

COVID-19

Situation update for the WHO African Region

09 September 2020

External Situation Report 28



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COVID-19

WHO AFRICAN REGION

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1. Situation update



The number of coronavirus disease 2019 (COVID-19) cases in the WHO African Region has continued to decrease in the past seven weeks. Since our last [External Situation Report 27](#) issued on 2 September 2020, a total of 34 564 new confirmed COVID-19 cases and 1 173 new deaths were reported from 45 countries between 2 and 8 September 2020. This is a 17% decrease in incidence cases as compared to 41 614 cases registered during the previous reporting period (26 August - 1 September 2020). Similarly, a 14% (1 173) decrease in the total number of deaths was recorded compared to the previous week when 1 363 deaths were registered. South Africa continues to bear the highest burden of COVID-19 in Africa, accounting for majority of all new cases, 35% (12 182), reported in this reporting period, although with a sustained marked decline in new cases for the past two months, and with the lowest daily case count (845) documented on 7 May since 26 May 2020 when 624 cases were recorded.

Twenty-six countries recorded a decrease in new cases; those with a decrease of more than 20% include; Malawi (65%), Liberia (60%), Congo (60%), Zambia (54%), Rwanda (51%), Equatorial Guinea (49%), Senegal (40%), Gabon (40%), Niger (33%), Angola (32%), Kenya (31%), Gambia (28%), Mauritania (23%), Ethiopia (22%), Cameroon (20%), South Africa (20%) and Namibia (20%). We continue to maintain cautious optimism while interpreting these encouraging declining figures as they may be affected by many factors, including the current testing capacity and strategy, and delays in reporting.

During this reporting period, 11 countries reported the highest percentage increase in case-counts (above 20%); Burkina Faso (191%), Botswana (148%), Zimbabwe (128%), Lesotho (119%), Ghana (65%), Mali (52%), Uganda (41%), Sierra Leone (33%), Chad (27%), Central African Republic (25%) and Côte d'Ivoire (25%).

Seychelles and the United Republic of Tanzania did not officially submit any report indicating any new confirmed case.

A total of 249 new health worker infections were recorded from eight countries: Kenya (105), Uganda (52), Namibia (38), Mozambique (20), Ethiopia (12), Zambia (12), Eswatini (9), and Mauritania (1). South Africa retrospectively reported 1 519 health worker infections.

During this period, 1 173 new COVID-19 related deaths occurred in 31 countries, with 823 (70%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 121 (10%) deaths, Algeria with 53 (5%) and Nigeria with 44 (4%). South Africa registered a 14% decrease in the deaths reported, while Nigeria, Algeria and Ethiopia recorded an increase in deaths of 175%, 15% and 2%, respectively.

Other countries that reported new deaths during the reporting period include; Kenya (22), Angola (15), Zimbabwe (15), Uganda (14), Madagascar (11), Namibia (8), Ghana (7), Senegal (7), Zambia (7), Togo (6), Guinea-Bissau (5), Mozambique (5), Guinea (4), Rwanda (4), Botswana (3), Gambia (3), Cabo Verde (2), Chad (2), Côte d'Ivoire (2), Eswatini (2), South Sudan (2), Burkina Faso (1), Democratic Republic of the Congo (1), Malawi (1), Mali (1), Mauritania (1) and Sierra Leone (1). Cameroon, which is one of the top five affected countries reported no death in this period.

As of 8 September 2020, a cumulative total of 1 091 012 COVID-19 cases was reported in the region, including 1 091 011 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 59% (640 441), of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Ethiopia (60 784), Nigeria (55 456), Algeria (46 938), Ghana (45 012),

Kenya (35 356), Cameroon (19 848), Côte d'Ivoire (18 778), Madagascar (15 435) and Senegal (14 014). These 10 countries collectively account for 87% (952 062) of all reported cases.

Of the 1 091 012 COVID-19 cases reported, 895 469 (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 (898), United Republic of Tanzania (509), Burundi (466), Comoros (456), Mauritius (357), Eritrea (341) and Seychelles (135).

The total number of deaths reported in the region is 23 322, 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 65% (15 086), Algeria 6.7% (1 571), Nigeria 4.6% (1 067), Ethiopia 4.1% (949), Kenya 2.6% (599), Cameroon 1.8% (415), Zambia 1.3% (297), Senegal 1.3% (291), Ghana 1.2% (283), Democratic Republic of the Congo 1.1% (260), and Zimbabwe 0.9% (218). The top five countries: South Africa, Nigeria, Algeria, Ethiopia and Kenya account for 83% (19 272) of the total deaths reported in the region. Chad (7.6%), Liberia (6.3%), Niger (6.0%), Mali (4.4%), Angola (4.1%), Burkina Faso (3.8%) and Sierra Leone (3.5%) have the highest country specific case fatality ratios.

The current figures in the region represent 4.0% 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 seventh 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 41 936 (3.8%) infections reported in 42 countries since the beginning of the outbreak. South Africa remains the most affected, with 27 360 (65%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (2 025), Ethiopia (1 210), Kenya (970), Cameroon (803), Equatorial Guinea (429), Namibia (372), Senegal (349), Mozambique (303), Malawi (280), Guinea-Bissau (268), Democratic Republic of the Congo (256), Eswatini (255) and Guinea (244). The other 27 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (208/1 311), Niger 16% (184/1 178), Guinea Bissau 12% (268/2 245), Equatorial Guinea 8.6% (429/4 985) and Sierra Leone 8.5% (175/2 064), have the highest country specific proportion of health worker infections among confirmed cases.

Complete data on age and gender distribution is only available for 1.1% (11 825), males (61%) 7 202 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 623 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**.

Similar to the previous reporting period, the transmission pattern across the region remains 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 8 September 2020, the seven African countries in the WHO EMRO Region reported a total of 223 136 confirmed COVID-19 cases: Egypt (100 228), Morocco (75 721), Libya (19 583), Sudan (13 437), Djibouti (5 388), Tunisia (5 417) and Somalia (3 362). Additionally, a total of 8 384 deaths has been recorded from Egypt (5 560), Morocco (1 423), Sudan (833), Libya (314), Somalia (97), Tunisia (96) and Djibouti (61).

Cumulatively, a total of 1 314 148 confirmed COVID-19 cases 31 706 deaths (case fatality ratio 2.4%) with 1 051 498 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 – 8 September 2020 (n =1 091 012)

Country	Total Cases	Total Deaths	Probable Cases	Recovered Cases	Case fatality ratio (%)	Health Worker infections
South Africa	640 441	15 086	0	567 729	2.4	27 360
Ethiopia	60 784	949	0	22 677	1.6	1 210
Nigeria	55 456	1 067	0	43 334	1.9	2 025
Algeria	46 938	1 571	0	33 183	3.3	2 300
Ghana	45 012	283	0	43 898	0.6	2 065
Kenya	35 356	599	0	21 483	1.7	970
Cameroon	19 848	415	0	18 657	2.1	803
Côte d'Ivoire	18 778	119	0	17 688	0.6	187
Madagascar	15 435	206	0	14 219	1.3	70
Senegal	14 014	291	0	10 037	2.1	349
Zambia	12 952	297	0	11 787	2.3	139
Democratic Republic of the Congo	10 292	260	1	9 501	2.5	256
Guinea	9 848	63	0	9 009	0.6	244
Namibia	8 928	89	0	3 981	1.0	372
Gabon	8 608	53	0	7 533	0.6	57
Zimbabwe	7 388	218	0	5 477	3.0	238
Mauritania	7 164	160	0	6 681	2.2	5
Malawi	5 630	176	0	3 590	3.1	280
Equatorial Guinea	4 985	83	0	4 454	1.7	429
Eswatini	4 904	96	0	4 059	2.0	255
Congo	4 891	82	0	3 887	1.7	166
Central African Republic	4 736	62	0	1 825	1.3	1
Mozambique	4 647	28	0	2 715	0.6	303
Rwanda	4 439	20	0	2 307	0.5	0
Cabo Verde	4 400	42	0	3 851	1.0	40
Uganda	3 900	46	0	1 817	1.2	141
Gambia	3 275	99	0	1 424	3.0	142
Angola	3 033	124	0	1 215	4.1	40
Mali	2 882	127	0	2 258	4.4	0
South Sudan	2 555	48	0	1 316	1.9	126
Guinea-Bissau	2 245	38	0	1 226	1.7	268
Benin	2 242	40	0	1 938	1.8	139
Botswana	2 126	9	0	493	0.4	3
Sierra Leone	2 064	72	0	1 613	3.5	175
Togo	1 493	33	0	1 114	2.2	68
Burkina Faso	1 463	56	0	1 112	3.8	117
Liberia	1 311	82	0	1 194	6.3	208
Niger	1 178	69	0	1 097	5.9	184
Lesotho	1 164	31	0	568	2.7	20
Chad	1 045	79	0	927	7.6	75
Sao Tome and Principe	898	15	0	859	1.7	40
United Republic of Tanzania	509	21	0	180	4.1	1
Burundi	466	1	0	374	0.2	35
Comoros	456	7	0	415	1.5	0
Mauritius	357	10	0	337	2.8	30
Eritrea	341	0	0	295	0.0	0
Seychelles	135	0	0	135	0.0	0
Total (N=47)	1 091 012	23 322	1	895 469	2.1	41 936

* 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 – 8 September 2020 ($n=1\,091\,012$)

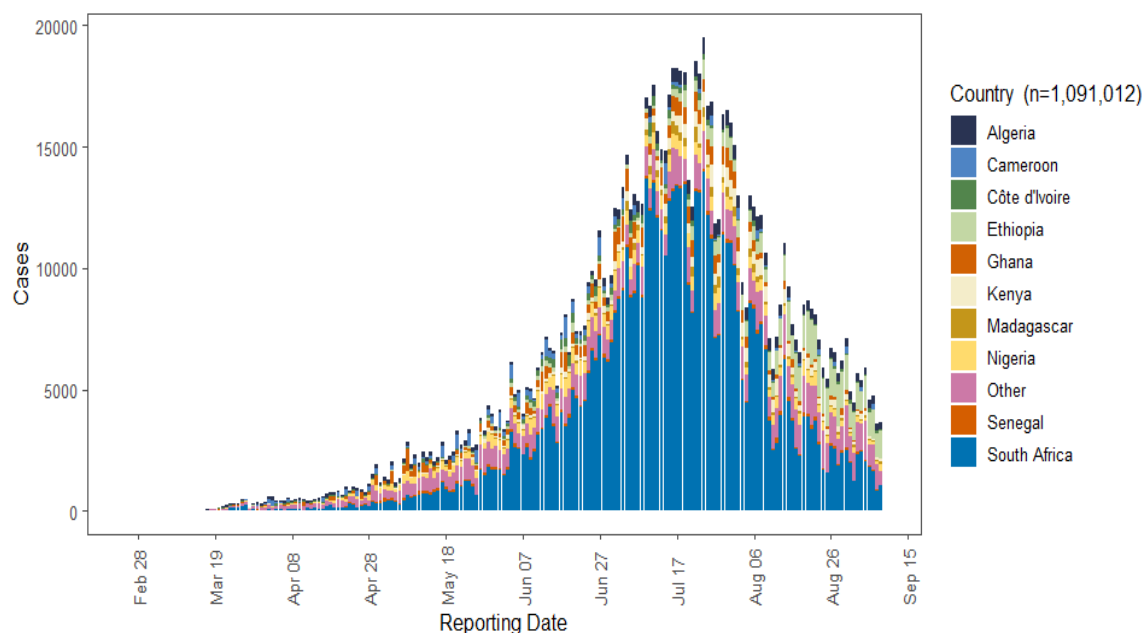


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 8 September 2020 ($n=1\,091\,012$)

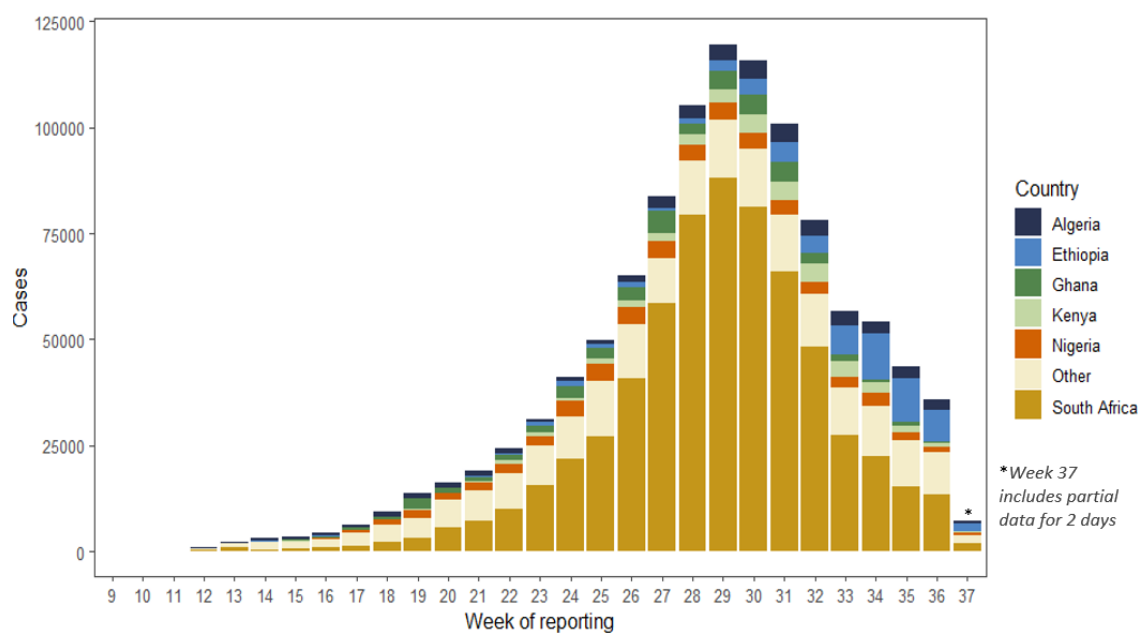


Figure 3. The distribution of confirmed COVID-19 cases in the WHO African Region (with South Africa excluded) by reporting date, 25 February – 8 September (n=450 571)

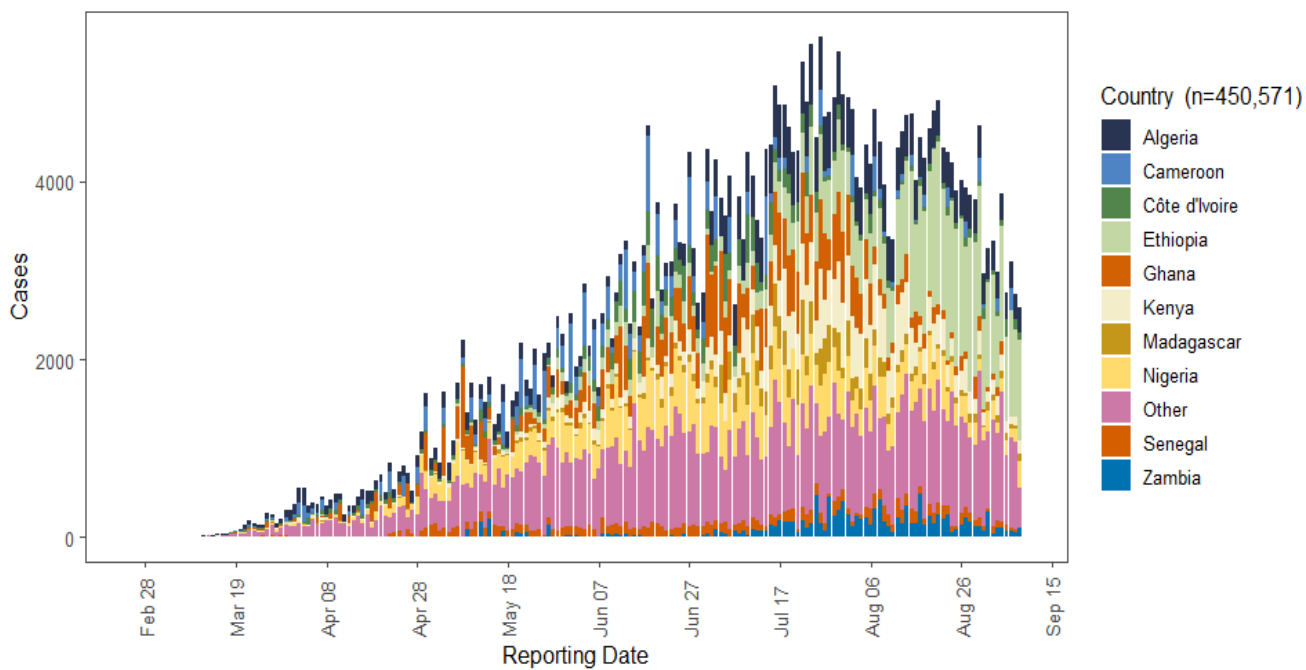


Figure 4. The distribution of confirmed COVID-19 cases and deaths for South Africa by date of notification, 5 March – 8 September 2020 (n=640 441)

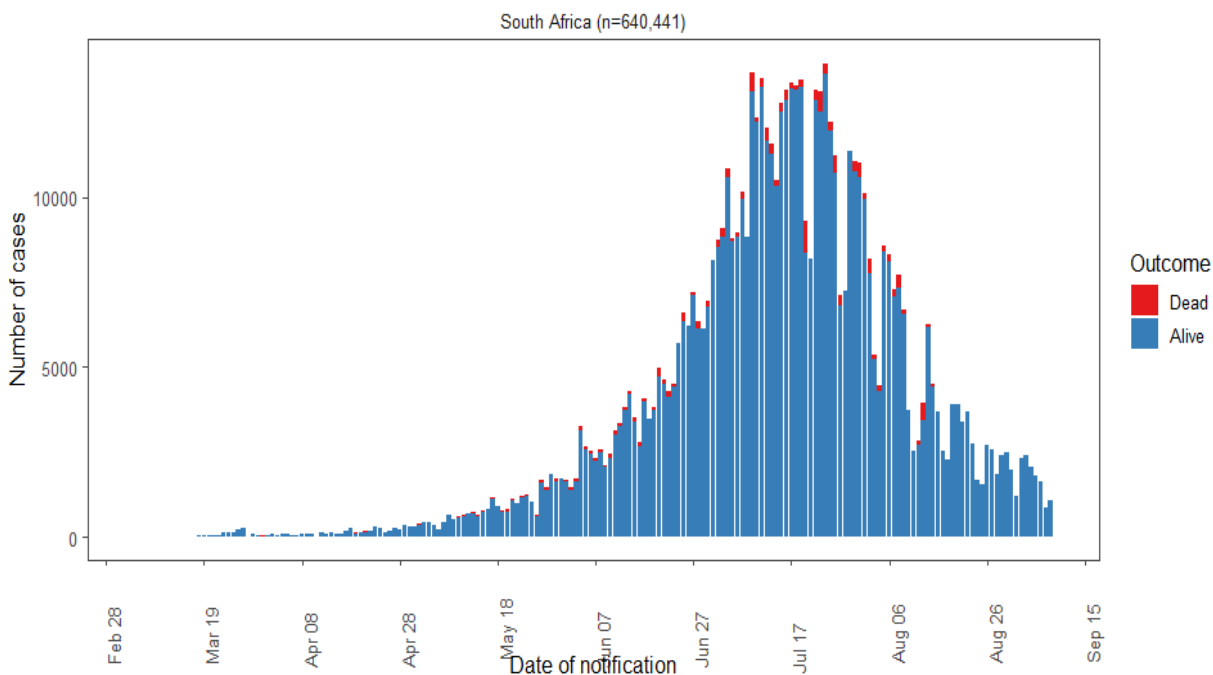


Figure 5. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Ethiopia, Nigeria, Algeria, Ghana, Kenya, and Cameroon, 25 February – 8 September 2020 (n=263 394)

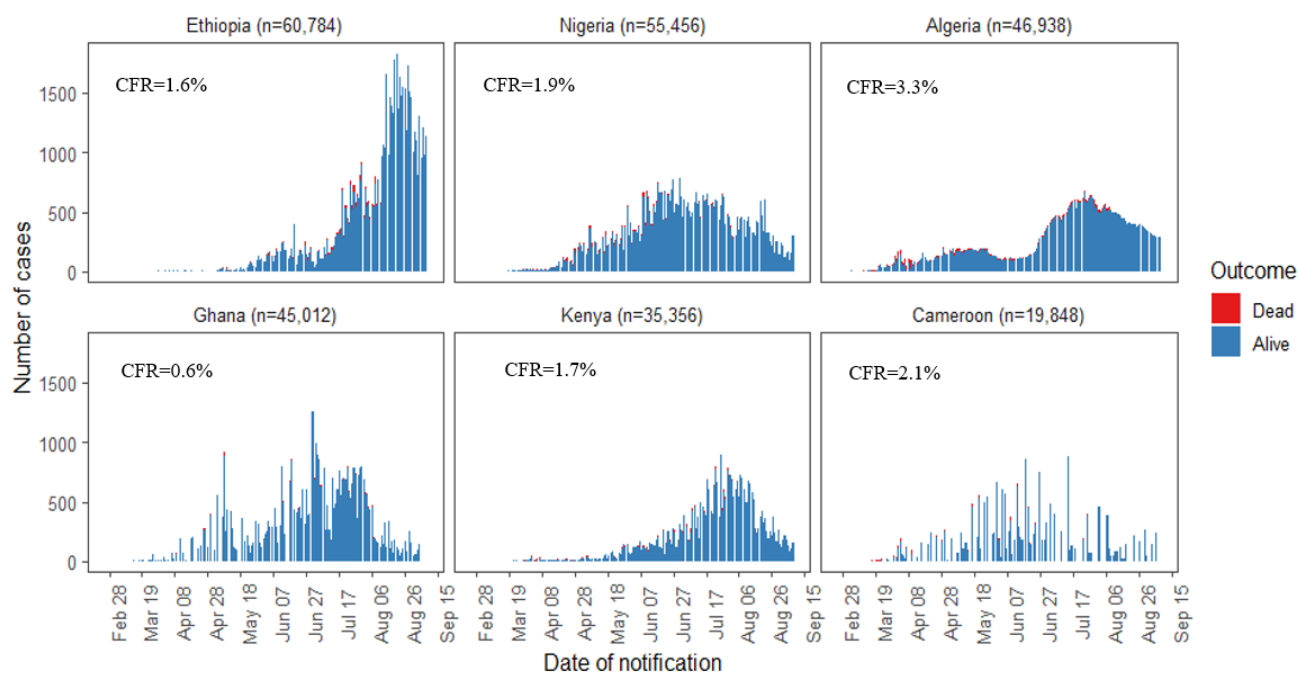
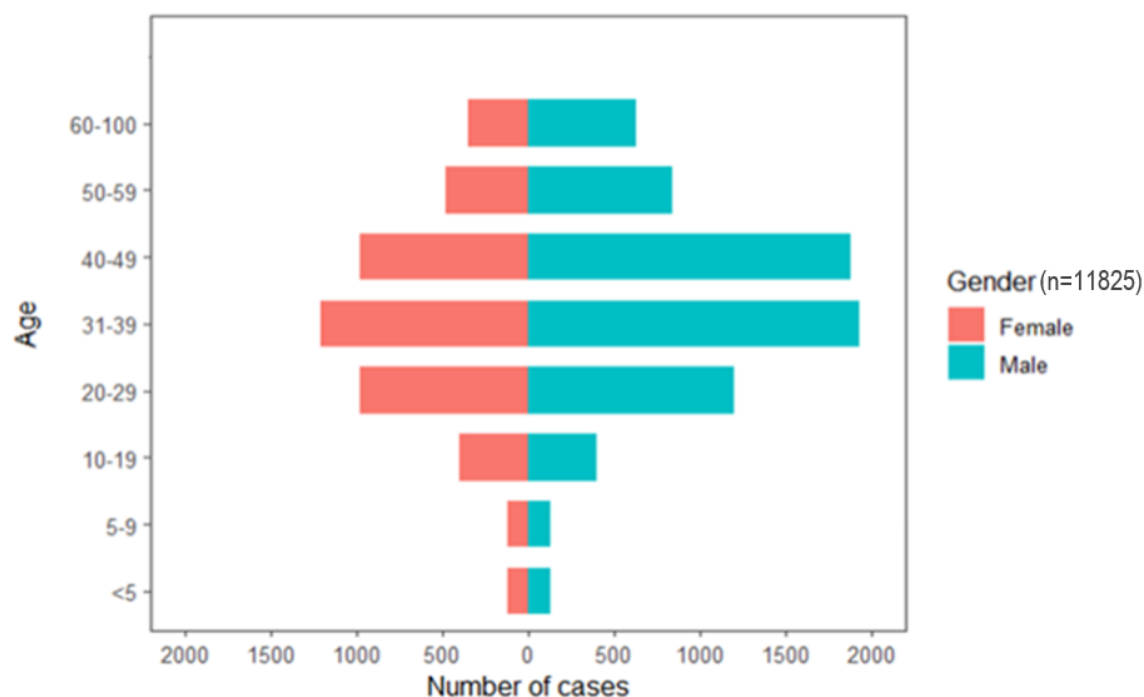


Figure 6. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 8 September 2020 (n=11 825)



2. Global update

As of 8 September 2020, at 10:38 CET, a total of 27 417 497 confirmed cases, including 894 241 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 (6 248 989), India (4 370 128), Brazil (4 414 794), the Russian Federation (1 035 789), Peru (691 575), Colombia (671 848), South Africa (640 441), Mexico (637 509), Spain (498 989) and Argentina (488 007).

All affected countries have reported new confirmed cases in the past week. Please refer to the WHO Daily Coronavirus disease (COVID-19) 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

- Operational partnerships, their presence and actions within the Region are being mapped through the Nairobi and Dakar Hubs, as well as the WHO African Regional Office, Brazzaville covering operational coordination in countries; clinical case management and continuity of care; IPC; laboratory; community-based response interventions and specific response actions in humanitarian situations.
- Recommendations on cross pillar community interventions across the Region have been discussed, including community surveillance, allow public health authorities to manage the risk of disease and mitigate its impact at community level in order to resume economic and social activity.
- Operational gaps and indicators in response pillars are being identified across the Region.
- Monthly meetings take place with 30 partners (UN organizations and others); regional and national NGOs meet bi-weekly (15 partners); Health Cluster coordinators meet weekly and monthly (8 active health cluster coordinators); weekly meetings with partners in Dakar and Nairobi hubs and ad hoc meetings with specific partners based on operational needs.
- Challenges are limited visibility of local operational partners presence and actions at sub-national and local level; limited visibility of operational partners in some sub-regions, notably in South Africa; limited funding

available for support for more operational partner projects or initiatives and parallel chains of engagement and communication with partners between the Regional Office and the two hubs.

- WHO participated in a meeting with the Minister for Kampala at the Kampala City Council Authority, at which it was agreed that a three-day surge in contact tracing and enforcement of COVID-19 prevention measures would start on 5 September 2020.

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.
- Support is being provided for documentation of contact tracing and improving the performance of alert systems in Guinea; the Ministry of Health is being engaged to ensure that counts include confirmed cases in the community.
- Countries are being guided on harmonization of the screening process to include lab testing at points of entry (PoE) and at the same time issues around harmonization of PoE regulations within the IHR framework are being escalated to senior management.
- In Uganda, WHO is supporting alert management in 55 districts through AFENET and an additional eight districts through AMREF; support is also being provided to the surveillance sub-committee to develop and use the AFRO tool for contact tracing, as well as support for surveillance strategies to mitigate the anticipated increase in cases following political activity and the planned opening of schools for candidate classes.

Laboratory

- Testing capacity in Guinea is being followed up in areas with low alert incidence.
- In Uganda, WHO has continued to support lab sample transport through provision of seven vehicles strategically located at subnational locations.
- In Algeria there are 30 labs with COVID-19 diagnostic capacity, with an average capacity of 2 500 tests across these labs with the supervision of Institut Pasteur.
- 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.

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. There is follow-up of the ongoing investigations to address the surge in healthcare worker infections in Guinea, as well as an analysis of the strengths and weaknesses of IPC conditions in prison facilities in the country.

Case management

- The case management team are guiding countries to align with the WHO protocol on the use of corticosteroids.
- A study of case management protocols being implemented at country level is underway in order to share experiences and to take corrective actions where necessary.
- Deep analysis is being conducted to understand the high case fatality ratio in Guinea.
- A home-based care strategy has been finalized in Uganda and WHO continues to provide technical support for the establishment of COVID-19 isolation centres in Jinja prisons.

Risk Communication and Community Engagement (RCCE)

- Guinea is being supported in addressing issues around increased community mistrust and to scale up community engagement activities in hotspot areas.
- MTN Uganda is running a mask use campaign which will air in September 2020 and is also disseminating messages via social media, as well as distributing 100 000 masks to clients.
- The Health Promotion Division of the Ghana Health Service in collaboration with the African Field Epidemiology Network (AFENET) has organized a COVID-19 children's quiz.

Logistics

- The UN Supply Portal has provided supplies to all 47 countries in the region: 16.2 million PPE components; 3 106 oxygen concentrators and 2.7 million lab tests, 4 million sample collection kits and 3.1 million lab reagents.
- Challenges in the use of the UN Supply Portal: limited participation of ministries of health; lack of a formal tracking system; lack of stock/supply management which hampers visibility on country demand and decreasing country demand (reasons for which are being investigated).
- 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)

- Follow-up of deployment of the EMT Polish Centre for Emergency Aid who are supporting the operation of the temporary COVID-19 hospital in the Millennium Hall exhibition centre, Addis Ababa.
- Follow-up of deployment of IMC EMT for the management of severely ill patients in the high-care unit in Juba, South Sudan, awaiting agreement on TORs at Ministry of Health level.
- A request to support management of the Nairobi UN Hospital was disseminated in the EMT network.
- A discussion is ongoing with the hubs on the concept note for the implementation of national EMT in African Region countries in the context of decentralization of the COVID-19 response.
- A team was deployed in Madagascar as GOARN surge staff.
- The way forward for the EMT Regional Training Centre in Ethiopia was discussed, and agreement was reached on sharing the final report of the scoping mission with the Ethiopian Ministry of Health and to work with government on handing over one part of the Regional Training Centre for COVID-19 patient treatment.
- Due diligence and risk assessment is ongoing for the proposed partnership with the Veolia Foundation.
- There is ongoing discussion with the Islamic Development Bank to support the COVID-19 response in the African Region, targeting 20 countries.

Human Resources

- There are 280 experts currently supporting 38 countries (as of 8 September 2020); 44 of whom currently support the Regional Office.
- A total of 397 experts have been deployed in 44 countries since the start of the COVID-19 response.
- Most (90) are in surveillance; IPC (29); Coordination (20); Risk Communication (18); Case management (17); Logistics (13); Laboratory (12); Data management (11); Administration and finance (5); Points of Entry (4); Resource mobilization (3); Emergency Operations Centre (3); Writing/reporting (2); Media communication (2); with one each in GIS data management; Information management; Partner coordination; Planning/monitoring and evaluation; Research coordination; Technical facilitator and guidance.
- A total of 868 staff have been repurposed, with WCOs repurposing staff in 36 countries and 101 repurposed staff in WHO AFRO.
- South Africa has 25 experts on the ground, with HR still required; Ethiopia has 3 experts on the ground (1 coordination, 1 logistics and 1 PoE).

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 WHO African Region continues to observe a sustained decrease in reported cases and deaths; most from the top most affected countries of South Africa, Ghana, Ethiopia and Cameroon. South Africa continues to report fewer cases, with a daily case count of 845 reported on 7 September 2020, the lowest since 25 May 2020 when 624 cases were reported.

While cases in Nigeria have declined by 16% this week, compared to the previous week, the number of reported deaths increased by 175%. Cameroon, which is one of the five top most affected countries, registered no deaths 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.

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

