegal | 10 432 | 214 | 6 920 | 0 | 2.1 | 271 | 2.6 |
| Democratic Republic of | | | | | | | |
| the Congo | 9 178 | 214 | 7 727 | 1 | 2.3 | 158 | 1.7 |
| Gabon | 7 646 | 51 | 5 408 | 0 | 0.7 | 57 | 0.7 |
| Guinea | 7 489 | 48 | 6 591 | 0 | 0.6 | 244 | 3.3 |
| Zambia | 6 580 | 171 | 4 701 | 0 | 2.6 | 115 | 1.7 |
| Mauritania | 6 418 | 157 | 5 209 | 0 | 2.4 | 0 | 0.0 |
| Equatorial Guinea | 4 821 | 83 | 2 182 | 0 | 1.7 | 334 | 6.9 |
| Central African Republic | 4 618 | 59 | 1 640 | 0 | 1.3 | 1 | 0.0 |
| Malawi | 4 361 | 128 | 2 047 | 0 | 2.9 | 271 | 6.2 |
| Zimbabwe | 4 221 | 81 | 1 238 | 0 | 1.9 | 2 | 0.0 |
| Congo | 3 546 | 58 | 1 585 | 0 | 1.6 | 144 | 4.1 |
| Eswatini | 2 856 | 49 | 1 258 | 0 | 1.7 | 17 | 0.6 |
| Cabo Verde | 2 631 | 26 | 1 930 | 0 | 1.0 | 40 | 1.5 |
| Mali | 2 543 | 124 | 1 946 | 0 | 4.9 | 0 | 0.0 |
| Namibia | 2 470 | 12 | 211 | 0 | 0.5 | 16 | 0.6 |
| South Sudan | 2 437 | 47 | 1 217 | 0 | 1.9 | 122 | 5.0 |
| Rwanda | 2 099 | 5 | 1 222 | 0 | 0.2 | 0 | 0.0 |
| Mozambique | 2 029 | 15 | 765 | 0 | 0.7 | 179 | 8.8 |
| Guinea-Bissau | 2 022 | 27 | 944 | 0 | 1.3 | 268 | 13.3 |
| Benin | 1 936 | 38 | 1 616 | 0 | 2.0 | 139 | 7.2 |
| Sierra Leone | 1 855 | 67 | 1 397 | 0 | 3.6 | 171 | 9.2 |
| Angola | 1 344 | 59 | 503 | 0 | 4.4 | 1 | 0.1 |
| Liberia | 1 216 | 78 | 698 | 0 | 6.4 | 200 | 16.4 |
| Uganda | 1 203 | 5 | 1 073 | 0 | 0.4 | 27 | 2.2 |
| Burkina Faso | 1 153 | 54 | 947 | 0 | 4.7 | 116 | 10.1 |
| Niger | 1 152 | 69 | 1 037 | 0 | 6.0 | 184 | 16.0 |
| Togo | 976 | 19 | 663 | 0 | 1.9 | 44 | 4.5 |
| Chad | 938 | 75 | 814 | 0 | 8.0 | 75 | 8.0 |
| Sao Tome and Principe | 875 | 15 | 794 | 0 | 1.7 | 40 | 4.6 |
| Botswana | 804 | 2 | 63 | 0 | 0.2 | 3 | 0.4 |
| Gambia | 799 | 16 | 115 | 0 | 2.0 | 102 | 12.8 |
| Lesotho | 726 | 21 | 174 | 0 | 2.9 | 20 | 2.8 |
| United Republic of Tanzania | 509 | 21 | 180 | 0 | 4.1 | 1 | 0.2 |
| Burundi | 395 | 1 | 304 | 0 | 0.3 | 24 | 6.1 |

| Comoros | 388 | 7 | 340 | 0 | 1.8 | 0 | 0.0 |
|-----------------------|---------|--------|---------|---|-----|--------|-----|
| Mauritius | 344 | 10 | 333 | 0 | 2.9 | 30 | 8.7 |
| Eritrea | 282 | 0 | 225 | 0 | 0.0 | 0 | 0.0 |
| Seychelles | 114 | 0 | 113 | 0 | 0.0 | 0 | 0.0 |
| Total (<i>N</i> =47) | 830 456 | 14 707 | 572 548 | 1 | 1.8 | 15 662 | 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 – 4 August 2020 (n=830 456)

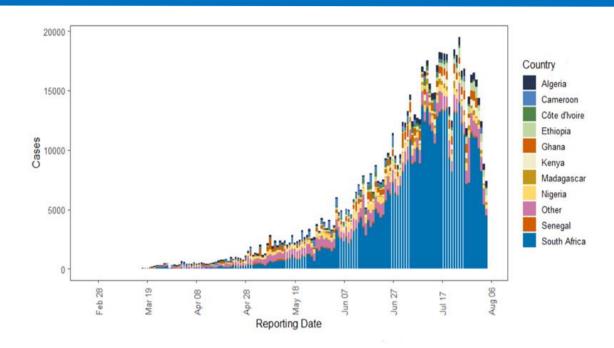


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 4 August 2020 (n=830 456)

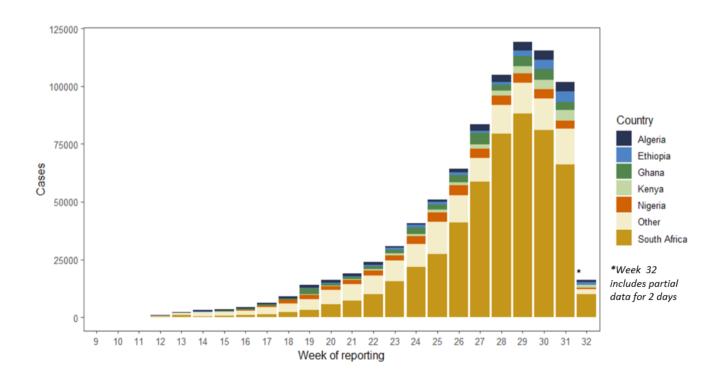


Figure 3. The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio for South Africa by date of notification, 5 March – 4 August 2020 (n=521 318)

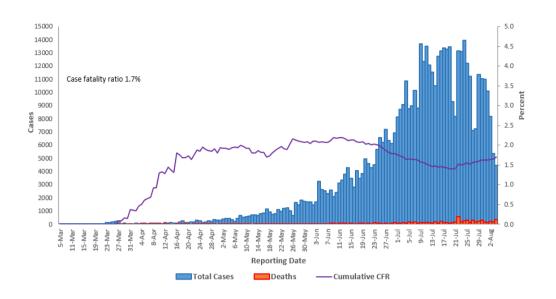


Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Kenya, Ethiopia and Cameroon, 25 February – 4 August 2020 (n=175 544)

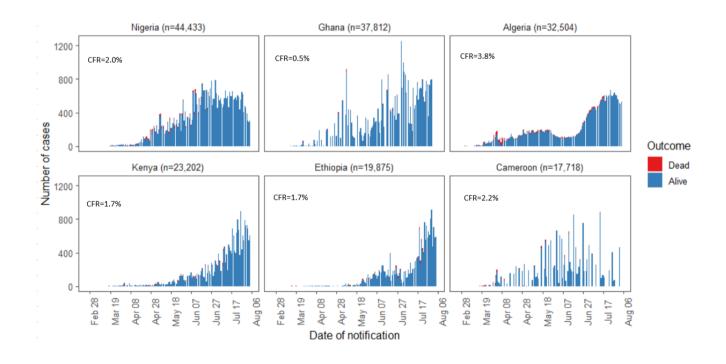
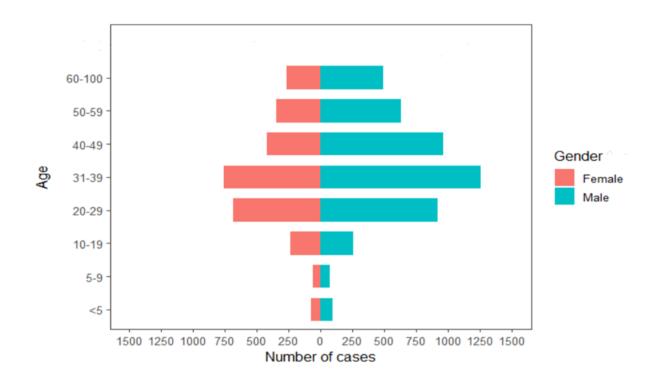


Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 4 August 2020 (n=7 650)



2. Global update

As of 4 August 2020, at 18:00 CET, a total of 18 142 718 confirmed cases, including 691 013 deaths (CFR 3.8%), 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 (4 629 459), Brazil (2 733 677), India (1 855 745), the Russian Federation (861 423), South Africa (521 318), Mexico (439 046), Peru (428 850), Chile (361 493), Iran (Islamic Republic of) (312 035) and the United Kingdom (305 627).

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.

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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 AFRO IMST team is currently assessing the level of readiness at subnational level in all the 47 countries through WHO country offices for completion by Ministries of Health (MOH) and partners.
- The WHO AFRO continues to enhance capacity building and transfer of skills to local experts in all response pillars to ensure sustainable COVID-19 response at country level. Recommended for different pillars to utilize available resources at country level for this purpose. Pillar leads are working with country focal points to support with budgeting and accelerating the implementation of allocated funding.
- Technical support continues to be offered countries that are in the process of development of the continuity of services plan amidst the COVID-19 response. Available documents on health services continuity (HSC) have also been shared with countries. A document related to continuity of services has been developed in Angola, Burkina Faso, Chad, Malawi, Mozambique, Namibia, United Republic of Tanzania, and Togo and a commission in charge of the service continuity within the national coordination has been established in Cameroon.
- The team at Nairobi Hub held a webinar with the Southern Africa countries to disseminate the cross-border strategy and related guidance documents on truck drivers with Mozambique, Namibia, South Africa, Zambia and Zimbabwe in attendance. Countries present committed to implementation of the cross border strategy and adaptation of guidance documents and IPC package to country context; adoption of the Corridor Trip Monitoring System developed by SADC; Partners to support countries in implementation of strategy.
- The team at Dakar Hub had formal discussions with partners such as IOM, WAHO and Mano River Union and supported Guinea, Liberia and Côte d'Ivoire to strengthen cross-border collaboration in the context of COVID-19 and KOICA project countries (Guinea, Liberia, Côte d'Ivoire, Sierra Leone and Senegal) to organize a simulation exercise in the context of COVID-19.
- 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.

Surveillance

- The classification of transmission pattern was supported in countries (South Africa, Algeria, Kenya, Côte d'Ivoire, Senegal, Ghana, Cameroon, Gabon, Guinea, Nigeria, Mauritania, Benin, Mozambique, Democratic Republic of the Congo, Equatorial Guinea, Niger, Eswatini, Sao Tome, Congo).
- The surveillance pillar continues to provide guidance to countries for data management and expert deployment, contact tracing and the decentralization of contact tracing to districts or sub-national levels.
- The team developed and is now implementing tools to investigate health worker's infections to ascertain where, how and why, contamination rates are increasing across the region.
- A mechanism for tracking of cases in neighbouring countries in order to report confirmed cases during crossborder screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.

Laboratory

- The proposal for the funding support to WHO country offices was reviewed and submitted for a total budget for Personnel and Activity items.
- The following technical support was offered to countries: review of testing strategy for Seychelles with regard to antigen-based RDTs, to Guinea Bissau country office on the needs of the country for scaling up laboratory capacity and developing SOPs, Quality Manual, and internal assessment tools for laboratories in Uganda preparing for COVID-19 testing.
- The team is on mission with the MoH team of Senegal for decentralization of Covid-19 lab testing in regions: GeneXpert and evaluation of RDT Covid-19Ag and Covid-19 Ab IgM and IgM, Covid-19 Ab IgA/IgM/IgG.

- A deep dive meeting was held with EMR and HOTE leadership regarding the challenges with COVID-19 upsurge cases in Madagascar.
- Hub interventions were enhanced to address gaps at country level continues: following up with logistics to support South Sudan and Malawi and support provided to Guinea during the planning phase for sero-survey.
- The laboratory team continues to support countries in the use of the UN Portal for procurement of laboratory supplies.

Infection Prevention and Control (IPC)

- The team at Nairobi Hub held an in-depth review of IPC implementation with focal persons of three countries (Zimbabwe, Seychelles and Zanzibar) and discussed use of IPC tools, training and implementation. IPC focal persons from Uganda, Kenya and Malawi also attended the meeting to share experiences. Links to the WHO IPC tools and guidance on how to use them to improve IPC performance in countries were provided.
- An IPC assessment was conducted in five capital hospitals and is planned to be extended in all health facilities in Angola. The team also supported the development of an IPC preparedness project in Mauritius.
- In-depth discussions with countries was held, including Lesotho, Malawi and Uganda on IPC implementation, IPC capacity, activities, challenges and lessons. An orientation was conducted on the use of the AFRO-KPI tool to monitor and periodically report on IPC capacity. The Kenya IPC team shared experience regarding healthcare worker infections. Nurses are most affected, followed by auxiliary staff; there is a need for more training for health workers, especially the auxiliary staff.
- Technical guidance was provided to countries on utilization of the risk assessment tool for investigation of risk factors for health worker infections; and remedial training was provided for health workers with high scores.

Case management

- The team at Nairobi Hub developed Fact Sheets on case fatality ratios of COVID 19 as well as the status of research about therapies for COVID 19, based on RCCE feedback, to counteract the current rumors and misbeliefs on COVID 19.
- Robots are being used in Rwanda in the fight against COVID-19. The five human-size robots which were acquired through a partnership between the UNDP Rwanda Accelerator Lab and the Ministry of ICT and Innovation were launched in May 2020 at the Kanyinya COVID-19 Treatment Centre. As the Kigali International Airport in Rwanda will be reopened for commercial international flights from 1 August, one of the robots will be used to facilitate faster screenings of passenger's body temperature. https://www.afro.who.int/news/robots-use-rwanda-fight-against-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.

Risk Communication

- The risk communication team at AFRO Developed Draft Guidelines for schools opening during the COVID-19 pandemic.
- They conducted Regional Risk Communication and Community Engagement (RCCE) coordination meeting and shared progress on implemented activities, challenges experienced, and opportunities identified. The team was also involved in weekly community feedback meetings in which they reviewed key feedback and discussed strategies to address challenges.
- Weekly country reports were captured in the RCCE Monitoring and Evaluation system. RCCE Gap Analysis for Nigeria, Mali and Ghana will be finalized as per recommendations coming from IMST daily meetings.
- With the support of the Communications team and other technical staff at WHO AFRO, the social media team has shared COVID-19 related messages that have reached over 150 000 000 people on French and English Twitter and Facebook pages.

Logistics

- WHO supported development of the UN donation monitoring tool for 11 UN Agencies supporting Kenya COVID-19 response (WFP; UNICEF; UNDP; UNOPS; WHO; UNFPA; UNAIDS; IOM; UNHCR; and UNEP). The tool has been adopted by MOH to monitor contributions from all partners.
- Description Logistics team met with Africa CDC to discuss the development of a monitoring tool for the demand and supply platform. The tool is to be used monitor/track supplies ordered by countries and bring visibility to

- what is in the pipeline; mechanisms for collection; data validation; related governance issues were discussed and agreed upon with the stakeholders.
- There was continued advocacy through logistics technical working group for the prioritization of Eswatini, Malawi, South Sudan and other priority countries for fast-tracking of PPE and laboratory supplies.
- IPC and laboratory supplies were replenished in Uganda, Malawi, Guinea, Madagascar Cameroon and Cabo Verde.
- 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 629 requests were received from the 47 countries. These requests were worth US\$ 28.8 million including, laboratory supplies worth US\$ 16.7 million, PPE worth US\$ 10.1 million and another US\$ 2.0 million.
- Currently, 883 534 tests, 381 600 collection kits, 893 174 reagents and 620 oxygen concentrators are under procurement, 2 157 138 tests, 1 844 040 sample collection kits, 2 996 946 reagents, 9 596 482 PPE and 2 472 oxygen concentrators are being shipped.
- Supplies under preparation for shipment include; 370 600 tests, 330 540 sample collection kits, 574 504 reagents and 33 039 567 PPE components.

Emergency Medical Team (EMT)

- Malteser EMT continue to support hospitals, Gynaecological-Obstetric-Paediatric Hospital (General Hospital) Douala and Bonamoussadi Centre Medical d'Arrondissement in Cameroon. An IPC training was conducted at Laquintinie Hospital and included staff from Bonamoussadi testing Centre.
- The deployment in South Sudan (with the UK-MED team and IMC) and Chad (with UK-Med) is ongoing and will be effective from next week.
- Developed a concept note and shared with Veolia Environment Foundation and now wait for the signature of the MoU.
- Discussions have been started with the Islamic Development Bank for the scaling up of community testing activities.
- There is continued submission of project proposals from operational partners to country office levels. EMT sub-pillar is pushing with senior management at AFRO for more support for operational partners.

Human Resources

- Since the outbreak started in the region, a total of 270 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 Communication (22), Media Communication (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), Emergency Operations Centre (1) Technical advisor (1) and Writing and Reporting (1).
- A total of 178 experts are currently on ground supporting the COVID-19 response in 37 countries. Sixty-nine (69) experts have been identified (73%) and their deployment is in process.
- HR are leveraging on deployment arrangements with Africa CDC for better coordination in addressing human resource gaps.
- 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 accelerate across the WHO African Region and South Africa remains the epicenter of the outbreak in the African continent. The rate of COVID-19 evolution in the region has started declining for the first time, and this is mainly attributed to the significant declines in the daily number of cases being observed in South Africa. Deeper investigations are ongoing to understand the driving factors for the drastic decline in the number of cases reported in South Africa in the past week.

As countries start to open their points of entry, Member States should continue to enhance implementation of public health and social measures. Early detection of suspect cases and contact tracing of confirmed cases should remain in place at all levels of the health system as communities learn to live with the virus as a "new norm".

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

