

COVID-19

Situation update for the WHO African Region
16 September 2020

External Situation Report 29



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 29

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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 weeks. Since our last [External Situation Report 28](#) issued on 9 September 2020, a total of 29 710 new confirmed COVID-19 cases and 921 new deaths were reported from 46 countries between 9 and 15 September 2020. This is a 14% and 22% decrease in incidence cases and deaths, respectively, as compared to 34 564 cases and 1 773 deaths registered during the previous reporting period (2 August - 8 September 2020). South Africa has consistently registered the largest number of reported cases for many weeks. It continues to account for more than half of the total cases, even as its cases continue to decline (a 9% decrease) in this reporting period.

Twenty-five countries recorded a decrease in new cases, with 17 of them registering a decrease of more than 20%; Congo (84%), Zimbabwe (77%), Guinea-Bissau (69%), Burundi (67%), Côte d'Ivoire (52%), Mali (45%), Democratic Republic of the Congo (42%), Gabon (39%), Rwanda (38%), Ethiopia (37%), Gambia (33%), Guinea (29%), Equatorial Guinea (25%), Madagascar (23%), Eswatini (22%), Namibia (21%) and Benin (21%). 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, 14 countries reported the highest percentage increase in case-counts (above 20%); Burkina Faso (173%), Liberia (167%), Lesotho (106%), Angola (76%), Mozambique (75%), Mauritania (74%), Sierra Leone (72%), South Sudan (70%), Zambia (52%), Chad (50%), Central African Republic (44%), Senegal (44%), Uganda (42%) and Malawi (32%).

Only United Republic of Tanzania did not officially submit any report indicating any new confirmed case.

A total of 183 new health worker infections were recorded from eight countries: Ethiopia (81), Uganda (53), Namibia (44), Mozambique (2), Eswatini (1), and South Sudan (2).

During this period, 921 new COVID-19 related deaths occurred in 30 countries, with 555 (60%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 86 (9.3%) deaths, Algeria with 61 (6.6%) and Kenya with 35 (3.8%). South Africa and Ethiopia registered a 32.6% and 28.9% decrease in the deaths reported, respectively; while the number of deaths in Kenya and Algeria increased by 59.1% and 15.1%, respectively.

The other 26 countries that reported new deaths during the reporting period include; Zambia (27), Nigeria (21), Namibia (17), Angola (15), Uganda (12), Ghana (11), Mozambique (9), Madagascar (8), Gambia (8), Democratic Republic of the Congo (7), Senegal (7), Togo (7), Congo (6), Zimbabwe (6), Eswatini (5), Cabo Verde (4), Botswana (2), Chad (2), Lesotho (2), Malawi (2), Rwanda (2), Côte d'Ivoire (1), Guinea-Bissau (1), Mali (1), and Mauritania (1). Cameroon, which is one of the top five most affected countries, reported no deaths in this period.

As of 15 September 2020, a cumulative total of 1 120 722 COVID-19 cases was reported in the region, including 1 120 721 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 58% (651 521), of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Ethiopia (65 486), Nigeria (56 478), Algeria (48 734), Ghana (45 655), Kenya (36 301), Cameroon (20 303), Côte d'Ivoire (19 100), Madagascar (15 803) and Senegal (14 529). These 10 countries collectively account for 87% (973 910) of all reported cases.

Of the 1 120 722 COVID-19 cases reported, 930 366 (83%) have recovered from across all the 47 countries in the region. Six countries are still reporting fewer than 1 000 cases: Sao Tome and Principe (907), Burundi (472), Comoros (457), Mauritius (365), Eritrea (364) and Seychelles (138).

The total number of deaths reported in the region is 24 244, reported in 45 countries, giving an overall case fatality ratio (CFR) of 2.2%. 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% (15 641), Algeria 6.7% (1 632), Nigeria 4.5% (1 088), Ethiopia 4.3% (1 035), Kenya 2.6% (634), Cameroon 1.7% (415), Zambia 1.3% (324), Senegal 1.2% (298), Ghana 1.2% (294), Democratic Republic of the Congo 1.1% (267), and Zimbabwe 0.9% (224). The top five countries: South Africa, Ethiopia, Algeria, Nigeria, and Kenya account for 83% (19 769) of the total deaths reported in the region. Chad (7.5%), Liberia (6.2%), Niger (6.0%), Mali (4.4%), Angola (4.0%), Sierra Leone (3.4%) and Burkina Faso (3.3%) have the highest country specific case fatality ratios.

The current figures in the region represent 3.8% 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 eighth 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 42 236 (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 (1 291), Kenya (970), Cameroon (803), Equatorial Guinea (429), Namibia (416), Senegal (349), Mozambique (305), Guinea-Bissau (282), Malawi (280), Eswatini (259) and Democratic Republic of the Congo (256). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (208/1 327), Niger 16% (184/1 180), Guinea Bissau 12% (282/2 275), Equatorial Guinea 8.6% (429/5 000) and Sierra Leone 8.2% (175/2 126), 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% (11 852), males (61%) 7 219 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 633 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**.

Diverse transmission patterns have been observed across the region; with established community transmission seen in 35 (74%) of countries, only nine (19%) countries showing clusters of cases and three (6%) with sporadic cases.

As of 15 September 2020, the seven African countries in the WHO EMRO Region reported a total of 245 752 confirmed COVID-19 cases: Egypt (101 340), Morocco (90 324), Libya (24 144), Sudan (13 535), Tunisia (7 623), Djibouti (5 396), and Somalia (3 390). Additionally, a total of 8 828 deaths has been recorded from Egypt (5 679), Morocco (1 648), Sudan (836), Libya (383), Somalia (98), Tunisia (123) and Djibouti (61).

Cumulatively, 1 366 474 confirmed COVID-19 cases 33 072 deaths (case fatality ratio 2.4%) with 1 117 576 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 – 15 September 2020
(n =1 120 722)

Country	Total Cases	Total Deaths	Probable Cases	Recovered Cases	Case fatality ratio (%)	Health Worker infections (%)
South Africa	651 521	15 641	0	583 126	2.4	27 360 (4.2)
Ethiopia	65 486	1 035	0	25 988	1.6	1 291 (2.0)
Nigeria	56 478	1 088	0	44 430	1.9	2 025 (3.6)
Algeria	48 734	1 632	0	34 358	3.3	2 300 (4.7)
Ghana	45 655	294	0	44 797	0.6	2 065 (4.5)
Kenya	36 301	634	0	23 364	1.7	970 (2.7)
Cameroon	20 303	415	0	18 983	2.0	803 (4.0)
Côte d'Ivoire	19 100	120	0	18 228	0.6	187 (1.0)
Madagascar	15 803	214	0	14 452	1.4	70 (0.4)
Senegal	14 529	298	0	10 692	2.1	349 (2.4)
Zambia	13 819	324	0	12 590	2.3	139 (1.0)
Democratic Republic of the Congo	10 401	267	1	9 817	2.6	256 (2.5)
Guinea	10 111	63	0	9 444	0.6	244 (2.4)
Namibia	9 901	106	0	7 358	1.1	416 (4.2)
Gabon	8 654	53	0	7 785	0.6	579 (0.7)
Zimbabwe	7 576	224	0	5 783	3.0	238 (3.1)
Mauritania	7 319	161	0	6 839	2.2	5 (0.1)
Mozambique	5 713	37	0	3 181	0.6	305 (5.3)
Malawi	5 701	178	0	3 762	3.1	280 (4.9)
Eswatini	5 128	101	0	4 401	2.0	259 (5.1)
Uganda	5 123	58	0	2 317	1.1	241 (4.7)
Equatorial Guinea	5 000	83	0	4 496	1.7	429 (8.6)
Congo	4 934	88	0	3 887	1.8	166 (3.4)
Cabo Verde	4 904	46	0	4 294	0.9	40 (0.8)
Central African Republic	4 772	62	0	1 828	1.3	1 (0)
Rwanda	4 624	22	0	2 767	0.5	0
Angola	3 569	139	0	1 332	3.9	40 (1.1)
Gambia	3 440	107	0	1 851	3.1	142 (4.1)
Mali	2 940	128	0	2 302	4.4	0
South Sudan	2 594	49	0	1 438	1.9	128 (4.9)
Botswana	2 463	11	0	575	0.4	56 (2.3)
Benin	2 280	40	0	1 950	1.8	139 (6.1)
Guinea-Bissau	2 275	39	0	1 327	1.7	282 (12.4)
Sierra Leone	2 126	72	0	1 640	3.4	175 (8.2)
Burkina Faso	1 717	56	0	1 137	3.3	117 (6.8)
Togo	1 595	40	0	1 219	2.5	68 (4.3)
Liberia	1 327	82	0	1 194	6.2	208 (15.7)
Lesotho	1 327	33	0	687	2.5	20 (1.5)
Niger	1 180	69	0	1 097	5.8	184 (15.6)
Chad	1 087	81	0	944	7.5	75 (6.9)
Sao Tome and Principe	907	15	0	871	1.7	40 (4.4)
United Republic of Tanzania	509	21	0	180	4.1	1 (0.2)
Burundi	472	1	0	450	0.2	35 (7.4)
Comoros	457	7	0	427	1.5	0
Mauritius	365	10	0	338	2.7	30 (8.2)
Eritrea	364	0	0	305	0.0	0
Seychelles	138	0	0	135	0.0	0
Total (N=47)	1 120 722	24 244	1	930 366	2.2	42 236 (3.8)

* 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 – 15 September 2020 ($n=1\,120\,722$)

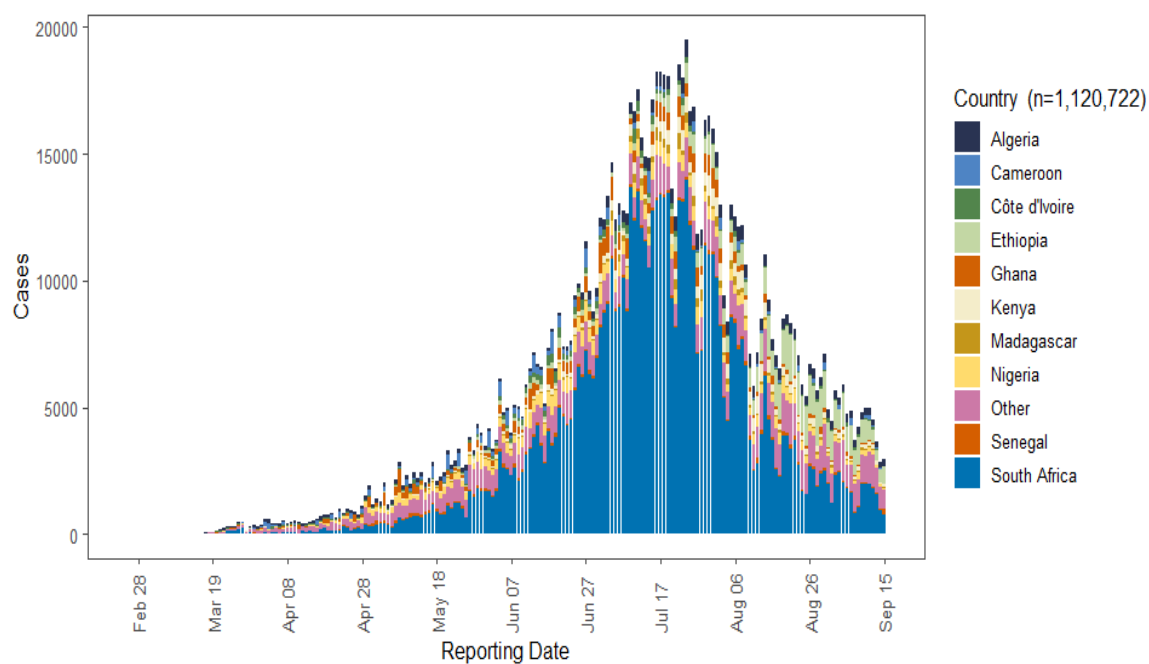


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 15 September 2020 ($n=1\,120\,722$)

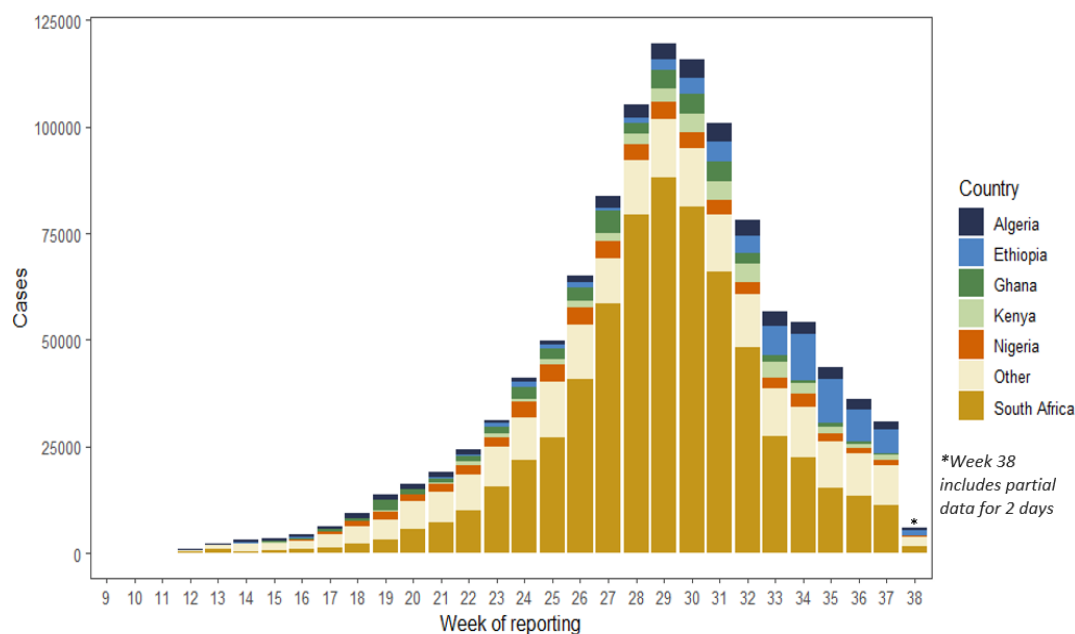


Figure 3. The distribution of confirmed COVID-19 cases in the WHO African Region (with South Africa excluded) by reporting date, 25 February – 15 September (n=469 201)

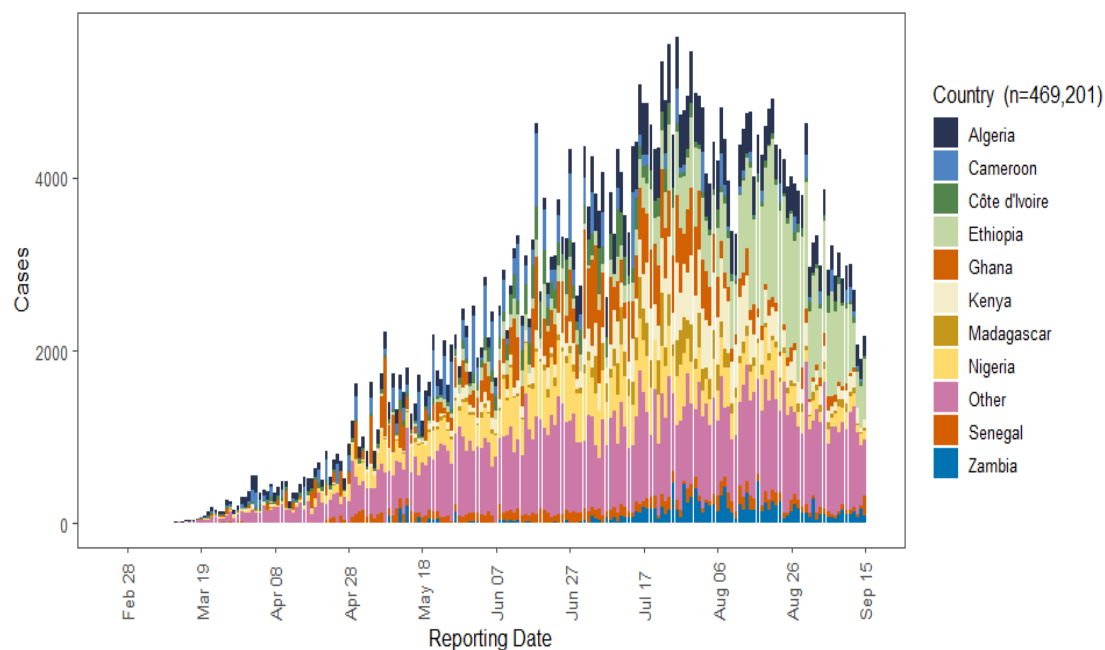


Figure 4. The distribution of confirmed COVID-19 cases and deaths for South Africa by date of notification, 5 March – 15 September 2020 (n=651 521)

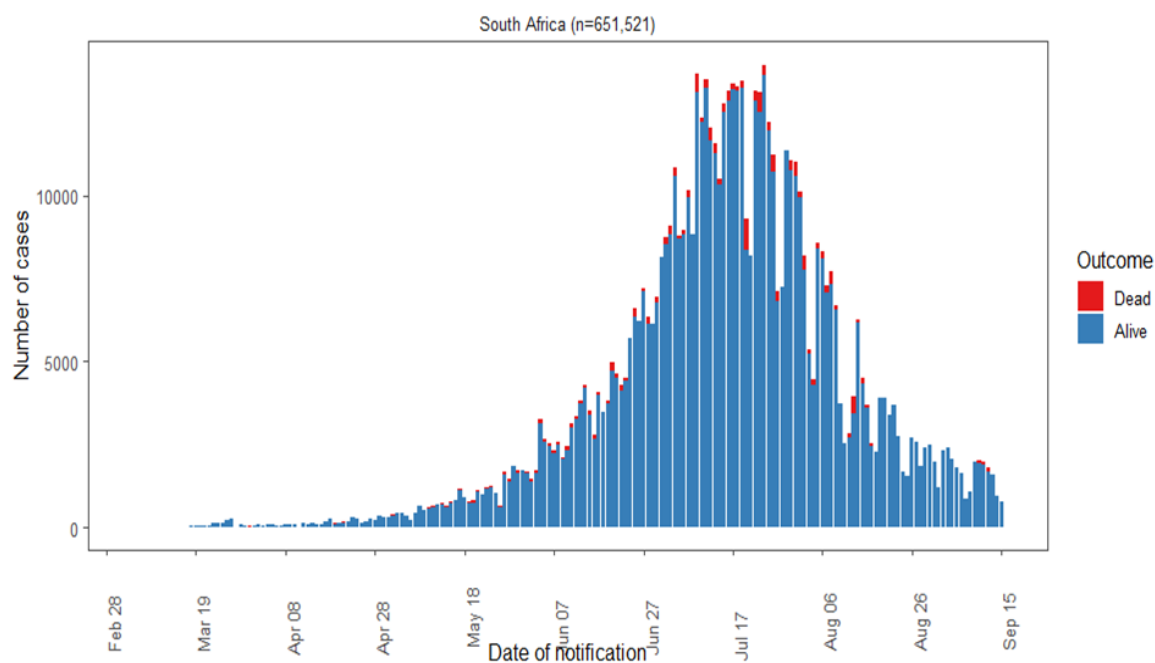


Figure 5. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Ethiopia, Nigeria, Algeria, Ghana, Kenya, and Cameroon, 25 February – 15 September 2020 (n=272 957)

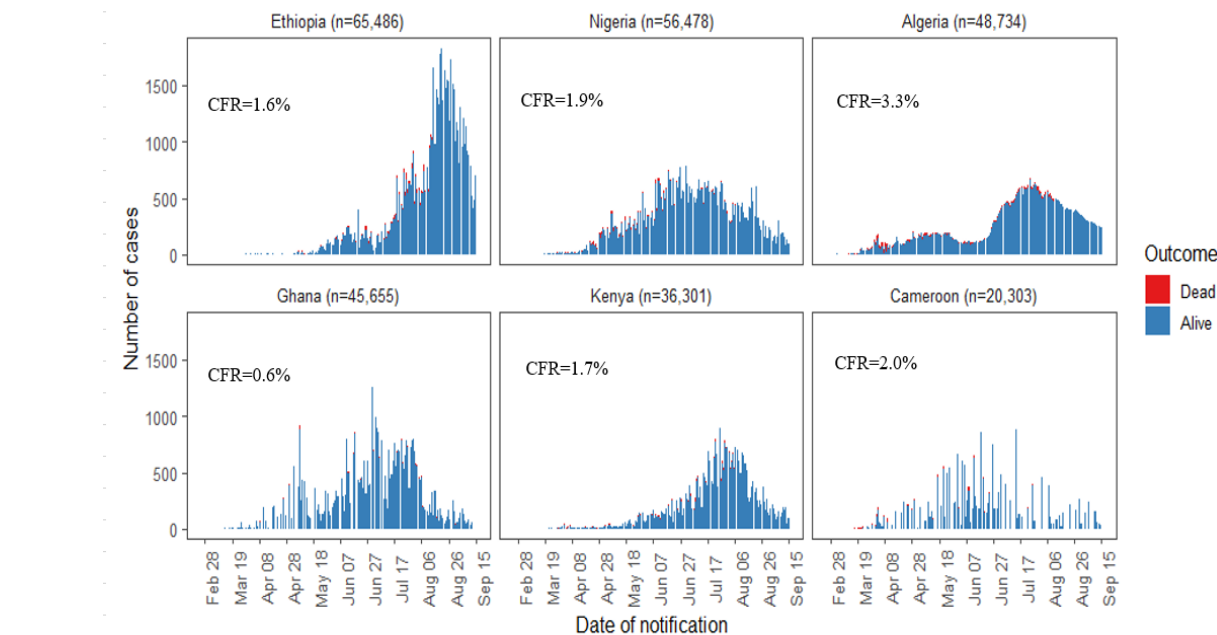
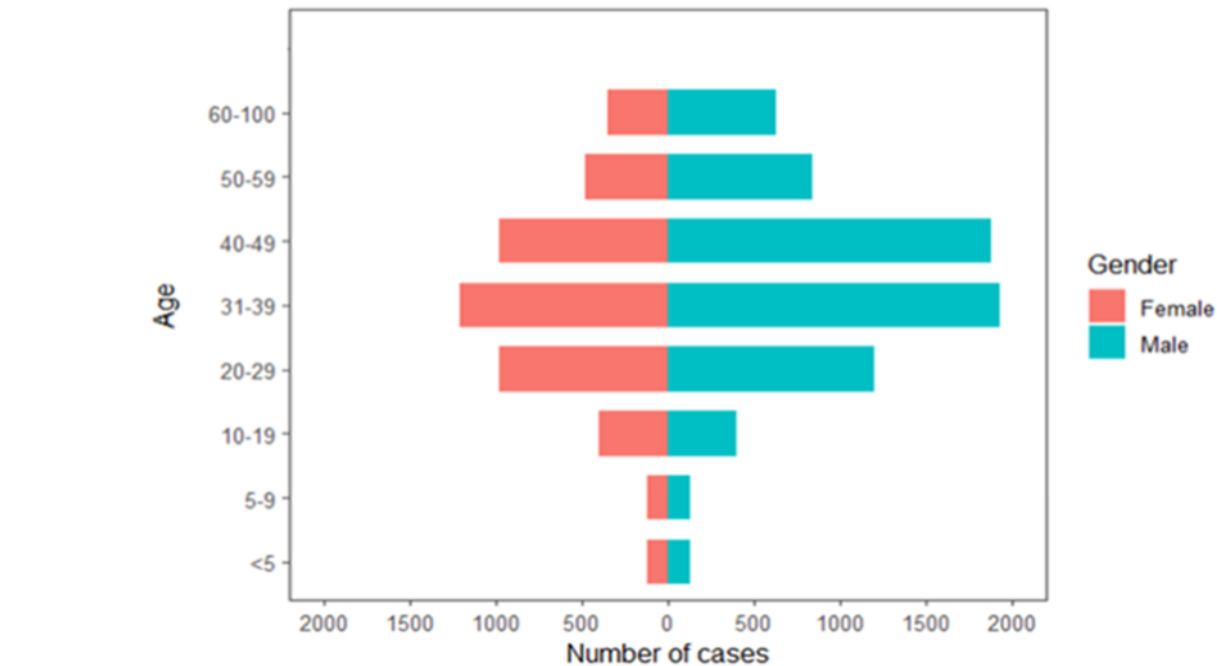


Figure 6. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 15 September 2020 (n=11 852)



2. Global update

As of 15 September 2020, at 10:38 CET, a total of 29 356 292 confirmed cases, including 930 260 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 (6 496 246), India (5 020 359), Brazil (4 345 610), the Russian Federation (1 073 849), Peru (733 860), Colombia (721 892), Mexico (671 716), South Africa (651 521), Spain (566 326) and Argentina (565 446).

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

- AFRO/Incident Management Support Team are coordinating the leveraging of private companies to enhance procurement and distribution of lab supplies in the Region; supporting the use of the existing HQ/AFRO guidance for epidemiology and laboratory procedures and developing standard operating procedures (SOPs) on testing strategies that can be used by countries with different settings and resources.
- Coordination between the epidemiology and laboratory teams resulted in discussion of testing asymptomatic contacts at schools and points of entry; going beyond Polymerase Chain Region (PCR) testing to rapid diagnostic testing; using an epidemiological approach to look at burden of disease rather than simple confirmed cases; regular risk assessments needed by countries to improve case definition specificity and sensitivity; surveillance strategy based on lab capacity using a bottom-up approach; improved data collection tools including interpretation of epi data.
- WHO provided an update on the COVID-19 situation in the AFRO Region to the West and Central Africa (WCA) Regional Inter-Agency Standing Committee; OCHA updated the MEDEVAC procedure, now extended all NGOs implementing UN programmes (staff and dependents).
- WHO AFRO presentation on WCA epidemiological situation; COVID-19 tests per country; detection of COVID-19 in children; highest CFR in patients over 60 years of age; COVID-19 outbreaks in prisons and human rights; COVID-19 testing requirements for points of entry (POE) in WCA region.
- WCA Regional Executive Committee Team meeting: shared experiences from Cabo Verde; good support from non-UN agencies as an example of regional collaboration.
- The EAC Secretariat and partner states launched the Regional Electronic Cargo and Driver Tracking System (RECDTS) on 8 September 2020 at a virtual event, with support from ministers of health from Kenya and Uganda among others.

Surveillance

- The surveillance system in Cabo Verde was reviewed and challenges identified (increased case numbers; weak contact tracing and data management; need capacity building for lab testing; inadequate RCCE; technical assistance required for KAP study).
- Point of Entry (POE) surveillance training modules for Algeria were shared and are to be adapted for infection, prevention and control at POE, detection and notification and IHR preparedness core capacity requirements and international travel.
- A concept note on cross-border COVID-19 response activities was developed for Gambia and Senegal; ongoing preparation for COVID-19 Response Intra-Action Review in Senegal and Niger.
- Challenges around surveillance were identified in several countries in WCA region with relaxation in contact tracing and alert management; detection and notification of suspected cases decreasing in spite of increased testing; increased demand for tests by travellers and floods and a volatile security environment in Burkina Faso.
- There is weak cross-border collaboration in the EAC countries, with positive truck drivers repatriated, along with population movement across borders increasing the risk of imported cases.
- Imported cases are increasing in South Sudan, with poor point of entry surveillance.

Laboratory

- A cross pillar meeting in Namibia addressed challenges of testing capacity and shared best practices to use e-LIMS to speed up test results.
- A bilateral discussion was held the CDC-South Sudan Focal Point on supporting establishment of a laboratory in Wau, with updates on arrival of a PCR machine and supplies from WHO.
- The expiry date of available stock of kits are being examined in order to move kits that are expiring soon to countries with more need for them.
- A laboratory pillar presentation was prepared for the deep-dive on the COVID-19 situation in Uganda, with proposed lab zoning districts from which to analyze samples to reduce turnaround time.
- Zimbabwe was supported on scaling up the use of antigen test rapid diagnostic tests (RDTs) and Eswatini was supported in reviewing the use of RDT (antibody/antigen) testing based on evaluation findings.

- There is ongoing discussion around establishing and sustaining a lab network in Senegal and a review of the RDT testing strategy.
- WHO lab experts have completed assessments for Kampala, Wakiso, Western and Kyotera districts and assessment is planned for the Northern and Eastern regions.

Infection Prevention and Control (IPC)

- In Uganda, WHO continues to work with the Ministry of Health and other partners to train health workers on IPC strategies and investigate health worker infections in health facilities; IPC face-to-face training and mentorship is underway, with updating and harmonization of training materials, which have been translated into 30 languages with additional support from UNICEF.
- The deep-dive IPC focus in this reporting period was on Uganda, along with Zimbabwe, Lesotho, Zambia, Malawi, Mozambique and South Sudan; IPC mentors have been trained in every district, with cascade training reaching 80% of health workers; health worker risk assessment and surveillance is ongoing; IPC improved at facility level but inadequate PPE still a challenge.
- Bilateral meetings with Zambia identified challenges around monitoring and evaluation of IPC implementation and reporting; in Botswana concerns around increasing health worker infections and community transmission; South Sudan follow-up discussions took place on the establishment of and IPC committee at national level.
- An IPC scorecard workshop took place with 11 East and Southern African (ESA) countries; an experience sharing session on IPC measures for safe school opening was held, sharing guidelines with Zimbabwe, Malawi and Namibia.
- Community scorecards for IPC were submitted to respective AFRO teams for review,

Case management

- In Uganda, WHO has supported prioritization algorithm for the evacuation of COVID-19 patients in addition to training health workers on treatment guidelines; technical oversight was provided during training ambulance teams; the Kampala metropolitan evacuation plan was developed to evacuate cases from the community; technical assessment of two private hospitals was supported and the Namboole stadium was commissioned as an isolation facility for asymptomatic cases and has been functional since 8 September 2020.
- Namibia has human resource challenges with case management, with few specialists outside Windhoek (the capital) and challenges with isolation and home-based care.

Risk Communication and Community Engagement (RCCE)

- A briefing session on RCCE strategies (in collaboration with UNICEF) was held during the meeting of Leads and Co-leads of the WCA Regional Inter-Agency Standing Committee; a knowledge, attitudes and practices (KAPS) survey is ongoing in Cameroon; 29 countries received a rumours collection tool to build a regional rumour bank; a rapid survey was held in Senegal to assess COVID-19 preparedness and response activities for the coming Magal in October 2020.
- Uganda has identified that RCCE measures need to focus on the drivers of infection (poor adherence to physical distancing, lack of masks and poor hand hygiene) and the most affected age bracket.
- The RCCE Hub finalized the protocol for conducting a rapid survey of reasons for non-adherence to preventive measures in ESA countries, shared with WHO AFRO for consideration of funding support.
- Hands-on online capacity training (held on 19 September 2020) for the RCCE team in Ethiopia included data entry and analysis for all pillars, facilitated by the AFRO RCCE M&E team.
- A media dialogue was hosted by the ESA countries interagency working group facilitated by Interviews on 9 September 2020; advocacy slides were shared by the Kenya WCO highlighting increases in COVID-19 elsewhere in the world.
- A joint meeting was held with IOM and the Kenya Ministry of Health to strategize a social behaviour change approach for long distance truck drivers.

Logistics

- South Sudan Full Charter flight delivered 70 tonnes of PPE supplies, ordered through the Supply Portal in this reporting period.
- The Logistic Hub shared a draft standard operating procedures for use of GeneXpert cartridges.
- Waste management incinerator installation in Comoros was followed-up, with 4/11 already installed.

Emergency Medical Team (EMT)

- UK Med EMT in Zambia are continuing to facilitate training and assessment at border points and ports to help staff to identify and contain possible cases; healthcare providers were trained in basic IPC measures, with the expectation of the cascade of knowledge to district level.
- A Polish EMT team in Madagascar are concentrating on sharing experience in management of COVID-19, by providing support to local doctors and also to communities.
- An update on operational gaps encountered in response implementation in Republic of Congo was provided; Congo is one of the countries targeted by the Veolia Foundation for improvement of water and waste management in treatment centres.
- There is an ongoing discussion with Hubs on the concept note for implementation of national EMT in the AFRO Region in the context of decentralization of the COVID-19 response.

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 African Region continues to observe declining trends in the number of new cases reported (a 14% decrease in cases and a 22% decrease in deaths in the past seven days, respectively), with 26 (55%) of the 47 affected countries reporting decreases in the past week. In this period, the lowest daily death count was reported on 13 September 2020 since 18 May 2020 when 22 and 48 deaths were reported in South Africa and the region, respectively.

All the top five most affected countries registered a decrease in the number of cases during this reporting period; South Africa (9.0%), Ethiopia (37.1%), Nigeria (15.5%), Algeria (14.7%) and Ghana (20.3%). Similarly, South

Africa, Ethiopia, Nigeria and Algeria recorded a 32.6%, 28.9%, 52.3% and 15.1% decrease in the number of deaths respectively, while Ghana had an increase in reported deaths of 57.1%. The region continues to carefully monitor the current trends of the outbreak, while maintaining vigilance.

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

