

# COVID-19

Situation update for the WHO African Region

12 August 2020

External Situation Report 24



World Health  
Organization

REGIONAL OFFICE FOR

Africa

# COVID-19

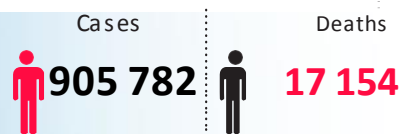
## WHO AFRICAN REGION

### External Situation Report 24

Date of issue: 12 August 2020

Data as reported by: 11 August 2020 as of 00:00 AM (GMT+1)

#### 1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak in the WHO African Region has continued to slow down, as seen in the past two weeks. Since our last [External Situation Report 23](#) issued on 5 August 2020, a total of 75 326 new confirmed COVID-19 cases (9% increase) was reported from 44 countries between 5 and 11 August 2020, compared to a 13% increase recorded during the previous reporting period (29 July - 5 August 2020). While South Africa reported majority of the new cases, 60% (44 791), it also recorded a remarkable downward trajectory in trend. There were also reduction in incidence cases in Nigeria, Ghana and Algeria in the past week. 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.

Gambia continues to observe an increase in the daily number of registered cases. Similar to the previous three reporting periods, Gambia registered the highest percentage increase of 85% (799 to 1 477 cases) from 5 to 11 August 2020. This was followed by Botswana 33% (804 to 1 066), Namibia with a 31% increase (2 470 to 3 229 cases) and Angola a 29% increase (1 344 to 1 735 cases). Other countries with high percentage increases included; Zambia 26% (from 6 580 to 8 275 cases), Mozambique 22% (2 029 to 2 481 cases) and Ethiopia 22% (from 19 875 to 24 175 cases). Ethiopia and Zambia have been among the top five countries with the highest percentage increase for the past four reporting periods.

Mauritius, Seychelles and United Republic of Tanzania did not officially submit reports indicating any confirmed case. Fifteen new health worker infections were recorded from four countries: Namibia (10), Burundi (3), Malawi (1) and Sierra Leone (1). South Africa, Nigeria and Ethiopia retrospectively reported 21 020, 1 038 and 80 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, 2 447 new COVID-19 related deaths (17% increase) occurred in 32 countries, with 1 867 (76%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 97 (4.0%) deaths and Algeria with 74 (3.0%) deaths. Other countries that reported new deaths during the reporting period include; Zambia (70), Kenya (50), Nigeria (46), Madagascar (29), Ghana (24), Malawi (24), Senegal (24), Zimbabwe (23), Angola (21), Gambia (17), Eswatini (14), Democratic Republic of the Congo (11), Cameroon (10), Cabo Verde (7), Namibia (7), Togo (6), Uganda (4), Lesotho (3), Côte d'Ivoire (2), Central African Republic (2), Congo (2), Guinea (2), Guinea-Bissau (2), Mozambique (2), Sierra Leone (2), Rwanda (2), Liberia (1), Mali (1) and Chad (1).

As of 11 August 2020, a cumulative total of 905 782 COVID-19 cases have been reported in the region, including 905 781 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 63% (566 109) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (47 290), Ghana (41 404), Algeria (36 204), Kenya (27 425), Ethiopia (24 175), Cameroon (18 263), Côte d'Ivoire (16 847), Madagascar (13 317) and Senegal (11 380). These 10 countries collectively account for 89% (802 414) of all reported cases. Of the 905 782 COVID-19 cases reported, 663 827 (73%) have recovered from across all the 47 countries in the region. All the active 334 cases in Mauritius have recovered.

The total number of deaths reported in the region is 17 154, reported in 45 countries, giving an overall case fatality ratio (CFR) of 1.9%. 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 63% (10 751), Algeria 7.7% (1 322), Nigeria 5.6% (956), Ethiopia 2.6% (440), Kenya 2.6% (438), Cameroon 2.3% (401), Zambia 1.4% (241), Senegal 1.4% (238), Democratic Republic of the Congo 1.3% (225), Ghana 1.3% (215), and Mauritania 1.0% (157). The top five countries: South Africa, Nigeria, Algeria, Cameroon and Kenya account for 81% (13 907) of the total deaths reported in the region. Chad (8.0%), Liberia (6.4%), Niger (6.0%), Mali (4.9%), Angola (4.6%), Burkina Faso (4.5%) and Algeria (3.7%) have registered the highest case fatality ratios

The current figures in the region represent 4.5% of confirmed COVID-19 cases and 2.3% of deaths reported worldwide. South Africa remains the hardest hit country in the African continent and is ranked fifth globally, although with relatively low deaths. **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 38 382 (4.2%) infections reported in 41 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 25 841 (67%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (2 025), Cameroon (773), Kenya (745), Ethiopia (558), Equatorial Guinea (334), Malawi (275), Senegal (271), Guinea-Bissau (268), Democratic Republic of the Congo (256), Guinea (244) and Liberia (201). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (201/1 240), Niger 16% (184/1 158), Guinea Bissau 13% (268/2 052), Gambia 9.6% (142/1 477), and Burkina Faso 9.6% (116/1 211) have the highest country specific proportion of health worker infections among confirmed cases **Table 1**.

According to available data on age and gender distribution 0.9% (7 782), males (63%) 4 870 in the 31-39 and 40-49 age groups are more affected than females (37%) 2 912 across the same age groups in the African region. The male to female ratio among confirmed cases is 1.6, and the median age is 36 years (range: 0 - 105). 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 12 August 2020, seven African countries in the WHO EMRO Region reported a total of 157 983 confirmed COVID-19 cases: Egypt (95 666), Morocco (34 063), Sudan (12 033), Djibouti (5 348), Libya (5 929), Somalia (3 227), and Tunisia (1 717). Additionally, a total of 6 665 deaths has been recorded from Egypt (5 035), Sudan (786), Morocco (516), Libya (125), Somalia (93), Tunisia (51) and Djibouti (59).

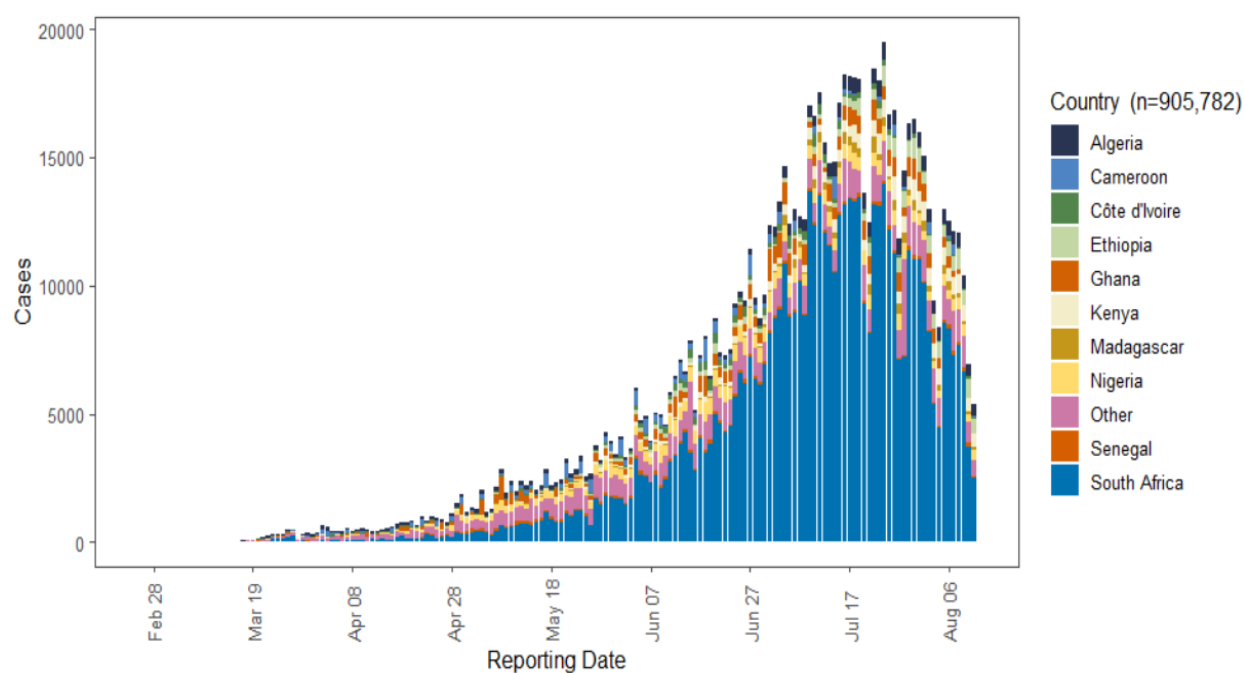
The cumulative total of COVID-19 cases in the African Region exceeded 1 000 000 and is now at 1 063 765 confirmed cases with 23 819 deaths (case fatality ratio 2.2%) and 745 862 cases that have recovered.

**Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 12 August 2020 (n =905 782)**

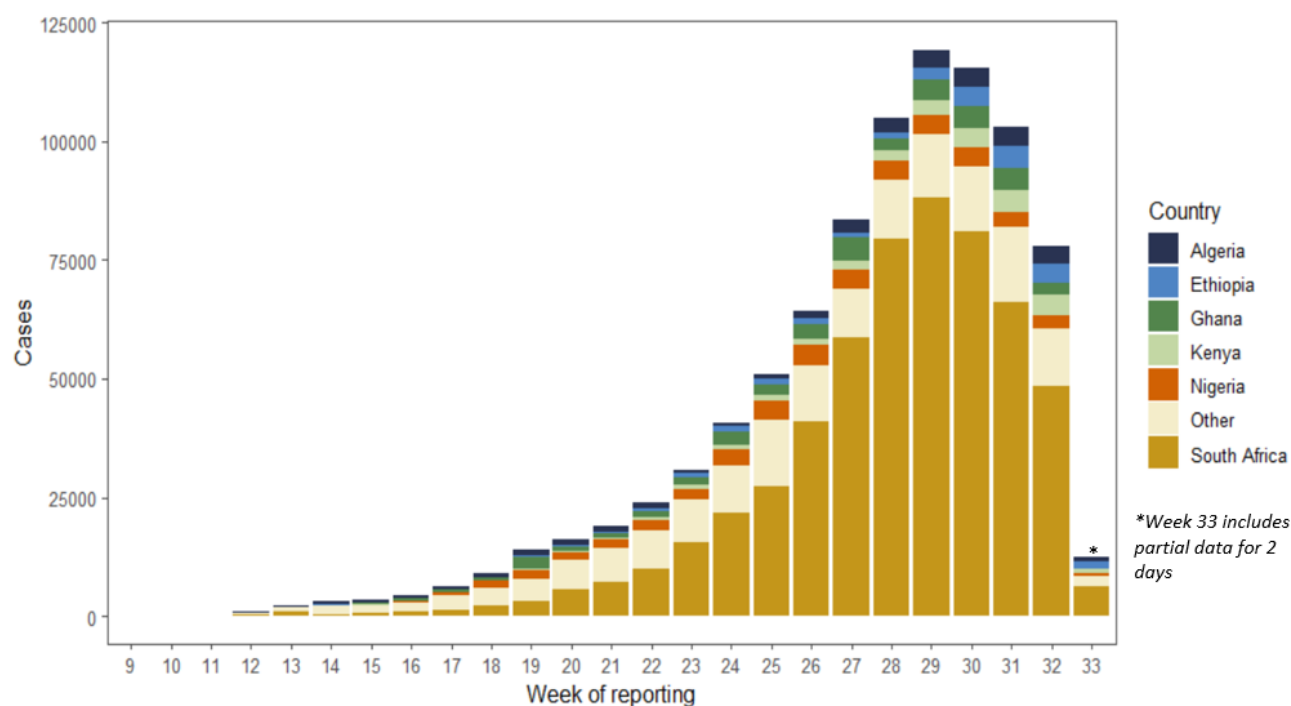
Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Worker infections	Proportion of health worker infections (%)
South Africa	566 109	10 751	426 125	0	1.9	25 841	4.6
Nigeria	47 290	956	33 609	0	2.0	2 025	4.3
Ghana	41 404	215	39 055	0	0.5	2 065	5.0
Algeria	36 204	1 322	25 263	0	3.7	2 300	6.4
Kenya	27 425	438	13 867	0	1.6	745	2.7
Ethiopia	24 175	440	10 696	0	1.8	558	2.3
Cameroon	18 263	401	16 344	0	2.2	773	4.2
Côte d'Ivoire	16 847	105	13 321	0	0.6	187	1.1
Madagascar	13 317	152	11 276	0	1.1	70	0.5
Senegal	11 380	238	7 449	0	2.1	271	2.4
Democratic Republic of the Congo	9 499	225	8 375	1	2.4	256	2.7
Zambia	8 275	241	7 004	0	2.9	115	1.4
Guinea	8 018	50	7 020	0	0.6	244	3.0
Gabon	8 006	51	5 823	0	0.6	57	0.7
Mauritania	6 598	157	5 704	0	2.4	0	0.0
Equatorial Guinea	4 821	83	2 182	0	1.7	334	6.9
Zimbabwe	4 818	104	1 544	0	2.2	2	0.0
Malawi	4 714	152	2 477	0	3.2	275	5.8
Central African Republic	4 647	61	1 727	0	1.3	1	0.0
Congo	3 745	60	1 625	0	1.6	166	4.4
Eswatini	3 410	63	1 720	0	1.8	174	5.1
Namibia	3 229	19	715	0	0.6	67	2.1
Cabo Verde	2 920	33	2 148	0	1.1	40	1.4
Mali	2 577	125	1 973	0	4.9	0	0.0
Mozambique	2 481	17	910	0	0.7	193	7.8
South Sudan	2 477	47	1 279	0	1.9	122	4.9
Rwanda	2 171	7	1 478	0	0.3	0	0.0
Guinea-Bissau	2 052	29	978	0	1.4	268	13.1
Benin	2 014	38	1 681	0	1.9	139	6.9
Sierra Leone	1 932	69	1 478	0	3.6	172	8.9
Angola	1 735	80	575	0	4.6	1	0.1
Gambia	1 477	33	247	0	2.2	142	9.6
Uganda	1 313	9	1 138	0	0.7	27	2.1
Liberia	1 240	79	725	0	6.4	201	16.2
Burkina Faso	1 211	54	990	0	4.5	116	9.6
Niger	1 158	69	1 062	0	6.0	184	15.9
Togo	1 067	25	729	0	2.3	50	4.7
Botswana	1 066	2	80	0	0.2	3	0.3
Chad	946	76	859	0	8.0	75	7.9
Sao Tome and Principe	881	15	804	0	1.7	40	4.5
Lesotho	798	24	189	0	3.0	20	2.5
United Republic of Tanzania	509	21	180	0	4.1	1	0.2
Burundi	409	1	317	0	0.2	32	7.8
Comoros	399	7	379	0	1.8	0	0.0
Mauritius	344	10	334	0	2.9	30	8.7
Eritrea	285	0	248	0	0.0	0	0.0
Seychelles	126	0	126	0	0.0	0	0.0
<b>Total (N=47)</b>	<b>905 782</b>	<b>17 154</b>	<b>663 827</b>	<b>1</b>	<b>1.9</b>	<b>38 382</b>	<b>4.2</b>

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

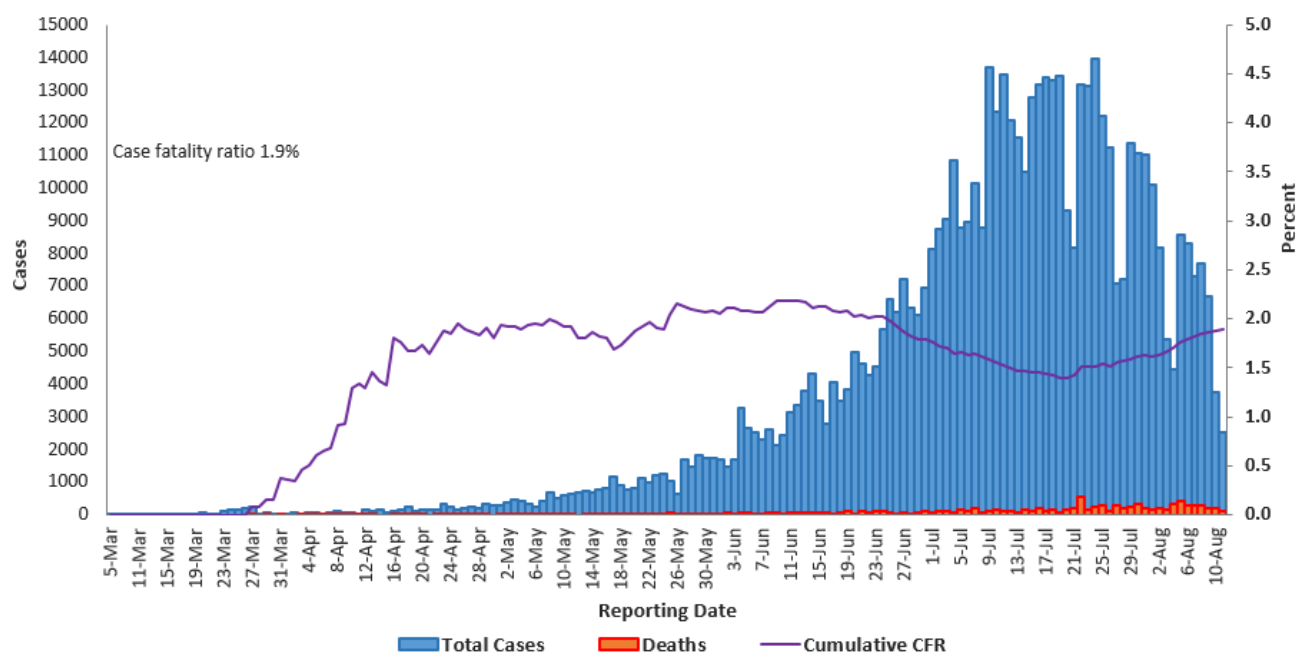
**Figure 1. An epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 12 August 2020 (n=905 782)**



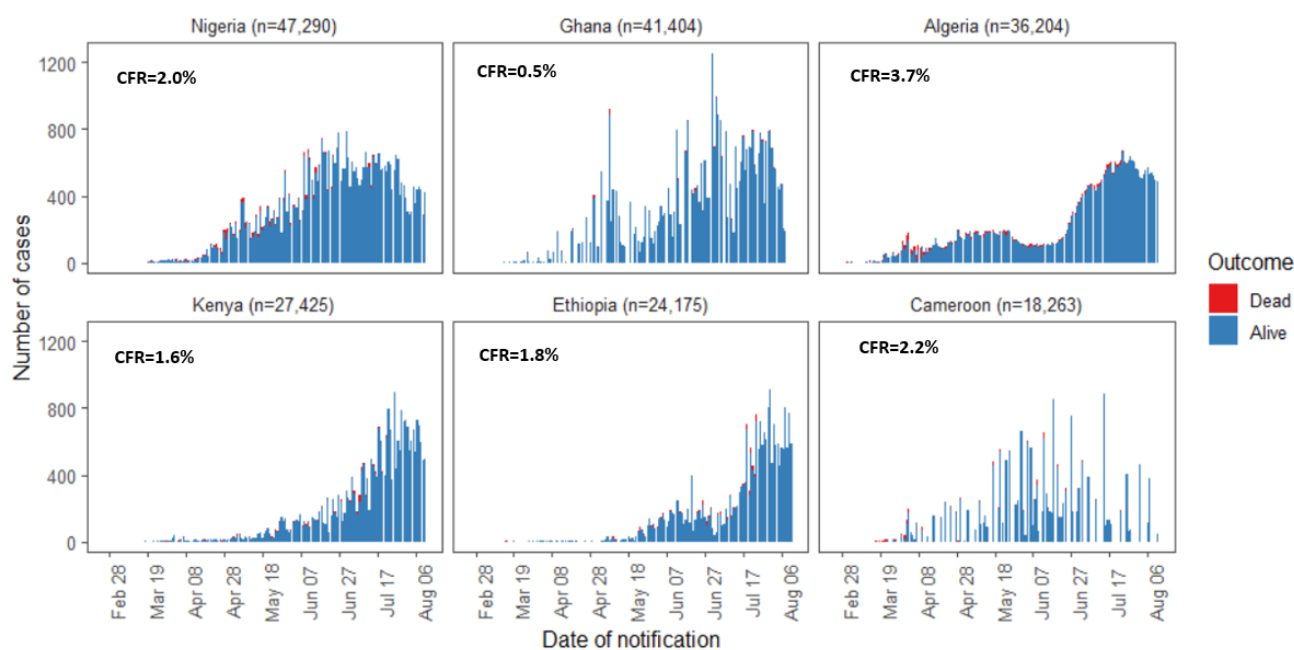
**Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 12 August 2020 (n=905 782)**



**Figure 3. The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio for South Africa by date of notification, 5 March – 12 August 2020 ( $n=566\ 109$ )**

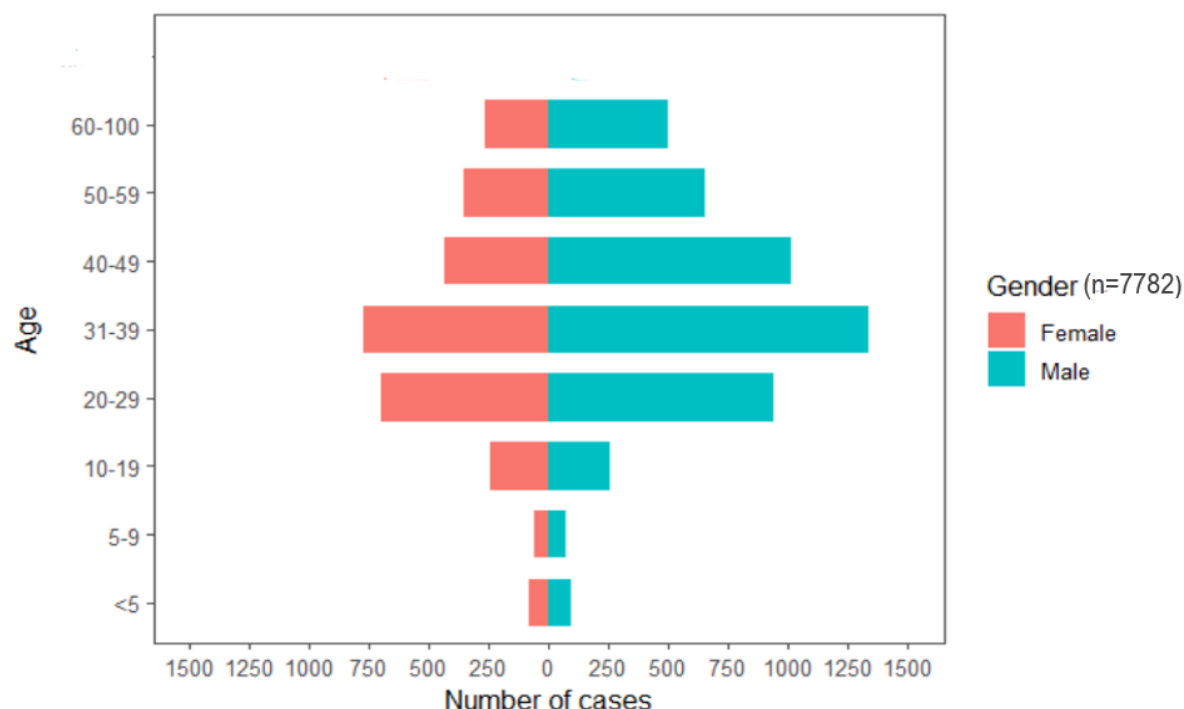


**Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Kenya, Ethiopia and Cameroon, 25 February – 12 August 2020 ( $n=194\ 761$ )**





**Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 12 August 2020 (n=7 782)**



## 2. Global update

As of 11 August 2020, at 18:00 CET, a total of 19 936 210 confirmed cases, including 732 499 deaths (CFR 3.7%), 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 (4 999 815), Brazil (3 035 422), India (2 268 675), the Russian Federation (897 599), South Africa (566 109), Mexico (480 278), Peru (478 024), Colombia (387 481), Chile (375 044) and Iran (Islamic Republic of) (328 844).

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 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 and transfer skills to local experts in all response pillars to ensure sustainable COVID-19 response at country level. All pillars have been recommended to utilize locally 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.
- A cross-pillar meeting was held with Malawi to discuss challenges around shortage of laboratory test kits, limited COVID-19 isolation and treatment facilities and gaps in implementation of/home community-based care.
- Monitoring continuity of essential health services with Health Management Information System data (no lockdown) is ongoing in the United Republic of Tanzania to understand the impact of COVID-19 on service utilization and the situation in non-communicable Diseases like diabetes. An NTD operational plan was developed for Togo and the project document to strengthen HSS for maternal and child health in Benin was validated.
- In Angola and Cameroon, the focus was on the health of adolescents' main problems, and challenges in provision of health services in the context of COVID-19; the specific target in Cameroon are universities.
- 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.
- A follow up meeting with Africa CDC was held and with the objective of discussing issues on visibility of country requests within their portal, origin of supplies, risks and challenges, mitigation measures, best practices and recommendations. Africa CDC portal is now in implementation stage, and several government request have been processed. Current global supply fragmentation challenges have forced Africa CDC to make some procurements through the UN portal using UNICEF and WHO structures.
- Data analysis was finalized for the last 11 months on continuity of essential health service in refugee camps covering both the COVID-19 response and essential health service delivery by the health centres that also serve hosting communities in Ethiopia.
- The team at Dakar Hub continues to share the International Disease Surveillance and Response (IDSR) guidelines and protocols for adaptation and institutionalization. Orientation of the international consultation on the IDSR methodology and using the protocol of IDSR Institutionalization is ongoing in Togo.

### Surveillance

- The team participated in the IMST review of the surveillance pillar: two meetings were held in this regard.
- The classification of transmission pattern was supported in countries (Madagascar, Namibia, Botswana, Mauritius, Senegal, Ghana, Nigeria, Mauritania, Benin, Mozambique, Democratic Republic of the Congo, Equatorial Guinea, Niger, Eswatini, Sao Tome and Principe, and 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 was 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 cross-border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.



## Laboratory

- Technical support as regards to review of testing strategy was offered to Seychelles, Mauritius and Mauritania.
- A teleconference was held between AFRO and the Islamic Development Bank for supporting laboratories in Africa and a collaborative COVID-19 laboratory testing strategy was discussed with partners including WAHO/ACDC in Mauritania.
- Partners were engaged in supporting countries for surge needs related to laboratory reagents and equipment through their proper channels; COVID-19 labs network mapping with Africa CDC in the East and Southern Africa region was continued.
- Data collection was conducted on laboratories doing COVID-19 testing in five Central African countries, including Congo, Cameroon, Equatorial Guinea, Central Africa Republic, Gabon and on COVID-19 testing from country offices. There is a continuous need to decentralize the laboratory testing capacities and improve the turnaround time of the laboratory results in all Member States. The laboratory team continues to support countries in the use of the UN Portal for procurement of laboratory supplies. Mapping of laboratory capacities by country in the sub-region is ongoing, supported by Africa CDC and WHO to guide partners to better focus laboratory support to countries with bigger challenges in capacity.

## Infection Prevention and Control (IPC)

- The team at Nairobi Hub held an in-depth review of IPC implementation and discussed use of IPC tools, training and implementation. 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 Madagascar.
- 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.
- Health worker trainings on IPC guidelines and implementation continue, to date a total of 24 076 health workers in Kenya, 14 751 in Nigeria, 12 510 in Cote d'Ivoire and 6 329 in Zimbabwe have been trained.
- 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.
- The psychological care of health personnel and patients under treatment was supported in collaboration with associations of psychologists and psychiatrists in Madagascar. High level advocacy was provided to the MOH in Madagascar on the importance of collaboration with the WHO Country Office concerning data sharing and clinical characterization to help understand the current situation.
- 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.
- The Regional Risk Communication and Community Engagement (RCCE) coordination meeting was conducted and progress shared 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.
- There was coordination of the implementation of the behavioral approach including risk perception analysis and communication assessment related to COVID-19 knowledge, attitudes and practices survey, along with focus groups at the national level and development and updating of national and regional communication plan in Madagascar was supported.

## Logistics

- The WHO team at Nairobi Hub and UNICEF are conducting quantification and forecasting of supplies for countries: data was presented by UNICEF and WHO on the demand trends of supplies in countries within the region. A strategic coordinated approach between WHO, UNICEF, and Africa CDC to contribute towards the gap, ensuring equitable access to supplies to countries within the region was recommended.
- The Hub team in Nairobi supported Mozambique in mobilization of US\$ 91.5 million by MOH to support COVID-19 Health plan. From those, only US\$ 48 million were made available, mostly through in-kind donations.
- 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.
- Development of an information stockpiling platform is in progress and an Operational Support and Logistics curriculum is being developed for training and capacity strengthening of countries.
- A total of 4 290 358 of laboratory commodities have been delivered or shipped to countries and an additional 2 372 208 will be completed in the coming weeks. A total of US\$ 29 millions was engaged during the past week for more than 600 orders of supplies being processed.

## Emergency Medical Team (EMT)

- Malteser-International EMT completed the mission in Cameroon on 31 July 2020. The main activities carried out by Malteser were assessments of care units and screening centers in the Centre and Littoral regions and capacity building for on-site providers through training on IPC.
- The deployment in South Sudan (with the UK-MED team and IMC) and Chad (with UK-Med) is ongoing.
- During the TC with Ethiopia WHO Country Office and MOH the process of implementation of National EMT in Ethiopia was discussed, as was the development of terms of reference of the task force as well as the identification of the structures that will house the project; this was noted as an action point.
- There are continued discussions on improving partner engagement to respond to the COVID-19 pandemic in the Region, mainly in community-based response interventions.

## Human Resources

- The WHO deployed a surge team of health experts to support the South African COVID-19 response. The surge team was jointly led by Dr Matshidiso Moeti, WHO Regional Director for Africa and Dr Michael Ryan, Executive Director of the WHO Health Emergencies Programme. Forty-three experts from various fields will be deployed to support COVID-19 outbreak response management. <https://www.afro.who.int/news/world-health-organization-surge-team-arrive-south-africa>
- 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.
- 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 generally slow down in the WHO African Region. However, this is mainly driven by reduction in incidence cases being observed in South Africa and a few other countries. Investigations continue to understand the driving factors for the current drastic decline in the number of cases reported. Several countries continue to observe rising number of new cases and deaths.

As the region nears one million cases, WHO is increasing COVID-19 support to hotspot countries in Africa. Altogether more than 40 public health experts are expected to provide surge support to South Africa, working with national and provincial counterparts on key areas of the response.

WHO appeals to the public to observe all the preventive measures and also urges Member States to continue implementation of proven public health and social measures against the ongoing COVID-19 crisis through a multi-sectoral approach, as they work in collaboration with other international agencies and all stakeholders at all levels.

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

