

COVID-19

Situation update for the WHO African Region

02 September 2020

External Situation Report 27



World Health
Organization

REGIONAL OFFICE FOR
Africa

COVID-19

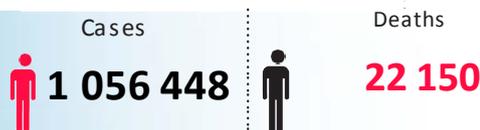
WHO AFRICAN REGION

External Situation Report 27

Date of issue: 2 September 2020

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1. Situation update



The number of coronavirus disease 2019 (COVID-19) cases in the WHO African Region continues to decrease in the past six weeks. Since our last [External Situation Report 26](#) issued on 26 August 2020, a total of 41 614 new confirmed COVID-19 cases and 1 363 new deaths were reported from 46 countries between 26 August and 1 September 2020. This is a 21% decrease in cases as compared to 52 544 cases registered during the previous reporting period (19 - 25 August 2020). At the same time, a 13% (1 363) decrease in the total number of deaths was recorded compared to the previous week when 1 562 deaths were registered. Overall, South Africa continues to bear the highest burden of COVID-19 in Africa, accounting for nearly half of all new cases, 37% (15 242), reported in this reporting period, although with a sustained marked decline in new cases for the past six weeks.

The countries that recorded a decrease in new cases include; Lesotho (65%), Equatorial Guinea (62%), Zimbabwe (56%), Nigeria (50%), Niger (50%), Burkina Faso (45%), Togo (41%), Gambia (40%), Rwanda (37%), Botswana (36%), Sierra Leone (36%), Malawi (34%), Mauritania (33%), Ghana (33%), Kenya (30%), South Africa (27%), Uganda (26%), Senegal (20%) and Algeria (20%). Ethiopia, which has been reporting the highest numbers in the previous weeks, recorded a decline of 12%. 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 include; Congo (403%), Burundi (125%), Central African Republic (67%), Mali (64%), Angola (41%), Cameroon (40%), South Sudan (38%), Côte d'Ivoire (31%), Cabo Verde (28%) and Democratic Republic of the Congo (25%), Liberia (15%), Zambia (6%), Madagascar (3%) and Mozambique (3%).

Mauritius reported a new COVID-19 case after 15 days of zero cases. The imported case is a 51-year-old female who arrived on Mauritius from the neighbouring island on 24 August 2020. Her PCR test prior to boarding was negative. She tested positive for COVID-19 on the 7th day of quarantine in Mauritius. The United Republic of Tanzania did not officially submit any report indicating any confirmed case.

A total of 104 new health worker infections were recorded from seven countries: Senegal (78), Namibia (87), Mozambique (12), Liberia (3) and South Sudan (2).

During this period, 1 363 new COVID-19 related deaths occurred in 31 countries, with 955 (70%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 119 (8.7%) deaths and Algeria with 62 (4.6%) deaths. South Africa, Ethiopia and Algeria registered a 9%, 13% and 20% decline in deaths respectively during this reporting period.

Other countries that reported new deaths during the reporting period include; Zimbabwe (37), Congo (24), Namibia (24), Kenya (17), Madagascar (17), Nigeria (16), Senegal (10), Zambia (10), Democratic Republic of the Congo (8), Eswatini (8), Angola (7), Uganda (7), Gambia (6), Ghana (6), Cameroon (5), Malawi (5), Botswana (3), Cabo Verde (3), Côte d'Ivoire (3), Guinea (2), Mozambique (2), Sierra Leone (2), Central African Republic (1), Lesotho (1), Mali (1), Mauritania (1) and Rwanda (1).

As of 1 September 2020, a cumulative total of 1 056 448 COVID-19 cases was reported in the region, including 1 056 447 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 60% (628 259), of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Nigeria (54 247), Ethiopia (53 304), Algeria (44 833), Ghana (44 205),

Kenya (34 315), Cameroon (19 460), Côte d'Ivoire (18 103), Madagascar (14 957) and Senegal (13 655). These 10 countries collectively account for 88% (925 338) of all reported cases.

Of the 1 056 448 COVID-19 cases reported, 860 927 (82%) have recovered from across all the 47 countries in the region. Seven countries are still reporting fewer than 1 000 cases: 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 22 150, reported in 45 countries, giving an overall case fatality ratio (CFR) of 2.1%. 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% (14 263), Algeria 7.0% (1 518), Nigeria 4.6% (1 023), Ethiopia 3.7% (828), Kenya 2.6% (577), Cameroon 2.0% (415), Zambia 1.3% (290), Senegal 1.3% (284), Ghana 1.3% (276), Democratic Republic of the Congo 1.2% (259), and Zimbabwe 0.9% (203). The top five countries: South Africa, Nigeria, Algeria, Cameroon and Kenya account for 82% (18 209) of the total deaths reported in the region. Chad (7.6%), Liberia (6.3%), Niger (6.0%), Mali (4.5%), Angola (4.0%), Burkina Faso (4.0%) and Sierra Leone (3.5%) have the highest country specific case fatality ratios.

The current figures in the region represent 4.1% 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 sixth 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 39 614 (4.2%) infections reported in 42 countries since the beginning of the outbreak. South Africa remains the most affected, with 25 841 (65%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (2 025), Ethiopia (814), Cameroon (803), Kenya (746), Equatorial Guinea (429), Senegal (349), Namibia (316), Mozambique (283), Malawi (280), Guinea-Bissau (268), Democratic Republic of the Congo (256), Guinea (244), and Zimbabwe (238). The other 27 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (208/1 305), Niger 16% (184/1 176), Guinea Bissau 13% (268/2 149), Equatorial Guinea 8.6% (429/4 965) and Sierra Leone 8.6% (175/2 028), have the highest country specific proportion of health worker infections among confirmed cases.

Data on age and gender distribution is only available for 1.1% (11 817), males (61%) 7 195 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 622 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 1 September 2020, seven African countries in the WHO EMRO Region reported a total of 203 369 confirmed COVID-19 cases: Egypt (99 115), Morocco (63 781), Libya (14 624), Sudan (13 189), Djibouti (5 387), Tunisia (3 963) and Somalia (3 310). Additionally, a total of 7 927 deaths has been recorded from Egypt (5 440), Morocco (1 184), Sudan (823), Libya (242), Somalia (98), Tunisia (80) and Djibouti (60).

A cumulative total of 1 259 817 confirmed COVID-19 cases 30 077 deaths (case fatality ratio 2.4%) with 1 001 555 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 – 1 September 2020 (n =1 056 448)

Country	Total Cases	Total Deaths	Probable Cases	Recovered Cases	Case fatality ratio (%)	Health Worker infections
South Africa	628 259	14 263	0	549 993	2.3	25 841
Nigeria	54 247	1 023	0	42 010	1.9	2 025
Ethiopia	53 304	828	0	19 487	1.6	814
Algeria	44 833	1 518	0	31 493	3.4	2 300
Ghana	44 205	276	0	42 777	0.6	2 065
Kenya	34 315	577	0	20 211	1.7	746
Cameroon	19 460	415	0	17 918	2.1	803
Côte d'Ivoire	18 103	117	0	16 814	0.6	187
Madagascar	14 957	195	0	13 915	1.3	70
Senegal	13 655	284	0	9 484	2.1	349
Zambia	12 381	290	0	11 479	2.3	123
Democratic Republic of the Congo	10 104	259	1	9 322	2.6	256
Guinea	9 479	59	0	8 527	0.6	244
Gabon	8 533	53	0	7 264	0.6	57
Namibia	7 692	81	0	3 379	1.1	316
Mauritania	7 075	159	0	6 517	2.2	4
Zimbabwe	6 559	203	0	5 241	3.1	238
Malawi	5 576	175	0	3 420	3.1	280
Equatorial Guinea	4 965	83	0	4 390	1.7	429
Central African Republic	4 711	62	0	1 790	1.3	1
Congo	4 628	102	0	3 748	2.2	166
Eswatini	4 618	94	0	3 562	2.0	235
Rwanda	4 142	16	0	2 044	0.4	0
Mozambique	4 039	23	0	2 283	0.6	283
Cabo Verde	3 970	40	0	3 423	1.0	40
Uganda	3 037	32	0	1 466	1.1	71
Gambia	3 029	96	0	1 146	3.2	142
Mali	2 777	126	0	2 178	4.5	0
Angola	2 729	109	0	1 084	4.0	40
South Sudan	2 532	47	0	1 296	1.9	126
Benin	2 194	40	0	1 793	1.8	139
Guinea-Bissau	2 149	33	0	1 104	1.5	268
Sierra Leone	2 028	71	0	1 594	3.5	175
Botswana	1 724	6	0	493	0.3	3
Togo	1 400	27	0	1 005	1.9	68
Burkina Faso	1 370	55	0	1 075	4.0	117
Liberia	1 305	82	0	1 158	6.3	208
Niger	1 176	69	0	1 088	5.9	184
Lesotho	1 085	31	0	528	2.9	20
Chad	1 017	77	0	884	7.6	75
Sao Tome and Principe	896	15	0	853	1.7	40
United Republic of Tanzania	509	21	0	180	4.1	1
Burundi	448	1	0	366	0.2	35
Comoros	423	7	0	399	1.7	0
Mauritius	356	10	0	335	2.8	30
Eritrea	319	0	0	284	0.0	0
Seychelles	135	0	0	127	0.0	0
Total (N=47)	1 056 448	22 150	1	860 927	2.1	39 614

* 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 – 1 September 2020 (n=1 056 448)

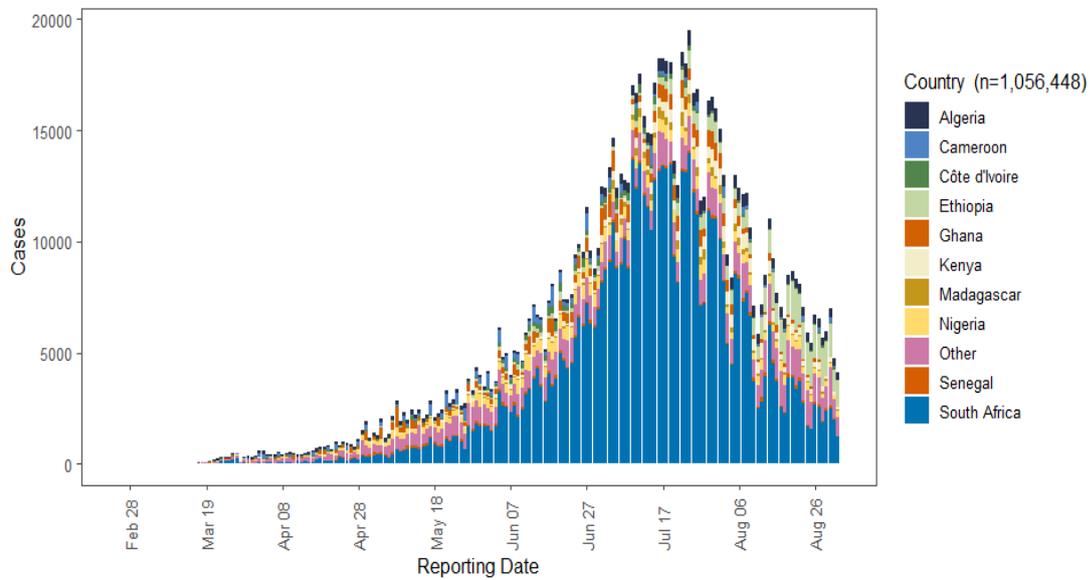


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 1 September 2020 (n=1 056 448)

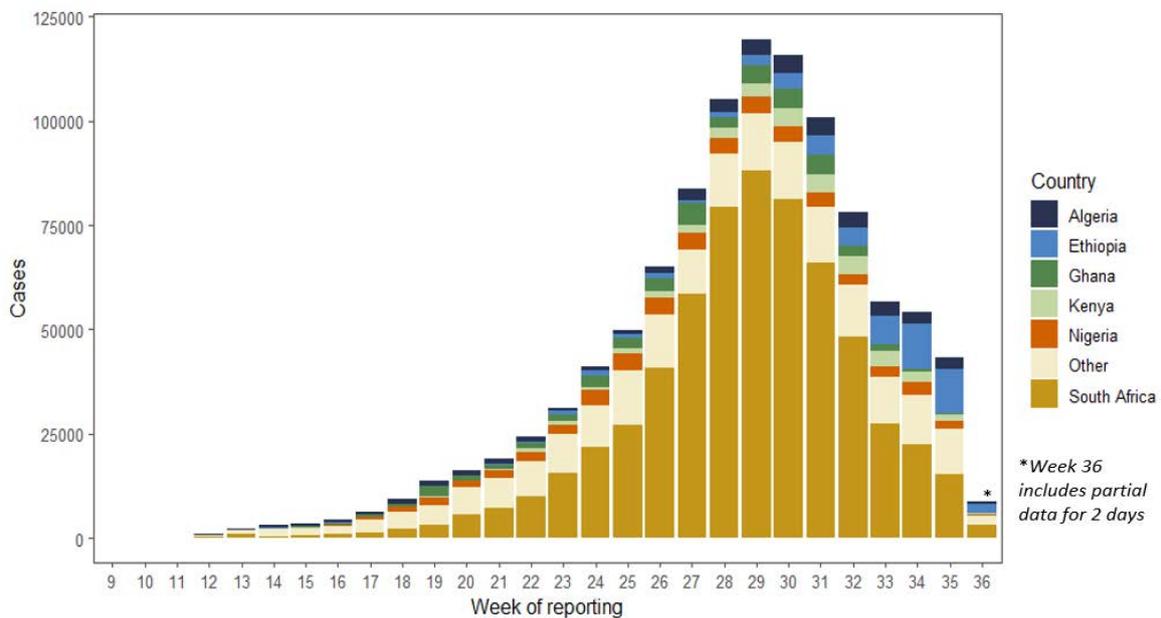


Figure 3. The distribution of confirmed COVID-19 cases in the WHO African Region (with South Africa excluded) by reporting date, 25 February – 1 September (n=428 189)

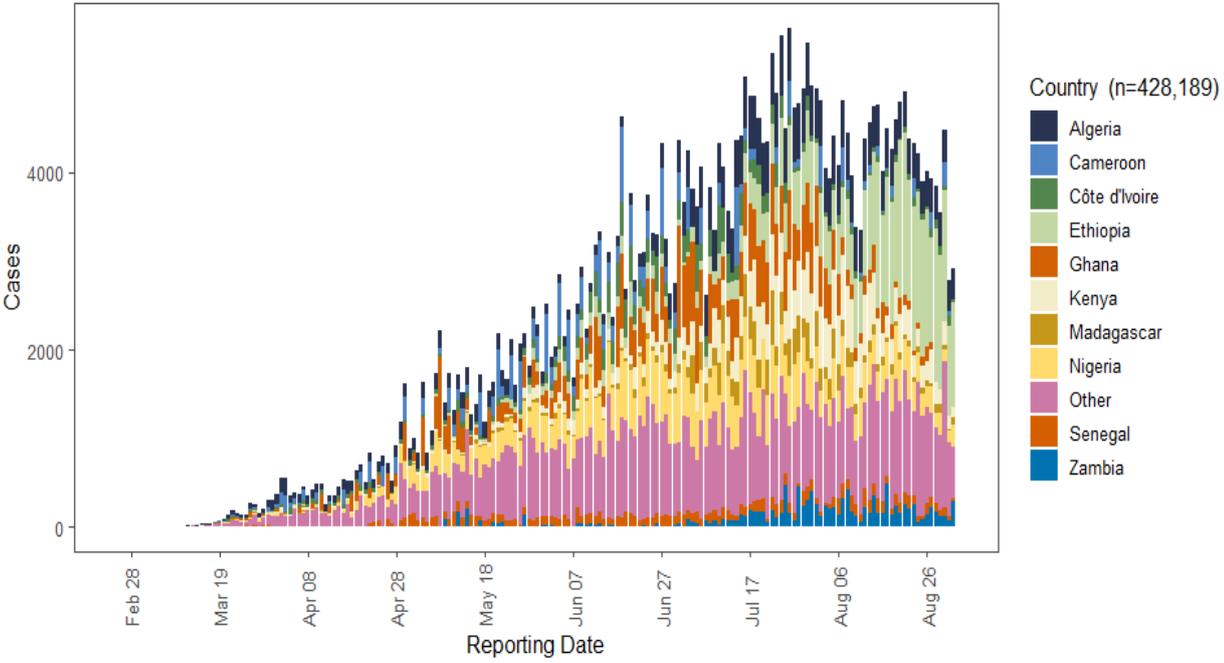


Figure 4. The distribution of confirmed COVID-19 cases and deaths for South Africa by date of notification, 5 March – 1 September 2020 (n=628 259)

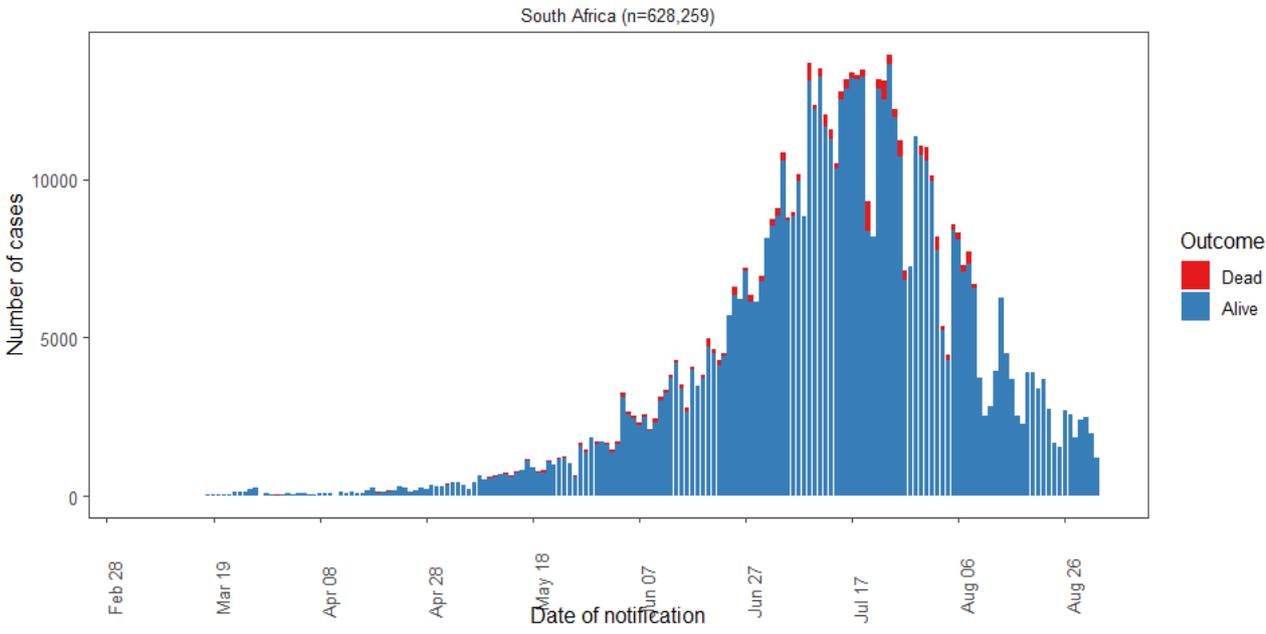


Figure 5. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ethiopia, Algeria, Ghana, Kenya, and Cameroon, 25 February – 1 September 2020 (n=250 364)

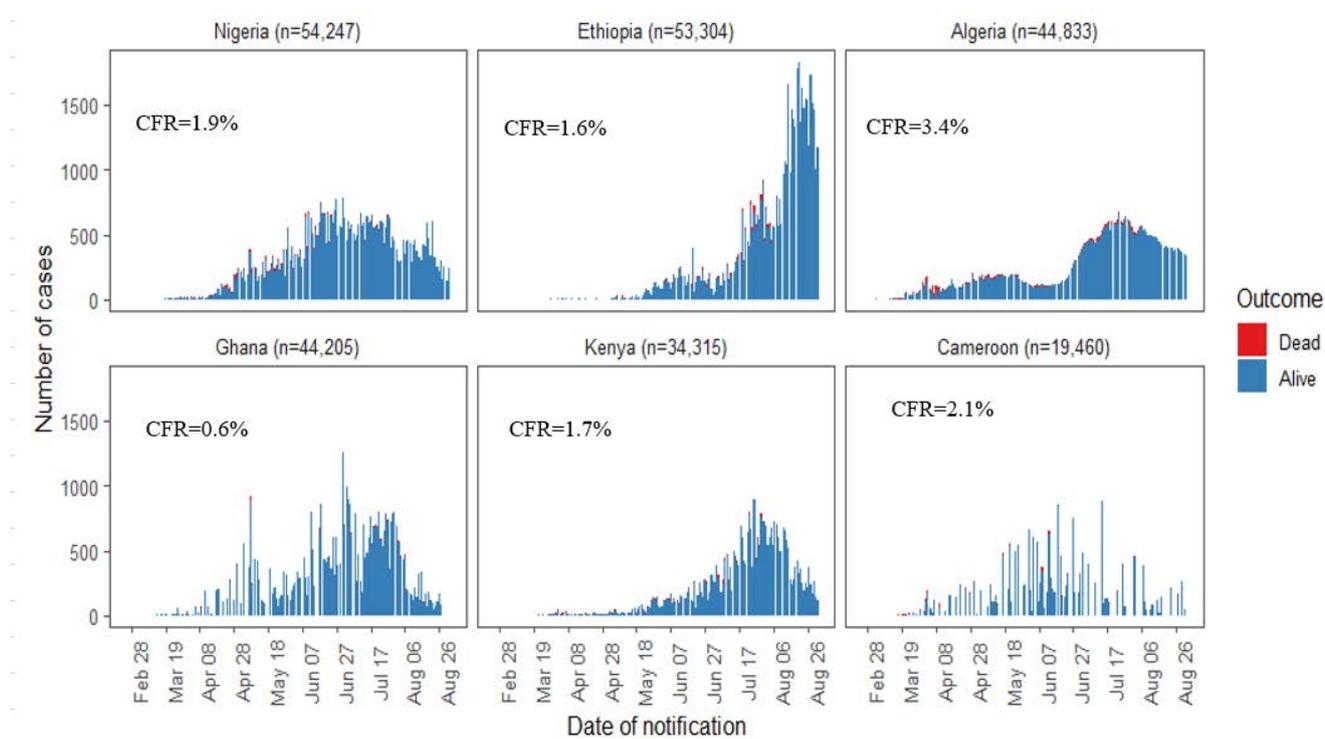
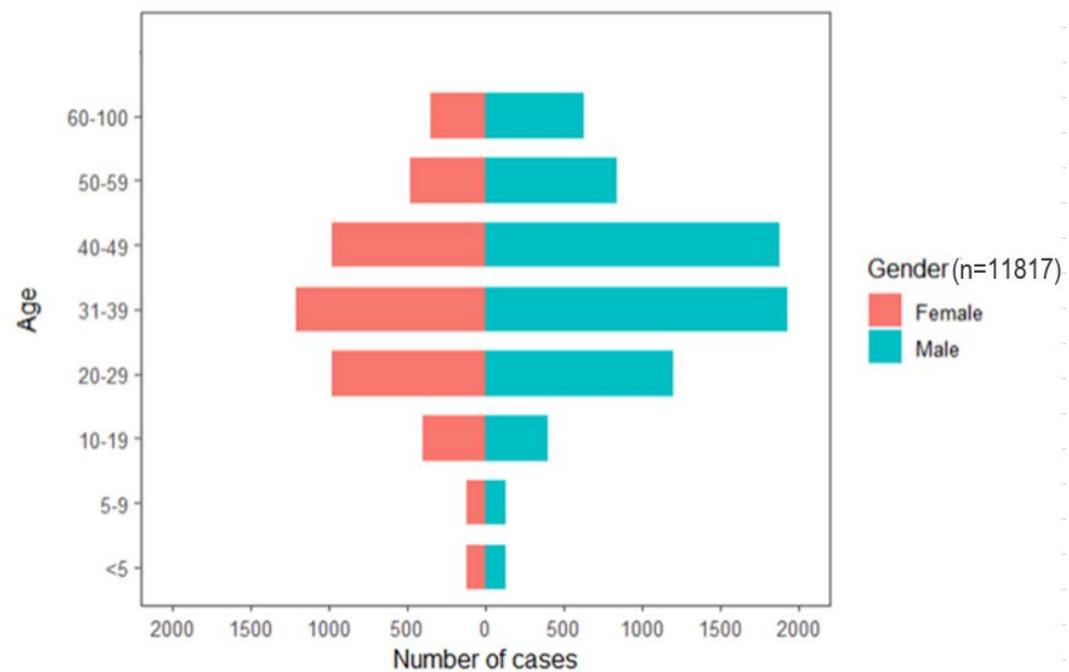


Figure 6. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 1 September 2020 (n=11 817)



2. Global update

As of 1 September 2020, at 10:38 CET, a total of 25 541 380 confirmed cases, including 852 000 deaths (CFR 3.3%), 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 (5 968 380), Brazil (3 908 272), India (3 769 523), the Russian Federation (1 000 048), Peru (652 037), South Africa (628 259), Colombia (615 168), Mexico (599 560), Spain (439 286) and Argentina (417 735).

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”.

3. 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.
- A meeting at the Dakar Hub reported that 175 sitreps had been produced by 26 countries, in which eight out of the nine pillars of response had been analysed, leading to identification of 103 challenges with 121 recommendations made. The pillars addressed most are Coordination, Case Management and Risk Communication. Surveillance, Laboratory and Case Management are priorities in all sitreps analysed, with Logistics the least reported.
- There is advocacy and orientation on service continuity in Cameroon and Sierra Leone. In Burkina Faso support is being provided to develop the transition plan to incorporate COVID-19 response into the routine package of health services.
- Guidance and support for service continuity is ongoing in South Africa, Democratic Republic of the Congo, Senegal, Gabon, Nigeria and Algeria.
- In Chad, there is follow-up advocacy by the WHO focal point to maintain essential health services, establish triage units and strengthen the medical component in quarantine sites.

Surveillance

- The team conducted a tele-training of over 520 nurses in West Africa on key aspects of COVID-19 surveillance and case detection. The training will continue for the next three weeks.
- ESA Hub support has been provided to the WCO, Kenya around possible challenges that may account for an apparent decline in cases such as reduced laboratory testing, inadequate contact tracing and data issues.
- Point of Entry guidance is being shared in Seychelles and Burkina Faso. In Mali public health measures are being reinforced at all points of entry, while Togo is getting support to develop a point of entry action plan and Cameroon is being supported in strengthening surveillance at entry points.
- Surveillance capacity is being supported in Uganda, with data management and analysis being supported in Burkina Faso.
- Contact tracing and alert management is being strengthened in the hotspots of North Kivu and Congo Central and contact tracing is being strengthened in sub-counties in Kenya.
- The WHO country office is being trained in data analysis in Mauritius.
- Identification of cases and follow-up of contacts on oil company barges in Pointe Noire and Kouilou, Congo is ongoing.
- Ethiopia is strengthening surveillance activities in the transport corridor project targeting long-distance truck drivers and surrounding health facilities, as well as adaptation and dissemination of guidelines, protocols and standard operating procedures for early case detection, contact tracing, case investigation and case reporting; point of entry screening is ongoing.

Laboratory

- Community-based Approach and Testing (ComBAT) strategy was launched in Ethiopia on 1 August 2020 and is ongoing. Ethiopia requires more tests and test reagents in order to intensify implementation of the new strategy for COVID-19 response because of the increase in cases in the country.
- IOM is supporting laboratory testing at Mombasa, Kenya, which is a point of origin for truck drivers.
- ESA issued guidance to Mauritius on the development of a checklist and assessment tool for laboratory testing in preparation for decentralization of lab testing.
- Laboratory needs and gap in Malawi were addressed, focusing on follow-up tests for those admitted for care in treatment centres and guidance on supplies received and alternatives to address the mismatch of lab supplies for testing.
- Uganda is using the e-Laboratory Management Information System and shortening test results reporting to peripheral districts and implementing an e-tracking sample system.
- Support is being provided for replenishment of laboratory supplies in Ghana, Malawi and Guinea Bissau; Zambia, Mauritania and Niger are obtaining guidance on laboratory testing strategy; there is reorganization of laboratory activities using manual PCR and Abbot machines in Democratic Republic of the Congo; training to improve lab services is being provided in Equatorial Guinea and advice to source the local recruitment of a lab expert in Equatorial Guinea and Zanzibar.
- Mozambique, Madagascar and Togo were provided with advice on the use of manual PCR in place of GeneXpert because of a global shortage of the latter; diagnostic quality assurance was strengthened in Kenya and the issue of overstretched laboratory capacity in Ethiopia was reviewed.

Infection Prevention and Control (IPC)

- The ESA Hub has completed a draft of an advocacy paper calling for urgent and sustained support and protection of healthcare workers.
- Ethiopia have 4 669 healthcare workers out of 273 595 trained in IPC with support from Africa CDC, ICAP and WHO.
- Discussions are underway with South Sudan on the formation of a National IPC committee.
- Supplies of personal protective equipment were replenished in Chad, Mali, Congo and Togo.

Case management

- A number of countries are highlighting challenges around late presentation of cases, the implementation of home-based care and poor coordination and flow of data to and from the sub-national levels.
- Case management partner mapping is ongoing in the WHO African region.
- The ESA Hub assisted countries in completion of first drafts of 10 publications on best practices, which will be submitted to the AFRO research team for review.

- A case management-led cross pillar deep dive with Zimbabwe and Malawi was conducted in the past week.
- Support is being provided for home-based care in Congo and Ghana; case management is being strengthened in Angola; Guinea Bissau has received advice on the use of community facilities and home-based and community care for isolation and case management, as well as support around oxygen supplies; case management training and cascade training is ongoing in Zambia.

Risk Communication and Community Engagement (RCCE)

- The ESA Hub has shared guidelines on the operation of hotels and other accommodation establishments, the reopening of schools and the use of masks in children.
- Countries are analysing available Knowledge, Attitudes and Practices secondary data to inform planning around lifting of restrictions and there is ongoing participation in GIS observations by WHO AFRO to evaluate behaviors.
- RCCE experts have been deployed to support Guinea Bissau and Benin.
- There is support to scale up RCCE actions in South Africa, Liberia, Madagascar and Comoros and in Kenya RCCE is being intensified with a focus on hotspots.

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.

Emergency Medical Team (EMT)

- Since UK MED arrived in April 2020 in Zambia, they have been supporting efforts to manage and prevent the spread of COVID-19. UK MED will continue in this role until 30 September 2020 specifically supporting healthcare staff in stopping the spread of the disease, identifying symptoms and managing cases.
- Discussions around the arrival of an international EMT from the Netherlands to support Ethiopia around 15 September 2020 are finalized.
- There are continued exchanges with WCO Ethiopia around building a national EMT in Ethiopia.
- A meeting is being prepared with HQ and AFRO to discuss the concept note for the implementation of national EMT projects to build capacity in countries.
- There are ongoing discussions with the Veolia Foundation to scale up the management of IPC measures and community-based management in some COVID-19 affected countries in AFRO region, namely Cameroon, Congo and Niger.
- There are renewed exchanges with academic institutions for the finalization of the partnership by signing the Memorandum of Understanding.

Human Resources

- There is HR support for extension of consultant contracts in Democratic Republic of the Congo.
- International experts in IPC, case management, laboratory and points of entry and surveillance is in progress for Ethiopia, Lesotho, Central African Republic, Equatorial Guinea and Seychelles.
- Fast track recruitment of a local epidemiologist is in progress in the United Republic of Tanzania and one IPC expert is on standby for deployment to Ethiopia when transport becomes available.
- HR support to South Africa to address gaps and stock monitoring in PPE in South Africa was delayed, as was providing of an estimate of resources for warehouses at regional level in Mali.

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 21% and 13% decrease, respectively, during this reporting period.

The decreasing trends continue to be observed in South Africa, Ghana, Kenya, Senegal, Algeria and Ethiopia, countries that have been reporting the highest numbers of cases in the previous weeks. 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.

Similarly, the countries (South Africa (9%), Ethiopia (13%) and Algeria (20%)) that have been reporting the highest number of weekly deaths have seen a declining trend.

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. While these are necessary actions, the appropriate public health and social measures must be instituted on the ground. These measures include, but are not limited to, early detection of suspect cases and tracing contacts to confirmed cases, case management, risk communication and keeping up with infection prevention and control guidelines.

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

