

COVID-19

Situation update for the WHO African Region

26 August 2020

External Situation Report 26



REGIONAL OFFICE FOR

World Health
Organization

Africa

COVID-19

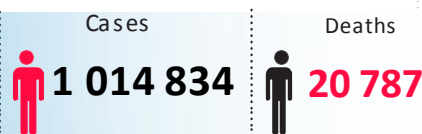
WHO AFRICAN REGION

External Situation Report 26

Date of issue: 26 August 2020

Data as reported by: 25 August 2020 as of 00:00 AM (GMT+1)

1. Situation update



The number of coronavirus disease 2019 (COVID-19) cases in the WHO African Region exceeded 1 000 000, as the region marked exactly six months since the first case was reported in Algeria on 25 February 2020. The COVID-19 outbreak has generally continued to slow down in the region, as seen in the past three reporting periods. Since our last [External Situation Report 25](#) issued on 19 August 2020, a total of 52 544 new confirmed COVID-19 cases and 1 562 new deaths were reported from 45 countries between 19 and 25 August 2020, resulting into a cumulative total of 1 014 834 confirmed COVID-19 cases with 20 787 deaths. This is a 7% decrease in cases as compared to 56 508 cases registered during the previous reporting period (12 - 18 August 2020). At the same time, a 25% (1 562) decrease in the total number of deaths was recorded compared to the previous week when 2 071 deaths were registered. The majority of the new cases were reported in South Africa, 40% (20 873) of all reported cases, although with a sustained downward trend. Other previous hotspots countries that have recorded a reduction in case incidence include; Ghana, Kenya, Gabon, Madagascar and Zambia. While the observed declining trends are encouraging, the figures should be cautiously interpreted as they may be affected by many factors, including the current testing capacity and strategy, and delays in reporting.

During this reporting period, the countries that reported the highest percentage increase (above 30%) include; Uganda (184%), Rwanda (137%), Comoros (100%), Togo (78%), Sao Tome and Principe (75%), Sierra Leone (56%), Zimbabwe (46%), Namibia (37%) and Angola (37%).

At the same time, countries that recorded a decrease in new cases include; Liberia (65%), Central African Republic (63%), Ghana (54%), Mali (53%), Malawi (52%), Guinea-Bissau (51%), Gabon (47%), Eswatini (42%), Guinea (41%), Burundi (39%), Benin (38%), Niger (33%), Madagascar (33%), Kenya (33%), Zambia (32%) and Lesotho (30%). South Africa, which has been reporting the highest number of cases, observed a 20% decrease. The United Republic of Tanzania did not officially submit any report indicating any confirmed case.

A total of 214 new health worker infections were recorded from seven countries: Senegal (78), Namibia (75), Mozambique (42), Sierra Leone (7), Uganda (7), Malawi (3) and Togo (2).

During this period, 1 562 new COVID-19 related deaths occurred in 27 countries, with 1 044 (67%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 137 (8.8%) deaths and Algeria with 77 (4.9%) deaths. Other countries that reported new deaths during the reporting period include; Kenya (73), Gambia (27), Nigeria (26), Zimbabwe (25), Ghana (22), Namibia (20), Senegal (18), Zambia (16), Angola (12), Eswatini (10), Uganda (10), Democratic Republic of the Congo (8), Malawi (7), Guinea (5), Madagascar (5), Rwanda (5), Cameroon (4), Côte d'Ivoire (4), Mozambique (2), Benin (1), Chad (1), Cabo Verde (1), Congo (1), and Mauritania (1).

As of 25 August 2020, a cumulative total of 1 014 834 COVID-19 cases was reported in the region, including 1 014 833 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 60% (613 017), of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Nigeria (52 800), Ghana (43 717), Ethiopia (43 688), Algeria (42 228), Kenya (32 803), Cameroon (18 973), Côte d'Ivoire (17 562), Madagascar (14 475) and Senegal (13 056). These 10 countries collectively account for 88% (892 319) of all reported cases.

Of the 1 014 834 COVID-19 cases reported, 808 243 (80%) have recovered from across all the 47 countries in the region. Eight countries are still reporting fewer than 1 000 cases: Chad (995), Sao Tome and Principe (892), United Republic of Tanzania (509), Burundi (430), Comoros (417), Mauritius (346), Eritrea (315) and Seychelles (131).

The total number of deaths reported in the region is 20 787, reported in 45 countries, giving an overall case fatality ratio (CFR) of 2.0%. 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 64% (13 308), Algeria 7.0% (1 456), Nigeria 4.8% (1 007), Ethiopia 3.4% (709), Kenya 2.7% (560), Cameroon 2.0% (410), Zambia 1.4% (280), Senegal 1.3% (274), Ghana 1.3% (270), Democratic Republic of the Congo 1.2% (251), and Madagascar 8.6% (178). The top five countries: South Africa, Nigeria, Algeria, Cameroon and Kenya account for 82% (16 855) of the total deaths reported in the region.

The current figures in the region represent 4.3% of confirmed COVID-19 cases and 2.6% of deaths reported worldwide. South Africa remains the hardest hit country on the African continent and is ranked fifth globally, although with relatively low numbers of deaths. **Table 1** shows the 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, 3 and 4** show the distribution of cases and deaths with case fatality ratio by reporting date in all countries in the African region without South Africa, in South Africa, and in the other top six countries.

Health worker infections continue to increase gradually with 39 192 (4.2%) infections reported in 42 countries since the beginning of the outbreak. South Africa remains the most affected, with 25 841 (66%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (2 025), Cameroon (803), Kenya (746), Ethiopia (559), Equatorial Guinea (429), Senegal (349), Malawi (280), Mozambique (271), Guinea-Bissau (268), Democratic Republic of the Congo (256), Guinea (244) and Zimbabwe (238). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (205/1 290), Niger 16% (184/1 173), Guinea Bissau 13% (268/2 149), Burkina Faso 8.7% (117/1 338) and Sierra Leone 8.7% (175/2 001), have the highest country specific proportion of health worker infections among confirmed cases.

According to available data on age and gender distribution 1.2% (11 797), males (61%) 7 184 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 613 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 37 years (range: 0 - 105). The distribution of cases by age and sex is presented in **Figure 6**.

The transmission pattern across the region is heterogeneous, with established community transmission seen in 35 (74%) of countries, only nine (19%) countries showing clusters of cases and three (6%) with sporadic cases. 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 25 August 2020, seven African countries in the WHO EMRO Region reported a total of 188 123 confirmed COVID-19 cases: Egypt (97 619), Morocco (54 528), Sudan (12 974), Libya (11 281), Djibouti (5 383), Somalia (3 269), and Tunisia (3 069). Additionally, a total of 7 499 deaths has been recorded from Egypt (5 298), Sudan (819), Morocco (955), Libya (203), Somalia (93), Tunisia (71) and Djibouti (60).

A cumulative total of 1 202 957 confirmed COVID-19 cases 28 286 deaths (case fatality ratio 2.4%), with 931 101 cases that have recovered, has been reported in the African continent.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 25 August 2020 (*n* =1 014 834)

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Worker infections
South Africa	613 017	13 308	520 381	0	2.2	25 841
Nigeria	52 800	1 007	39 964	0	1.9	2 025
Ghana	43 717	270	41 843	0	0.6	2 065
Ethiopia	43 688	709	15 796	0	1.6	559
Algeria	42 228	1 456	29 587	0	3.4	2 300
Kenya	32 803	560	19 055	0	1.7	746
Cameroon	18 973	410	17 256	0	2.2	803
Côte d'Ivoire	17 562	114	15 908	0	0.6	187
Madagascar	14 475	178	13 492	0	1.2	70
Senegal	13 056	274	8 715	0	2.1	349
Zambia	11 148	280	10 208	0	2.5	123
Democratic Republic of the Congo	9 891	251	8 972	1	2.5	256
Guinea	9 128	57	8 040	0	0.6	244
Gabon	8 409	53	6 959	0	0.6	57
Mauritania	6 960	158	6 321	0	2.3	4
Zimbabwe	6 196	166	4 961	0	2.7	238
Namibia	6 160	57	2 732	0	0.9	229
Malawi	5 423	170	3 059	0	3.1	280
Equatorial Guinea	4 926	83	3 795	0	1.7	429
Central African Republic	4 691	61	1 773	0	1.3	1
Eswatini	4 327	86	2 959	0	2.0	174
Congo	3 979	78	1 742	0	2.0	166
Cabo Verde	3 568	37	2 673	0	1.0	40
Rwanda	3 537	15	1 806	0	0.4	0
Mozambique	3 508	21	1 809	0	0.6	271
Mali	2 708	125	2 025	0	4.6	0
Gambia	2 686	90	601	0	3.4	142
South Sudan	2 510	47	1 294	0	1.9	122
Uganda	2 426	25	1 267	0	1.0	71
Angola	2 283	102	911	0	4.5	40
Guinea-Bissau	2 149	33	1 104	0	1.5	268
Benin	2 145	40	1 738	0	1.9	139
Sierra Leone	2 001	69	1 569	0	3.4	175
Botswana	1 562	3	199	0	0.2	3
Burkina Faso	1 338	55	1 058	0	4.1	117
Togo	1 309	27	919	0	2.1	68
Liberia	1 290	82	819	0	6.4	205
Niger	1 173	69	1 084	0	5.9	184
Lesotho	1 049	30	484	0	2.9	20
Chad	995	77	871	0	7.7	75
Sao Tome and Principe	892	15	833	0	1.7	40
United Republic of Tanzania	509	21	180	0	4.1	1
Burundi	430	1	345	0	0.2	35
Comoros	417	7	399	0	1.7	0
Mauritius	346	10	335	0	2.9	30
Eritrea	315	0	276	0	0.0	0
Seychelles	131	0	126	0	0.0	0
Total (N=47)	1 014 834	20 787	808 243	1	2.0	39 192

* 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 – 25 August 2020 ($n=1\,014\,834$)

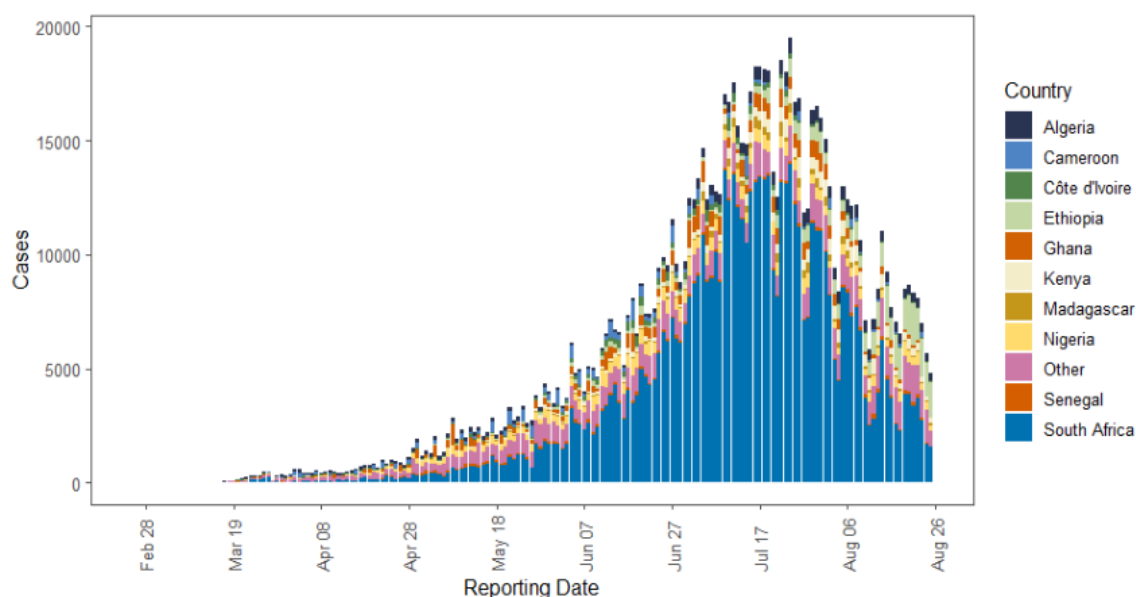


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 25 August 2020 ($n=1\,014\,834$)

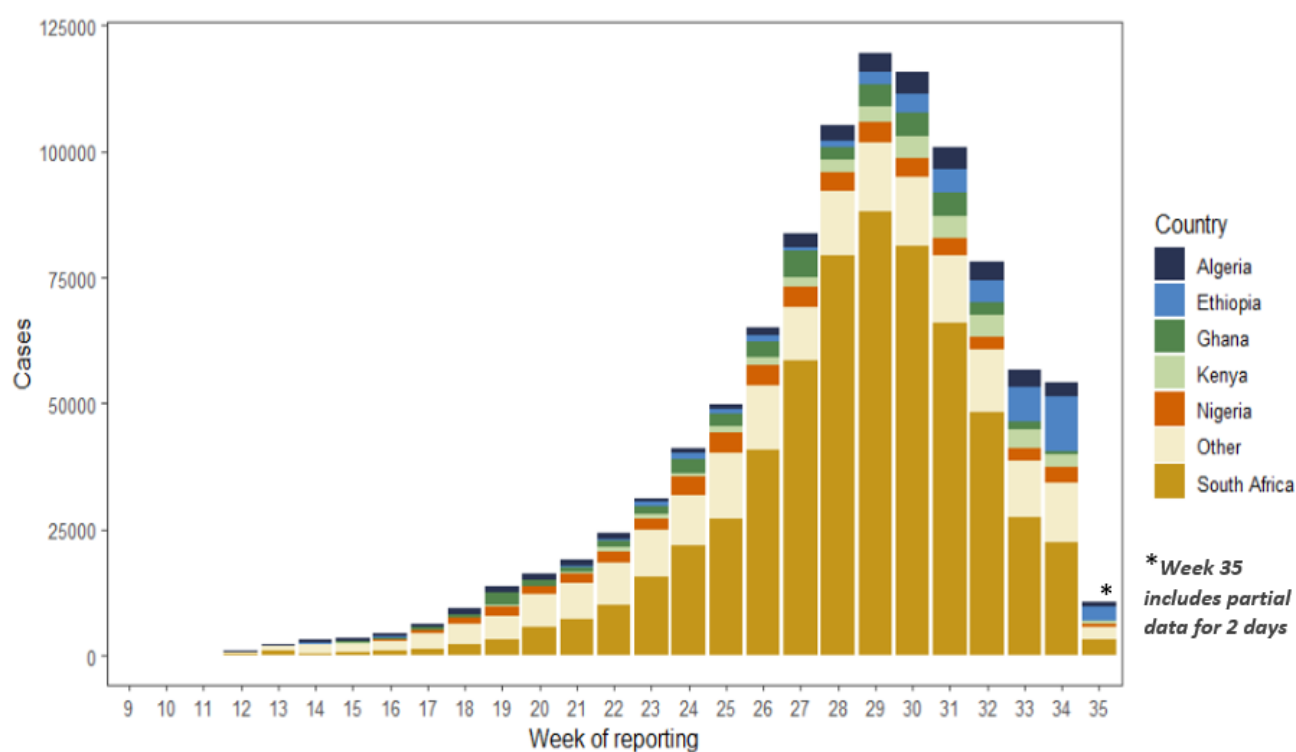


Figure 3. The distribution of confirmed COVID-19 cases in the WHO African Region (with South Africa excluded) by reporting date, 25 February – 25 August 2020 (n=401 817)

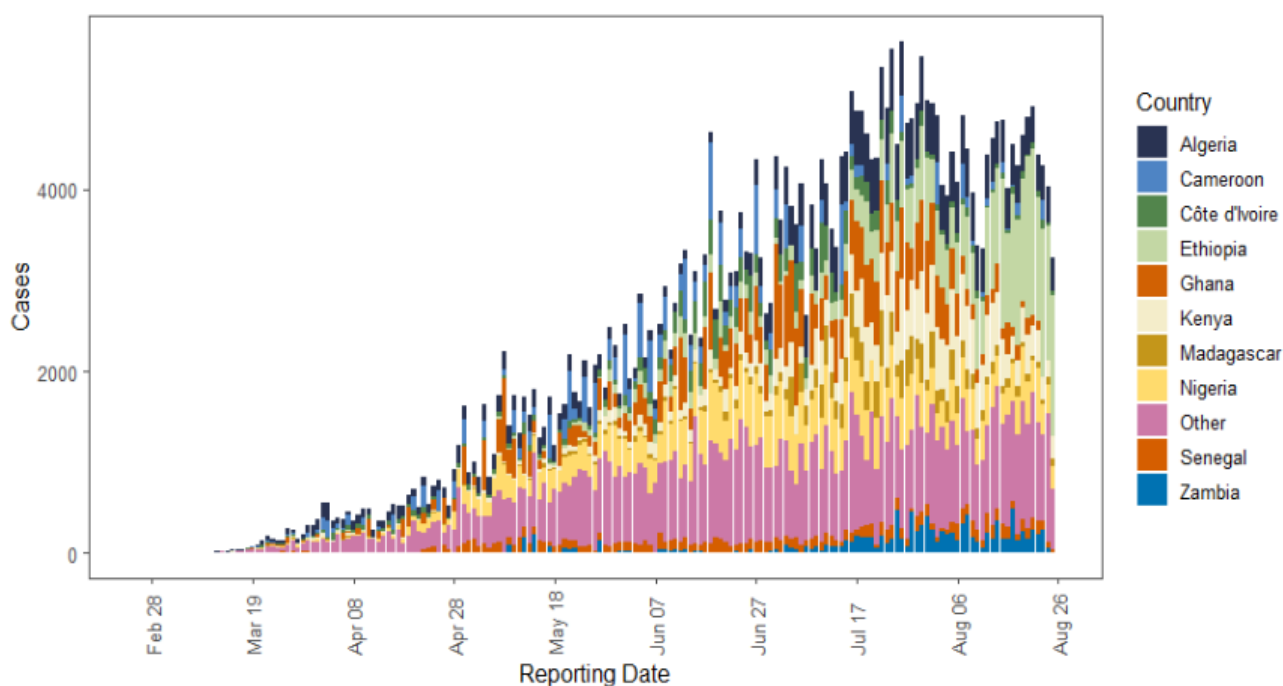


Figure 4. The distribution of confirmed COVID-19 cases and deaths for South Africa by date of notification, 5 March – 25 August 2020 (n=613 017)

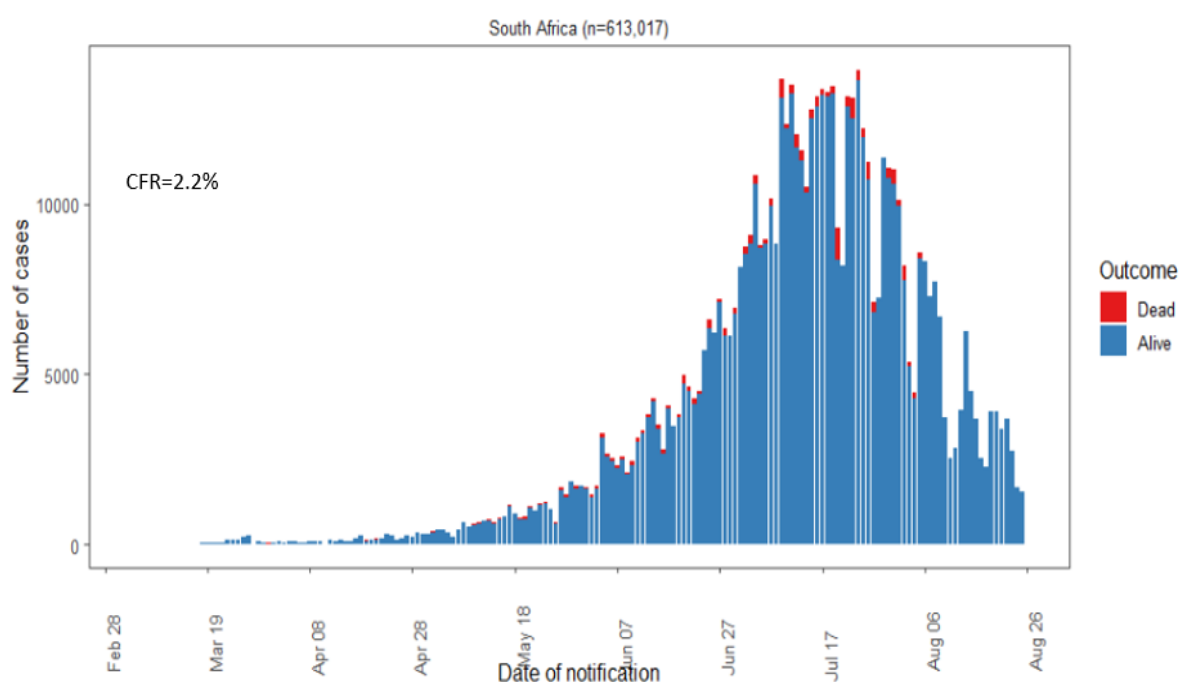


Figure 5. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Ethiopia, Algeria, Kenya, and Cameroon, 25 February – 25 August 2020 ($n=234\,209$)

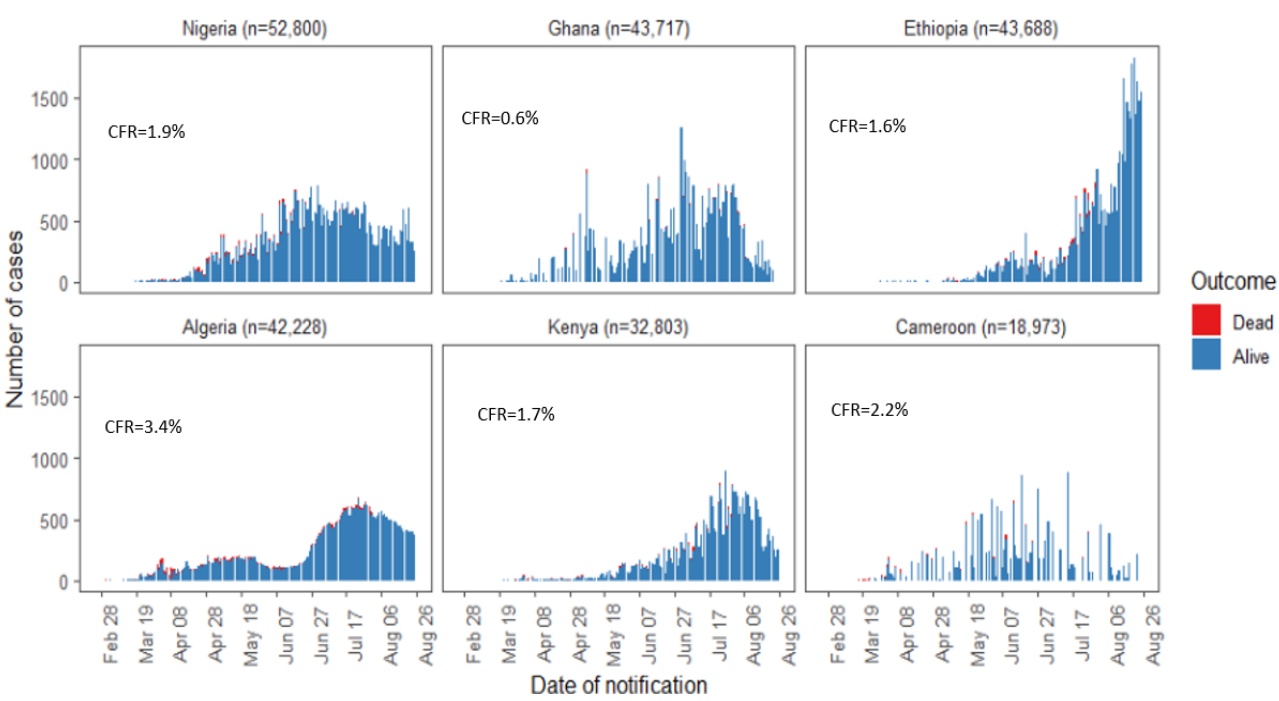
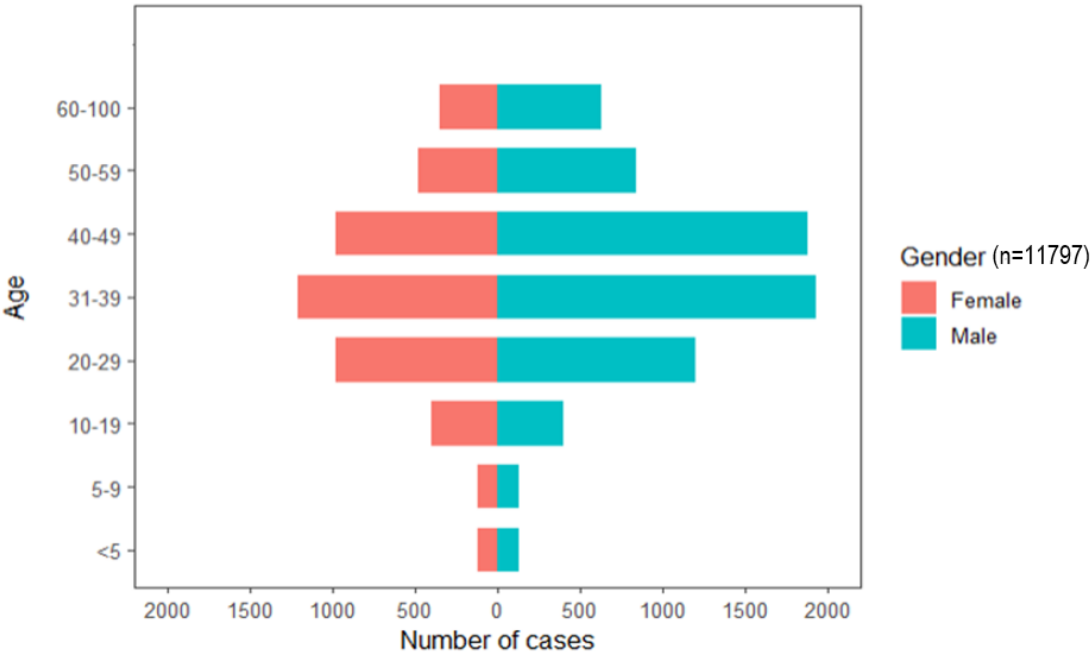


Figure 6. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 25 August 2020 ($n=11\,797$)



2. Global update

As of 25 August 2020, at 10:38 CET, a total of 23 697 273 confirmed cases, including 814 438 deaths (CFR 3.4%), 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 (5 682 811), Brazil (3 622 861), India (3 234 474), the Russian Federation (966 189), South Africa (613 017), Peru (600 438), Mexico (563 705), Colombia (551 696), Chile (400 985) and Spain (386 054).

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 African Regional Office 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 budgeting and accelerating the implementation of allocated funding.
- There has been participation of civil society in coordination bodies in Niger; a COVID-19 preparedness and response plan (national and regional) has been developed with the involvement of all pillars; crisis management committees have been activated and strong commitment from central level has provided support at regional level.
- The use of new information and communication technologies has contributed significantly to improving the management of the pandemic in Niger.

Surveillance

- Eswatini, has challenges in surveillance and contact tracing, while Equatorial Guinea and Burkina Faso need data analysis and management strengthened, as well as better surveillance and prevention measures at point of entry. Mauritius also reports inadequate data analysis capacity.
- Field surveillance officials in Comoros are not implementing surveillance and communication tools adequately.
- There is weak control of travelers crossing land borders in Mali, along with an absence of quarantine measures.
- Niger has trained 321 public health workers, NGOs and entry point agents in surveillance, along with training 482 community relays in community-based surveillance; and community relays have been involved in monitoring and referral of alerts; the implementation of airport reopening guidelines has been monitored; cross-border information sharing is in progress, with joint management of positive cases and cross-border surveillance with Togo and Burkina Faso; local startups have been leveraged for electronic alert management and contact tracking and screening structures have been set up for voluntary and referred suspected cases.

Laboratory

- The AFRO COVID-19 laboratory group contributed to developing the Zambia WCO funding request with a specific focus on addressing lab needs and gaps; lab information team to start working on the process for better use of the monitoring and evaluation tool in collaboration with epidemiology; experts deployed to support lab testing capacities in Cabo Verde and Equatorial Guinea.
- Angola has three operational COVID-19 testing labs, which perform 300-400 tests per day; the National Laboratory scored 100% on the EQAP-satisfactory performance scoring system; RT-PCR and rapid diagnostic testing is available.
- All but two batches of the test and sample collection kits requested by Angola have been delivered, with support from WHO and the Global Fund.
- A decentralization lab plan is underway in Angola, with a variety of platforms in use, five of which are part of military and private lab services.
- In Malawi, laboratories only use PCR, with test machines available in 11 areas of the country. Malawi has a decentralized testing lab network with 62 platforms, with the potential to test more than 3 000 samples a day.

in two shifts per 24 hours; this is a robust network with same day sample delivery, with reasonable potential at full operation.

- The National Reference Laboratory in Zimbabwe supports 11 sites using the Abbott m2000 platforms; three sites providing COVID-19 testing using semi-automated systems and 37 sites providing COVID-19 testing using GeneXpert platforms.
- Most testing sites in Zimbabwe are concentrated in the urban areas and are available in only six of the 28 districts in the country; sample collection points are available at all major district hospitals, with samples delivered to the nearest testing centres by rapid response teams.
- Cabo Verde, Eswatini, Equatorial Guinea, Democratic Republic of Congo and Congo have a shortage of laboratory reagents and test kits. Kenya has limited laboratory testing due to inadequate laboratory reagents in some testing centres.
- Laboratory capacity is overstretched in Ethiopia. There is a lack of testing capacity in Mauritania, particularly PCR testing. Mali has limited lab testing capacity at regional level.
- Niger has defined its lab screening strategy and produced standard operating procedures; there has been capacity building in consumables, reagents for PCR testing and GeneXpert cartridges; 125 sampling agents and 48 lab technicians have been trained in the use of GeneXpert, as well as 100 biosafety lab technicians; testing capacity has been pre-positioned at major entry points; PCR capacity has been decentralized in three regions for three months and GeneXpert machines are used to operate 25 peripheral diagnostic laboratory; the Defence and Security Forces and animal health have been involved in case confirmation.
- Uganda has seven operational COVID-19 testing labs, with an average turnaround time of 48-72 hours; a surge in samples experienced in the last month; 85% of samples reach testing centres within 24 hours; Uganda Viral Research Laboratory scored 100% in the EQAP; sample collection at all major hospitals; all testing by RT-PCR.
- Both public and private labs can test in Mozambique; seven out of 11 provinces have functional COVID-19 testing labs, with two labs using GeneXpert testing; all testing by RT-PCR.

Infection Prevention and Control (IPC)

- Ethiopia reports inadequate adherence to IPC measures in some regions.
- Tanzania is suffering a shortage of Personal Protective Equipment (PPE) in many regions, as well as a general shortage of IPC equipment and supplies.
- Inadequate IPC supervision in Guinea Bissau has led to poor waste management and inadequate IPC activities generally. There is a stockout of PPE in the field in Togo.
- Mali reports insufficient human resources for IPC, with inadequate resources for needs assessment and lack of PPE for healthcare workers.
- There is a stock out of PPE in Mauritania, including in the eight facilities that received donations from the European Union.
- Niger held a workshop on IPC standards and the strategy for nomadic people and conducted routine IPC supervision; 910 health workers and 250 hygiene technicians were trained in IPC; PPE and handwashing facilities have been provided in health facilities, schools and places of worship; health facilities, markets, meeting rooms, homes of confirmed cases, and quarantine hotels have been disinfected and their waste managed; there is regular monitoring of application of preventive measures in shops, schools, places of worship and transport; and 84 health facilities in Niamey have been evaluated; masks have been distributed free in all public and private schools and masks are produced locally using government-subsidized fabrics.

Case management

- Case management capacity at COVID-19 treatment centres needs to be strengthened in Congo.
- Oxygen supplies in Guinea Bissau are critically low, as well as essential medicines for COVID-19.

- Niger has developed national guidelines and protocols for medical and psychosocial care, with the support of WHO; 116 people were involved in training of trainers in addition to the virtual training sessions organized by WHO, as well as briefing sessions held in the field; management sites have been implemented in each region, and equipped with oxygen concentrators and ventilators, and include general and intensive care beds. In addition, moderate cases are managed through home-based care by health districts and secondary sites have been established for such cases where they cannot isolate at home.

Risk Communication and Community Engagement (RCCE)

- Risk communication and community engagement needs to be strengthened in Eswatini and Uganda.
- Ghana is reporting non-compliance with COVID-19 prevention interventions and problems with stigma; similar problems are reported in Kenya, Comoros and Madagascar, where people are not respecting physical distancing and using masks.
- Risk communication teams in Togo report denial of COVID-19, probably because of lack of reporting of test results.
- Perception by population of Mali that COVID-19 is over, resulting in relaxation of observance of public health measures.
- Mauritania requires coordination of RCCE measures as well as finance for this, along with limited adherence to public health measures among the population.
- Niger has developed a risk communication plan with a physical implementation rate of 60% in the last four months; COVID-19 messages have been broadcast on public, private and community radio stations, and have been distributed via leaflets and posters; mobile telephone kiosk operators have been involved in disseminating prevention messages; the National Technical Coordination Committee of COVID-19 has been networking with technical commissions in the regions and awareness has been raised among traditional and religious leaders and young people around community involvement.
- In Niger, community participation has involved opinion leaders in behaviour change and communication, with participation of civil society in raising awareness for the implementation of barrier methods.

Logistics

- In Niger, all Ministry of Health logistic applications have been mobilized, with the support of partners; five isolation site have been requisitioned and a quarantine and treatment centre established in Niamey; supplies have been dispatched from central level to the regions.
- Namibia has repurposed WCO and MOH staff; established a stock management tool to track consumption of supplies at all levels and has developed a comprehensive procurement plan.
- A tool to monitor in-country supplies of IPC materials and demand information from UN and Africa CDC supply platforms was agreed on by Regional partners and will be presented to the African Union (AU) and pilot countries during August 2020; the tool will be piloted in Ethiopia and South Sudan, with consideration of a third country from West Africa.
- A COVID-19 supplies forecasting/quantification webinar training was held to build capacity for forecasting and analysis of COVID-19 supplies, which countries are expected to cascade to national and subnational level.
- The Burundi calibration machine was delivered and confirmed as functional.
- The risk of PPE stockout in Uganda was mitigated by logistics prioritizing Ugandan requests for PPE, and the country has confirmed receipt of these supplies.
- PPE, oxygen concentrators and laboratory supplies were donated by WHO and handed over in Kenya.
- Oxygen concentrators have been, or are to be, delivered to Ethiopia, Nigeria, South Sudan, Tanzania, Ghana, Zimbabwe, Lesotho, Sierra Leone and Guinea Bissau.

Emergency Medical Team (EMT)

- The process of providing EMT support from the Netherlands to Madagascar and Ethiopia is underway.

- EMT deployment in Chad is being followed.
- There is an ongoing discussion with UK-Med EMT and DFID to support the COVID-19 response in South Sudan.
- There are continued exchanges with Veolia Environment Foundation and Islamic Development Bank to support the COVID-19 response in affected countries.

Human Resources

- The surge team deployed to South Africa already has 16 experts on the ground, with another 17 expected to arrive on 19-20 August 2020; this includes 12 epidemiologists, 5 coordination experts, 3 surveillance/data management experts, 6 IPC experts, 5 case management experts, 3 RCCE experts, 1 POE expert, 1 logistician, 2 continuity of essential services experts, 2 procurement officers, 1 HR officer, 1 occupational health and safety officer and 1 project management and monitoring and evaluation expert.
- Since the outbreak started in the region, a total of 300 experts have mobilized in total with 226 deployed to support 44 countries, including 74 experts support the WHO Regional Office in Congo on the ground and remotely.
- A total of 148 experts are currently on ground supporting the COVID-19 response in 36 countries, with 19 areas of expertise covered. Sixty-nine (69) experts have been identified (73%) and their deployment is in process.
- There are 48 experts currently supporting the WHO Regional Office for Africa, with 18 areas of expertise covered (32 (67%) are working remotely since distancing measures are still in force in Brazzaville).

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 number of COVID-19 cases and deaths in the WHO African Region has continued to show a downward trend, with 7% and 25% decrease, respectively, during this reporting period. This observed decline should be interpreted with caution as many factors could explain this, including but not limited to changes in testing capacity and strategy, and reporting delays. The decreasing trends are primarily being observed in Ghana, Kenya, Gabon, Madagascar and South Africa. On the other hand, Uganda and Rwanda reported an increase of 184% and 137%, respectively.

Many countries continue to relax restrictions on movement and mass gatherings and more are opening up their airspaces to international travelers with easing of quarantine measures for returning residents and visitors.

WHO continues to 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. Combination of strong leadership, universal health coverage, well-supported health workers and clear public health communications is key in tackling this outbreak.

Annex 1. Global and Regional time line for COVID-19 as of 23 August 2020

