

COVID-19 Response Monthly Bulletin

Epidemiological Situation and Response actions in the African Region



May 2022



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Foreword

Uncertainty surrounding the possible onset of a 5th wave of the COVID-19 pandemic in Africa persisted in May across the Region, with cases rising during the first three weeks of the month, only to fall again during the last week in southern Africa.

Previously the subregion with the greatest number of COVID-19 cases, the oncoming winter triggered redoubled actions to combat further spread of the virus. At stake was the highly transmissible BA.4 and BA.5 sub lineages of the Omicron variant, which intensified in a landscape of colder weather as a driver of greater physical proximity within communities. Although it is too soon to tell, declining COVID-19 figures during the last week of May in southern Africa's largest economy represents a rallying cry for action.

Since the beginning of the pandemic, WHO in Africa has consistently focused on preparedness, assisting member states and partners to prevent, respond and recover. Particular attention is provided to resilience building within communities, backstopping health systems, encouraging whole-of-society positive behaviours, routine vaccination and resumption of public health programmes.

Our 11 response pillars remain alert and active, and the regional COVID-19 response has scaled up community-based interventions in surveillance, infection prevention and control, and case management. On a related note, our team deepened clinical case management capacities, with a view towards reinforcing this aspect of the response. In this regard, we have begun putting in place a strategy to enhance emergency medical teams (EMT). In addition, while ICU bed capacity has risen to 2 per 10,000, against 0.8 per 10,000 beds at the start of the crisis, ICUs in 10 countries are now being transferred to districts outside capital cities. This decentralization exercise action is directed at improving access for – often neglected – sub-national levels of the health system.

Finally, in the reporting period, socio-behavioural studies were initiated in Congo, DRC, Guinea-Bissau and Zimbabwe. They are designed to understand community engagement practices, in particular willingness to vaccinate. Initial results indicate the kind of advocacy required to improve vaccination rates.

In the months ahead, WHO will continue to monitor the transmission dynamic of the 5th wave. We will also begin to plan for a phased transition from the acute response to the virus in the region, with a focus on the most vulnerable.



Dr Abdou Salam GUEYE,
Director, Regional Emergency
Preparedness and Response,
WHO Regional Office for Africa

1 Update on the Coronavirus disease 2019 (COVID-19) Epidemiologic situation in the African Region

Globally, 525 million cases have been confirmed as of 30 May 2022, with 6.3 million cumulative deaths. The World Health Organization (WHO) African region (AFRO) registered at least 8.9 million cumulative cases since the beginning of the pandemic. Of this figure, an estimated 198,000 cases were confirmed in May, a median increase of 104% since the preceding reporting period, in

April. The increase in cases occurred in three of four subregions, with southern Africa experiencing a 127% increase. A similar rise in disease incidence was observed two years ago, in May 2020, in the same subregion. Central and West Africa presented increases of respectively-51% and 35%, while the number of cases fell by 14% in East Africa.

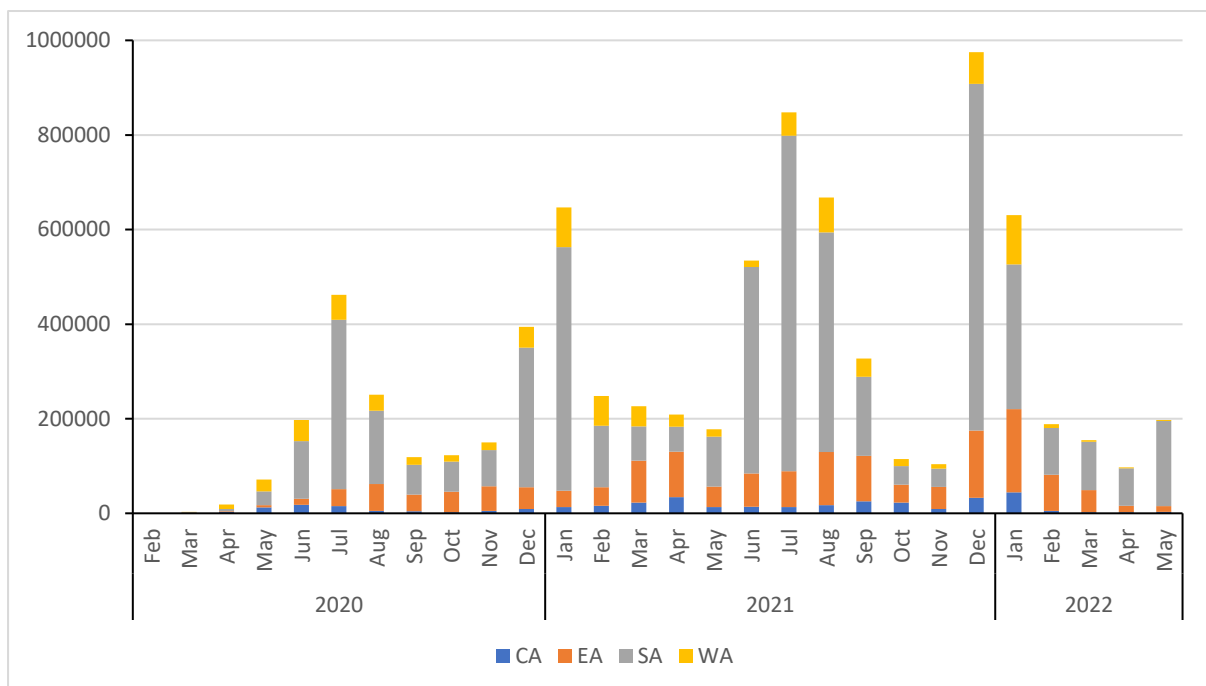


Figure 1 Monthly distribution of cases in WHO AFRO sub-region. WA-Western Africa, SA-Southern Africa, NA-Northern Africa, EA-Eastern Africa, CA-Central Africa (Data source: <https://ourworldindata.org/covid-cases>)

2 Updates on Countries under Situations of Concern (SOC)

By the end of May, COVID-19 numbers had begun to abate in some countries in East, West and southern Africa subregions, following a four-week rise. In Ethiopia, Zimbabwe, and Benin, which have been placed on Alert following two weeks of consecutive incidence increase. Similarly, by the end of May, Seychelles and Mauritius were in very high incidence status, and Namibia entered resurgence status. Exceptionally, South Africa was removed

from resurgence status during the last week of May. It had previously remained classified as being in resurgence due to the circulation of Omicron subvariants BA.4 and BA.5. Despite the recent improvement, South Africa's figures drove the May upward trend witnessed across the region. In Central and North Africa, the number of COVID-19 cases rose by 110% and 42%, respectively. Even so, the number of cases reported weekly remained low compared to those registered

during the previous four waves of the virus, and most countries registered relatively low rates of disease incidence.

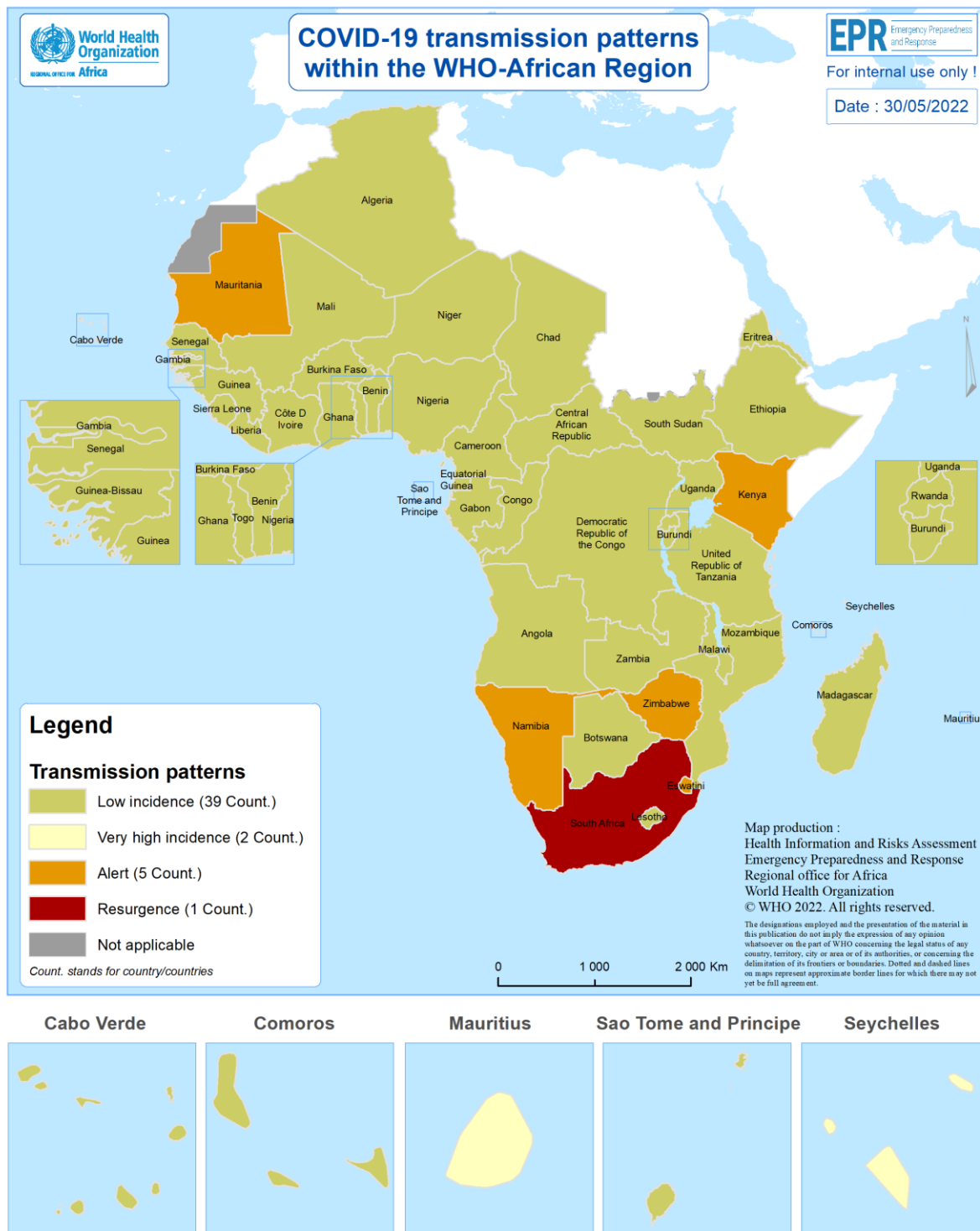


Figure 2 COVID-19 transmission patterns in the WHO African Region.

3 Update on pillar response actions

3.1 Case Management

The focus in case management has been on strengthening the capacity of health care workers with training in emergency and critical care. In addition, countries have benefitted from considerable emphasis on oxygen access scale-up, and updated guidelines on clinical management and therapeutics such as paxlovid (Nirmaltrevir/ritonavir).

With improved access to the WHO ACT A platform, country-specific procurement parameters for COVID-19 therapeutics medication 11 countries have received tocilizumab and molnupiravir.

On a separate but related note, a project was kick-started in May setting up sentinel surveillance sites to compile clinical information on COVID-19 cases. The project was designed to provide information on disease patterns and incidence, with a view to accelerate case management aspects of the response. Advocacy efforts are underway in countries reporting consistently high disease incidence to use the new surveillance sites.

Challenges	Ongoing Response Actions
Several challenges with Member States to update treatment guidelines, which has caused a delay in updating guidelines for recommended therapeutics.	In collaboration with Medicine Supply and Infrastructure Maintenance, (MIMS) and Universal Health Coverage Life courses, (UCL,) the case management team has set up a task force to support member states in developing treatment guidelines.
A critical gap in monitoring patient on HBIC was noted, while following up on mild cases in the communities.	Facilitating the integration of countries in the community-based surveillance project to enhance patient monitoring.
Staff in need of capacity strengthening activities to improve knowledge in critical care.	Planning critical care trainings for ICU staff in conjunction with the rehabilitation of ICU in 10 Member States to enhance clinical skills to treat critically ill patients.

Senegal demonstrates capacity to deploy Emergency Medical Teams within 72 hours

A simulation exercise (SIMEX) undertaken by Senegal’s combined civilian and military emergency medical team, and WHO specialists demonstrated a 72- hour emergency readiness deployment scenario. Five countries: Guinea, Cameroun, Congo, Democratic Republic of Congo, and Ethiopia participated in the exercise which, held on 10-14 May in Thies, Senegal, the host country. The SIMEX was designed by WHO to encourage and reinforce countries’ national capacity to rapidly respond to emergency health situations such as COVID-19. It addressed specific clinical case management gaps, as reported by participating countries. For

example, during the simulation exercise, the EMT team from Senegal managed a COVID-19 pregnant woman, considered a challenge in COVID-19 management.

The simulation also demonstrated efficient response structures, including use of functional equipment needed for patient management, such as ICU and ready-to-use equipment, and a deployment-ready surgical team.

"Emergency medical teams should respond quickly even with less staff in a health crisis. This is the reason why medical teams need to have the necessary capacities and resources "

Captain Dr Mariam Kamara, EMT Chief Medical Officer, Senegal



Senegal Emergency Medical Team managing a COVID-19 patient during SIMEX@-WHO/Dakar



The EMT centre in Senegal@-WHO Dakar

Benin: WHO revamps oxygen production plants



WHO Expert demonstrating how to set, and test run ventilators/ WHO Raul Gonzalez, May 2022

To scale up oxygen supplies and readiness in Benin, a WHO team restored oxygen production plants at four hospitals in the country's capital, Cotonou. The assistance responded to a gaps analysis on medical oxygen and oxygen-related medical devices, which revealed operational gaps at four important health facilities. In common the facilities suffered a shortage of spare parts, which resulted in slower repair times for equipment.

Repairs and maintenance were undertaken on air compressors, electrical circuits, to stop oil

leakages, and to re-establish pneumatic connections, and thermostatic valves. In one case, oxygen therapy had been unavailable for two years, as a result of poor equipment maintenance, in addition to limited training for biomedical technicians.

While all four units were rehabilitated, to ensure the sustainability of this lifesaving resource, Benin received maintenance kits sufficient to last a three-year period. In addition, a training was conducted for biomedical technicians.

3.2 Laboratory

Scaling up genome sequencing capacities in countries has remained a priority, in support of improved testing, guided by human resources training, and equipment procurement. Top genome sequencing countries in West and East Africa are Nigeria (7.2%) and Kenya (10.1%),

respectively. A seven-week online training on bioinformatics was completed in May, guided by the United States Center for Disease Control and Prevention – CDC, with 54 participants from 19 countries.

Course graduates are expected to facilitate genome sequencing data analysis, including on gene variation, expression, and prediction, while assessing the possible mutation trajectory of the COVID-19 virus.

A hands-on training on sequencing and bioinformatics began in May for Ethiopia, Eritrea, Tanzania, Burundi and South Sudan, aimed at increasing genome sequencing platform efficiency.

Challenges	Ongoing Response Actions
Testing for SARS CoV-2 continues to be lower than the recommended threshold.	WHO Self Testing guidance has been adapted for the region for dissemination through an ECHO session.
Unbalanced, missing, or inappropriate reporting on testing data by countries continues to be a problem.	Questionnaire sent to countries to collect additional information on testing.
Limited staff for country support visits to East Africa for scaling up genomic surveillance.	Requests have been made for recruitment of epidemiologist and bioinformatician.

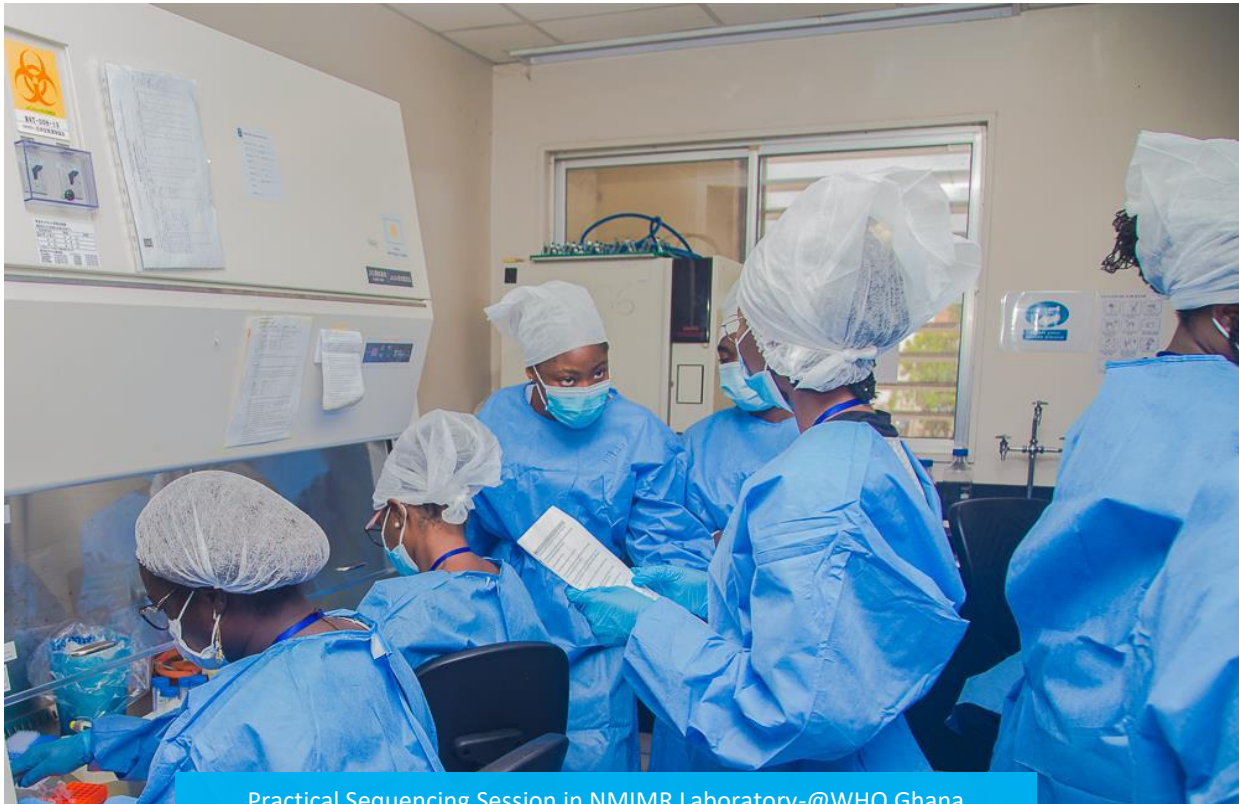
WHO's Regional Reference Laboratories enhance countries' capacity

As the COVID-19 pandemic persist in Africa, WHO and its partners on the continent are engaged in a number of key initiatives in genomic surveillance. This is to ensure the continent's capacity to track the virus evolution, and to assess its mutation trajectory.

To strengthen COVID-19 genomic sequencing capacities in Africa, since early 2020, a SARS CoV-sequencing network composed of WHO and the Africa Centers for Disease Control and Prevention (Africa CDC), and regional sequencing reference laboratories in assigned countries has provided sequencing data analysis, and other technical support services to themselves and neighbouring countries. Besides equipment acquisition, reagents, and consumables for sequencing, the reference laboratories benefitted from staff training, and support for the implementation of genomic sequencing platforms. Two years after their establishment, experience from countries reveals that the regional reference labs have been a game-changer in strengthening genome surveillance on the continent.

The genomic surveillance laboratory network includes specialized centers in Kwazulu-Natal Research Innovation and Sequencing Platform (KRISP/CERI), the South Africa National Bioinformatics Institute (SANBI), the African Center of Excellence for Genomics of Infectious Diseases (ACEGID), National Infectious Communicable Diseases (NICD), and seven regional reference laboratories - KEMRI Kenya, UVRI Uganda, CIRMF Gabon, INRB DRC, IPD Senegal, NMIMR Ghana, and Nigeria ACEGID.

In West Africa, regional reference laboratories have made a fundamental contribution to the development of sequencing and bioinformatics capacities in various countries. Key interventions from these regional reference labs range from improved sequencing capacity to human resources training, ensuring timely supply of equipment and reagents, supporting sequencing platforms, and participating in evaluation visits.



Practical Sequencing Session in NMIMR Laboratory-@WHO Ghana

Progress made in West Africa

In January 2021, WHO assigned countries without sequencing capacities to three reference laboratories in the West Africa sub-region, namely the *Institut Pasteur de Dakar* (IPD) of Senegal, Noguchi Memorial Institute of Medical Research (NMIMR) of Ghana, and the African Center of Excellence for Genomics of Infectious Diseases (ACEGID) of Nigeria. Between January 2021 and April 2022, the *Institut Pasteur* in Dakar received 5,354 samples from 17 countries in the African region and generated 10,628 sequences. Meanwhile, NMIMR in Ghana received 3,880 samples from six West African countries and generated 2,810 sequences. To date, these two reference structures alone have received 9,234 samples from 23 countries and generated 13,438 sequences. The regional laboratories were still receiving samples from countries until July 2021, when many countries started acquiring their own sequencing capabilities, hence reducing the number of countries sending samples to the reference labs. With these

acquisitions, a quality control mechanism was established for countries in the process of starting their own sequencing platforms.

The regional reference laboratories through the WHO and Africa CDC partnership actively facilitated the training of national laboratory staff on sequencing and bioinformatics. Presential trainings were organized for 40 biologists, 25 from West Africa (nine per IPD, five per ACEGID and 11 per NMIMR).

The regional labs have also supplied reagents and equipment for sequencing, in response to international equipment acquisition constraints. Through an agreement with the Pasteur Institute in Dakar, Senegal enabled the Dakar regional lab to facilitate urgent equipment management needs, in addition to procurement of reagents for genomic sequencing. As a result of this action, all 17 countries in the sub-region possess functioning sequencing platforms.

Equally, the regional reference laboratories have supported the implementation of the sequencing platform through hands-on in-country field missions. In missions conducted in six countries, Minion sequencing equipment was set up - producing the first sequences. In addition, 35 biologists received onsite training on sequencing and bioinformatics.

All the visited countries now own functioning sequencing platforms. Apart from mission visits, experts from regional laboratories have participated in countries' genomic surveillance evaluation visits. The *Institut Pasteur* in Dakar,

for example, participated in evaluation missions of seven countries, while the NIMR in Ghana took part in two missions. Through such participation, contributions have been made to the evaluation of laboratory capacities, with subsequent guidance and technical support.

Despite growing challenges to maintain and improve sequencing capacities, regional reference laboratories are essential to laboratory standardization through external quality programmes, staff development, evaluations, and multisite research projects.



Practical work session during a training on sequencing & bioinformatics at the Institut Pasteur de Dakar' (IPD)/@WHO Dakar

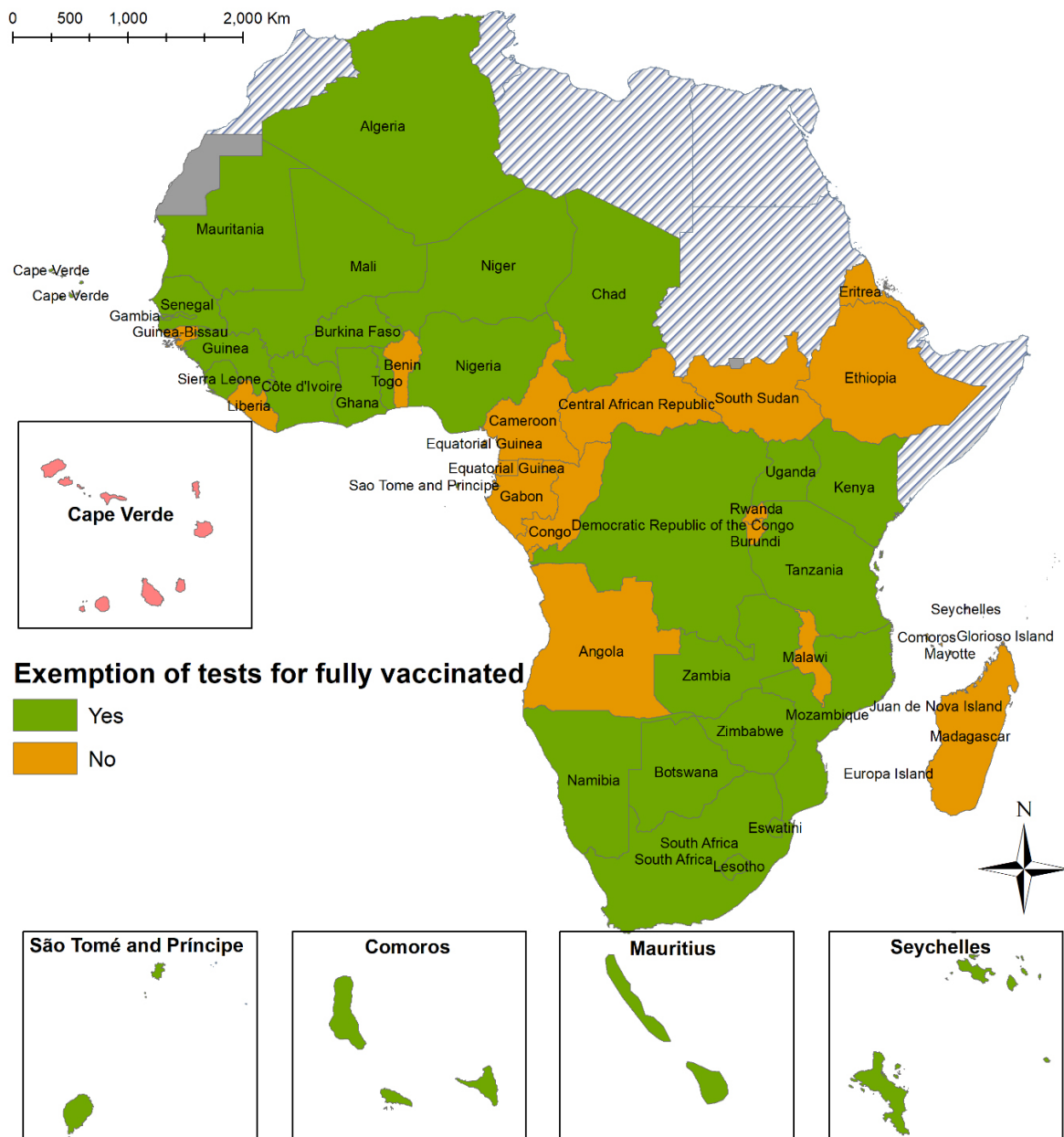
3.3 Points of Entry (PoE)

In May, data analysis obtained from the AFRO In May, data analysis obtained from the AFRO PHSMs dashboard on COVID 19 Vaccination and COVID 19 testing revealed that 10 countries in the region have made proof of vaccination mandatory for all in-coming international travellers; 29 countries have placed an exemption on COVID-19 tests for fully vaccinated travellers. Eighteen countries have yet to implement similar policies, meaning that

proof of a negative test is still required for entry into those countries. WHO continues to support countries in organising cross-border meetings to strengthen health security and to test the Ground Crossing Toolkit.

Training and mass gathering gaps analyses were also finalised during the reporting period in South Africa and Lesotho, and PoEs gaps and mass gathering exercises were initiated for other countries in southern Africa.

Challenges	Ongoing Response Actions
Low PoE performance of countries in the AFRO region	The team continues to engage with the West and Central Africa WHO office to address the low PoE performance of countries in the region.



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Map production :
Health Information and Risks Assessment
Health Emergencies Regional office for Africa

World Health Organization
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Figure 3 Disaggregation of AFRO countries based on whether fully vaccinated individuals are exempted from testing before arrival (green) or still not exempted (Orange).

3.4 Risk Communication and Communication Engagement (RCCE)

Data analysis from a qualitative study to support community-based response initiative in Congo is being undertaken. In DRC, a research protocol was approved by the national ethical committee and funds were transferred to the country office. Similar research is ongoing for Guinea-Bissau. Meanwhile, discussions are ongoing for Botswana, Zambia, and Zimbabwe. Regarding guidance on the flu season in southern African countries, season-specific messages are being developed. The

implementation of a community engagement project to enhance vaccine uptake also continues, making use of the documentation of rumours and misinformation toolkit. Countries have been particularly encouraged to use the toolkit, with varying results. Several media-gearred publications are in the pipeline, designed to strengthen public communication and counter false information (tweets, spots, press pages, etc.)

Challenges	Ongoing Response Actions
Limited adherence to PHSM and low Vaccine uptake in Countries.	There are ongoing community engagement plans to enhance vaccine uptake in poor vaccine coverage' countries (Cameroon, CAR, Gabon, Guinea, Mali and Niger).
Underutilization of Funds (USG) AND HR concerns in ESA Hub.	Support countries in initiating activities and support the recruitments of RCCE staff.

3.5 Africa Infodemic Response Alliance (AIRA) Updates

The Africa Infodemic Response Alliance (AIRA) has been consistent in sharing safe, proven facts on COVID-19 in a bid to counter dangerous health information. Using the AIRA social listening methodology, online rumours on COVID-19 vaccine deaths and side effects were identified in several African countries. Reports have emerged regarding restrictions on the Johnson & Johnson (J&J) vaccine by the United States Food and Drug Administration (FDA), in connection alleged blood clotting caused by the vaccine. These reports have been shared globally and have caused a ripple effect across platforms (public pages and private messaging apps). They

have also impacted other public health information environments. To stem the negative tide caused by these online myths, AIRA provided context and clarity about side effects regarding Pfizer, Astra Zeneca, and Moderna vaccinations. Documentation was produced bearing clear language, and revealing known side effects for each vaccine, with consistent updates to mirror new developments. Information gaps on COVID-19, have been regularly monitored, in parallel with promotion of efficacy and positive impacts of the COVID-19 vaccine.

Challenges	Ongoing Response Actions
Online rumours on the side effects of Pfizer, Astra Zeneca, and Moderna vaccinations.	Create a repository with clear language around known side effects for each vaccine with consistent updates to mirror news developments.
Information gaps around long covid.	Developed a Q&A on Long COVID explaining the consequences of Long Covid while debunking circulating rumours.

3.6 Infection Prevention and Control (IPC)

The IPC team provided technical support to Guinea Bissau, Eswatini, Namibia, Malawi, Liberia, Senegal, Burundi, Kenya, Uganda, and Lesotho. The support given to these countries ranged from analyzing their IPC capacity, elaborating IPC technical guidance, preparing training workshops, to support in reviewing IPC intra-action review and reporting.

During the month, an information and sensitization workshop was organized, together with a capacity building workshop on the sustainable implementation of national IPC programmes, based on WHO guidelines on core components for IPC pro-grammes. About 40-60 technicians attended each workshop, including WHO IPC focal persons, team members of the national IPC committee and some local IPC "champions" at the operational level, programme and related services staff with a significant IPC/WASH component. Five new countries were involved: Namibia, Lesotho, Chad, Mali and Togo. The workshop aimed at training main actors on WHO guidelines on core

IPC programme components. It covered how to develop strategic, operational, monitoring and evaluation plans. It also provided guidance on resource allocation following gap identification, for realistic and achievable plans, aiming to enable countries to assume ownership of IPC planning. During the month, epidemic surveillance reported a rise in infections in SADC countries. A COVID-19 resurgence readiness guidance and IPC interventions document was launched in the subregion.

Recognizing hand hygiene as a key to safety, IPC partners: Africa CDC, UNICEF and WHO, on 5th May hosted a webinar to commemorate world hand hygiene day. About 800 attendees responsible for Infection Prevention and Control and WASH from across Africa attended the webinar. Talks and discussions revolved around best practices on local production of ABHR, improving hand hygiene at facility level, hand hygiene solutions for HCF in low-cost settings, improving hand hygiene in health care settings and the IPC legal framework in Africa.

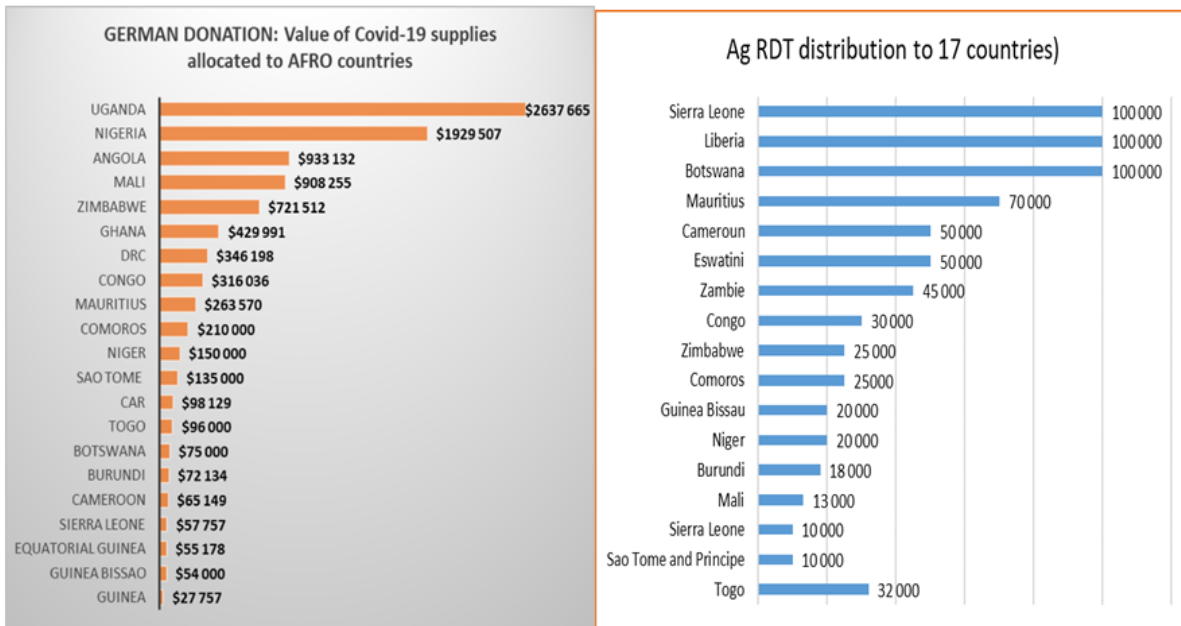
Challenges	Ongoing Response Actions
<p>Limited IPC activities in countries following declining or low infections in the region compared to previous waves.</p>	<p>The IPC team continues to monitor and support countries in reviewing and analysing their IPC capacity, elaborating IPC technical guidance and IPC interventions during and in anticipation for resurgence.</p>

3.7 Operations Support and Logistics (OSL)

Through the German support fund, PPEs, syringes, and COVID-19 rapid tests with a value of \$13 million were donated to AFRO. The syringes and PPEs have been allocated to AFRO Member States to support COVID-19 operations response and vaccination activities.

At least 1.7 million COVID-19 rapid tests valued at \$5 million have been prepositioned at the WHO African region warehouse, and test shipments are being coordinated to support 17 Member States through the COVID-19 Community based surveillance project.

The graph below shows the breakdown in countries.



WHO continues to support countries in procuring, shipping, installing, and commissioning PSA plants, as well as oxygen scaling-up activities. Four (4) PSA plants, two (2) in Chad and two (2) in DRC with a capacity of 30m3/h oxygen each have been finalized and awaiting commissioning. The procurement and the site construction in DRC (Goma), Guinea Bissau, Liberia, Cameroun, and Equatorial Guinea are in progress. WHO is in the process of shipping 50 oxygen Cylinders and flow meter to Tanzania to respond to urgent needs.

Challenges	Ongoing Response Actions
Low stock level of some IPC and case management Covid-19 supplies at AFRO stockpile.	Ongoing quantification for replenishment.

4 Update on COVID-19 Vaccination

While many countries are relaxing PHSM for COVID-19 holistic response, vaccination remains a reliable and effective strategic response to the pandemic. Vaccination coverage in the African Region is now 17.8% for fully vaccinated persons (slight increase from 17.3% at end April compared to global coverage at 59.6%) as of 15 May 2022. Among low and average performing countries at end January 2022, Zambia (20%), Uganda (19%), Ethiopia (15%), Sierra Leone (19%), Cote d’Ivoire (12%) and Chad (12%) recorded the highest increase in population coverage between 1 Feb and 08 May 2022. To date, two countries have surpassed 70% of

people fully vaccinated (Seychelles, Mauritius) and seven have 40% and 69% of people fully vaccinated (Cape Verde, Tunisia, Morocco, Mozambique, Botswana, Rwanda), São Tomé e Príncipe. Fourteen countries have fully vaccinated less than 10% of the population: Burundi, Burkina Faso, Cameroon, DRC, Madagascar, Malawi, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Senegal, and Tanzania. Due to the low vaccination coverage in these countries, efforts are being multiplied to support countries to scale up COVID-19 vaccination. The vaccine pillar has continued to implement its planned

strategy, mainly through the country support team under the umbrella of global partnerships for COVID-19 vaccine. Also, the online dashboard on COVID-19 vaccination in Africa

continues to be regularly updated, reviewed, and harmonized regarding the list of high priority countries, using the of Risk Assessment (RA) outcome and qualitative variables.

Challenges	Ongoing Response Actions
Minimal cooperation from countries in an ongoing rapid assessment exercise of existing systems for COVID-19 vaccination data management.	Continue to work with WCOs for the identification of key informants within MoHs to quickly conclude the assessment.
Insufficient timeliness and completeness in reporting data on COVID-19 vaccine uptake to AFRO: Only 16 countries out of 46 submitted updates through the designated platform during Week 19 (starting on 09 May 2022).	Feedback on timeliness and completeness in reporting on COVID-19 vaccine uptake regularly provided to data entry focal points at country level.
Low COVID-19 vaccine demand and uptake in countries, no significant improvement in COVID vaccine coverage in some countries such as Senegal, Nigeria, Burundi, DRC, South Sudan, and Tanzania.	Coordinate with partners to generate evidence on the underlying reasons for low uptake and address them at national and subnational level.
Data capture and tracking continue to be a problem in many countries.	Through the M&E sub-pillar, the Vaccine pillar is working with countries to improve data reporting and hence improve quality of data.
Little documentation for vaccination activities and in conducting mass campaigns.	Support countries with messaging and communications to accompany vaccination activities such as mass vaccination campaigns.

5 Update on the assessment of COVID-19 response Key Performance Indicators in the WHO AFRO region for the year 2022

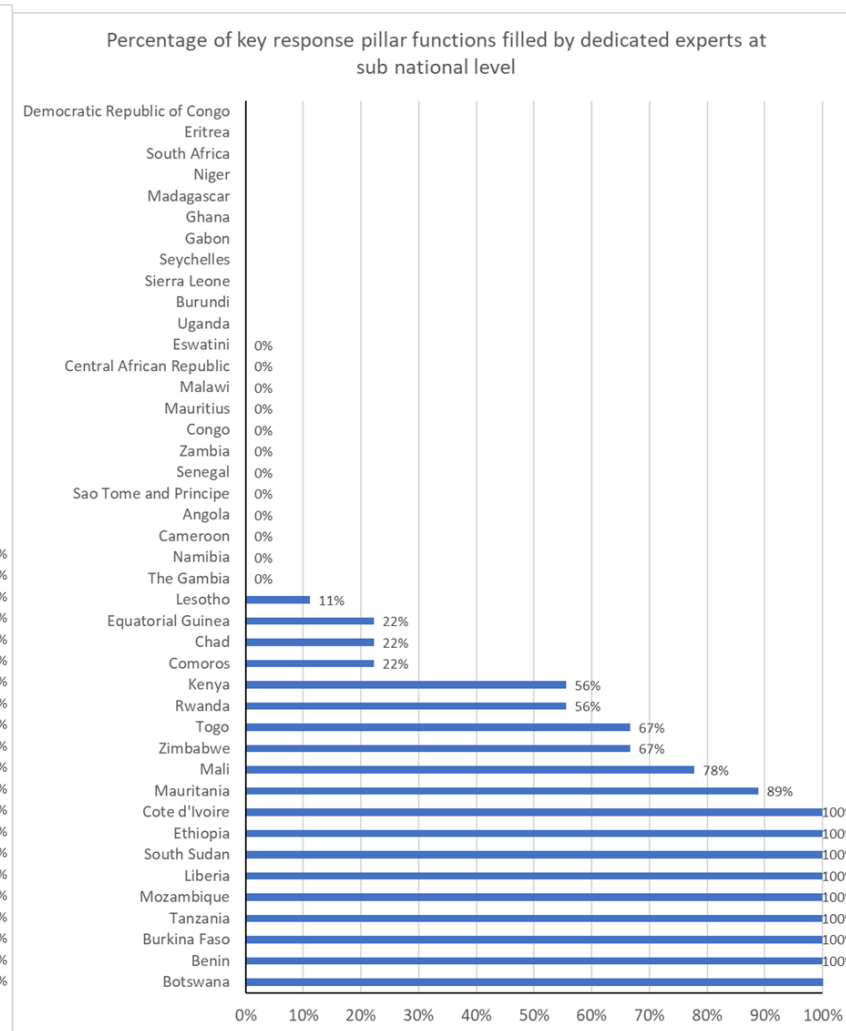
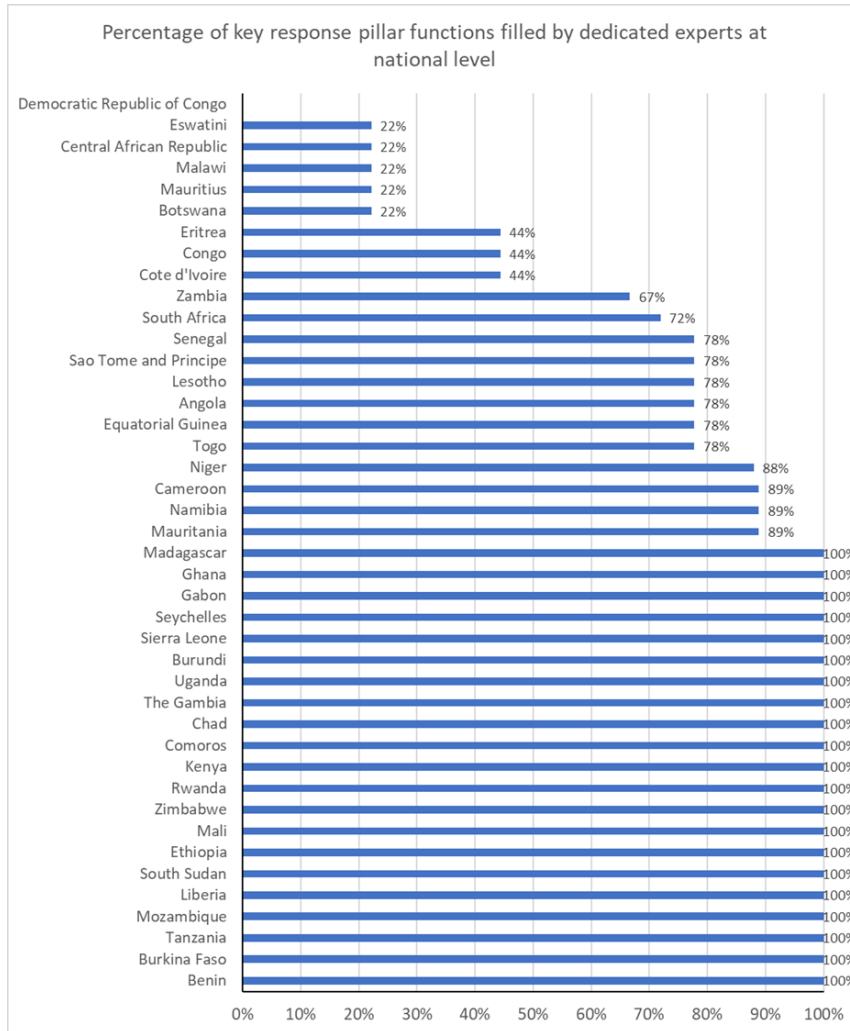
An assessment of Key Performance Indicators (KPIs) was performed in April 2022. Results cover the period January to April 2022 and serve as a baseline for this year's assessments. Ninety percent (42/47) countries submitted their KPIs (Figure 4). 60% (25/42) of the WCOs have filled at least 80% of their key response functions with dedicated staff at the national level. However, at the subnational level the majority (64%, 27/42) have not filled these positions. Utilization of the USG fund to support the COVID-19 response in countries is very low with 74% (31/42) of the WCOs having utilized less than 50% of the allocated fund by 30 April 2022. Some countries have not utilized the fund at all. Reporting of epi-surveillance data is good with most (74%, 31/42) of WCOs reporting timely receipt of epi-

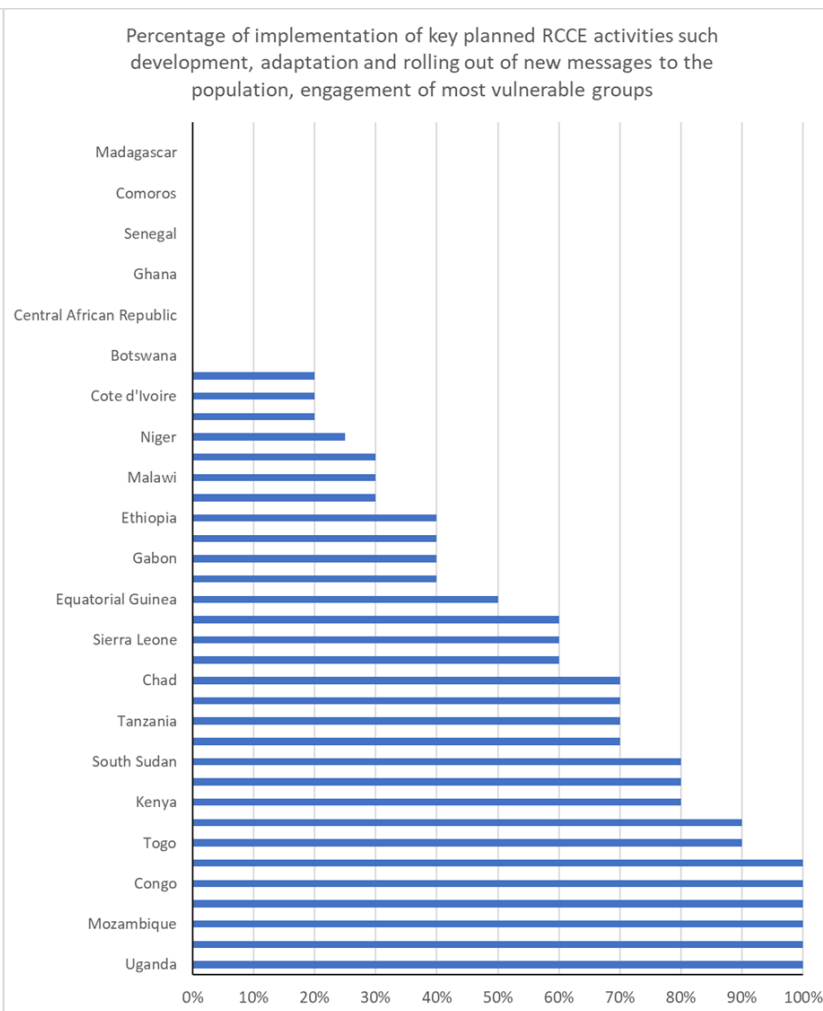
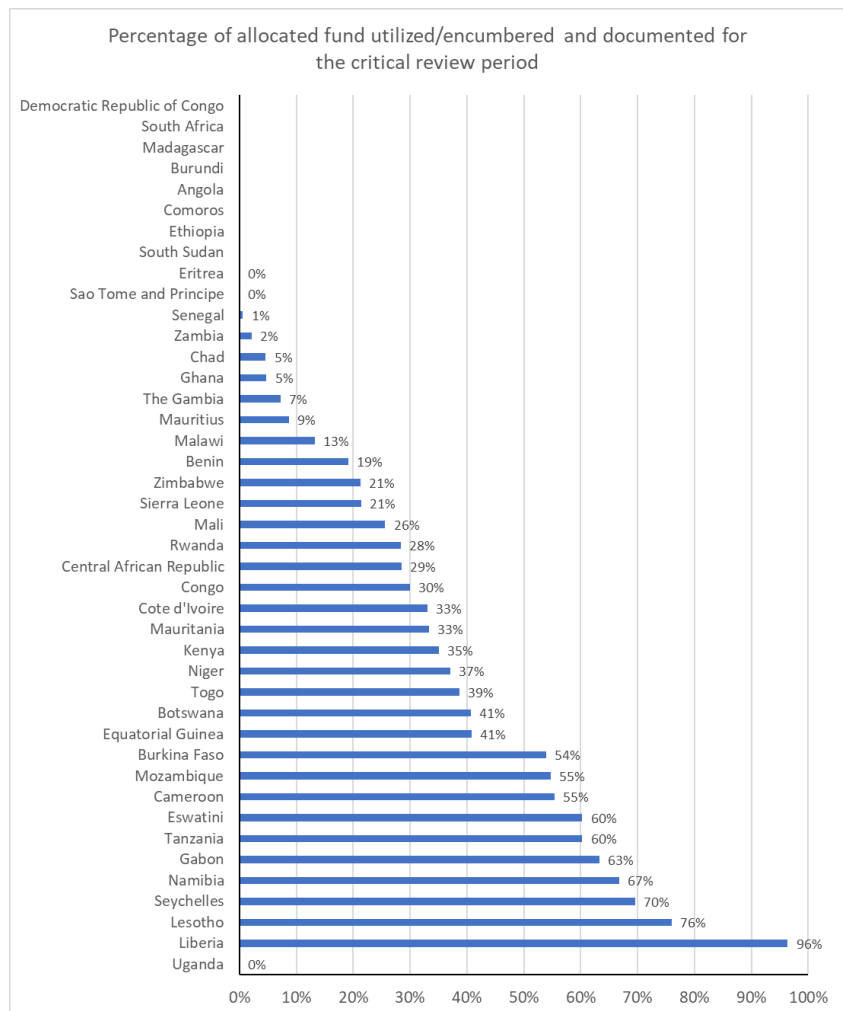
surveillance data. Although alerts of COVID-19 suspects have greatly reduced in countries, 60% (25/42) WCOs reported timely investigation of alerts. Screening for COVID-19 at points of entry (PoEs) is on the decline with 36% (15/42) WCOs reporting screening at less than 50% of designated PoEs. Infection prevention and control (IPC) is one of the worst performed functions with 90% (38/42) not reporting at all or reporting an IPC score of less than 75%. Over 60% (27/42) of countries reported inadequate ICU care in health facilities. The majority (90%, 38/42) of countries have less than 50% of their populations vaccinated, with several countries having administered less than 50% of vaccine doses received in the country. Research activities regarding COVID-19 are very few with

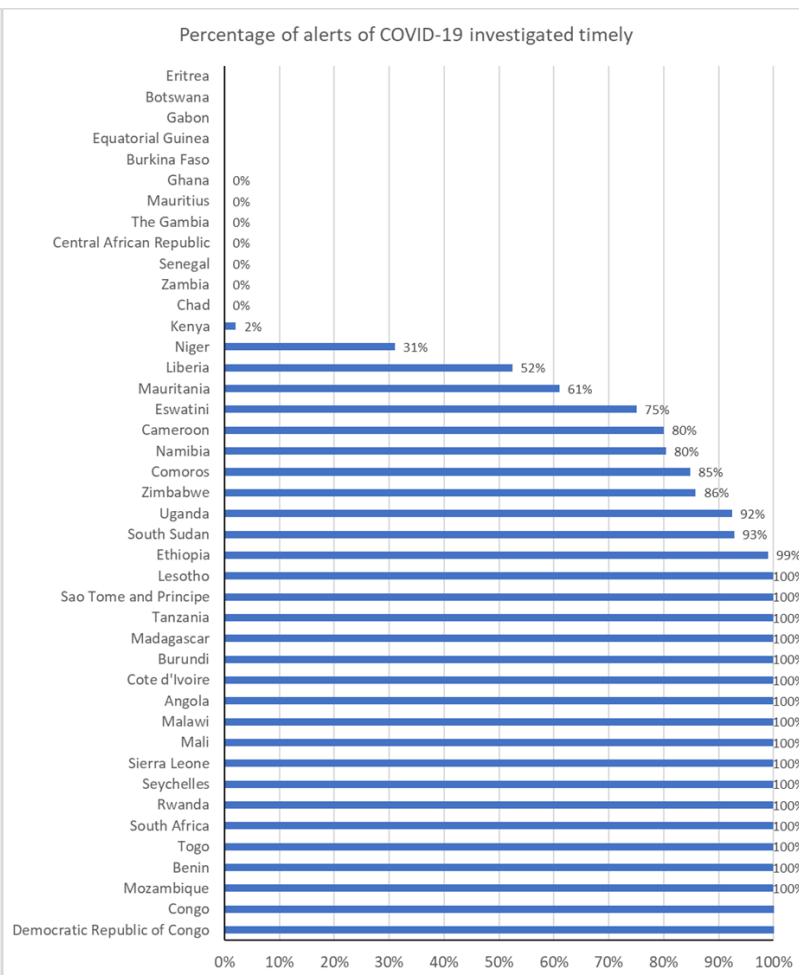
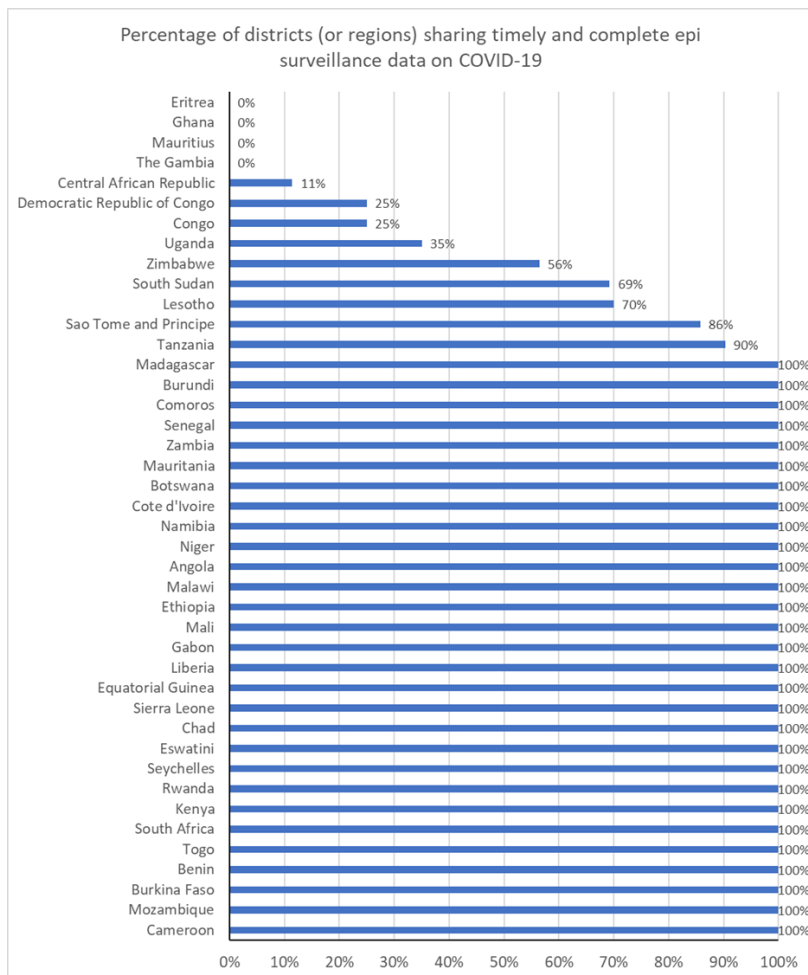
Indicator	No of countries reported (N=42)	Median
Percentage of key response pillar functions filled by dedicated experts at national level	41	89%
Percentage of key response pillar functions filled by dedicated experts at sub national level	31	22%
Number of joint review meetings/ learning exercises, conducted and documented with clear recommendations on the COVID-19 response	29	3
Percentage of allocated fund utilized/encumbered and documented for the critical review period	33	33%
Percentage of implementation of key planned RCCE activities such development, adaptation and rolling out of new messages to the population, engagement of most vulnerable groups	39	55%
Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19	42	100%
Percentage of alerts of COVID-19 investigated timely	37	93%
Percentage of designated points of entry with screening for COVID-19	42	86%
Percentage of specimens of confirmed cases sequenced (through WHO monitored genomic surveillance centers and/or country labs supported by these centers)	37	11%
COVID-19 tests per 10,000 population per week	39	4.51
Percentage of healthcare facilities with an IPC score of 75% or higher (using the IPC scorecard) using self-assessment procedures	27	11%
Number of health care workers (HCWs) infected with COVID-19 in the monitoring period	32	61
Number of newly trained staff in the management of severe and critical patients in COVID-19 treatment centers	30	0
Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical COVID-19 cases	38	40%
The WCO has sufficient stocks of critical medical supplies (PPEs, testing kits and medical equipment)	28	67%
Percentage of vaccine doses administered out of the vaccine doses received	37	48%
Percentage of total population fully vaccinated	40	22%
Percentage of progress in the implementation of activities related to research and innovation such as ongoing documentation of operational activities, publications in peer-reviewed journals....	37	0%

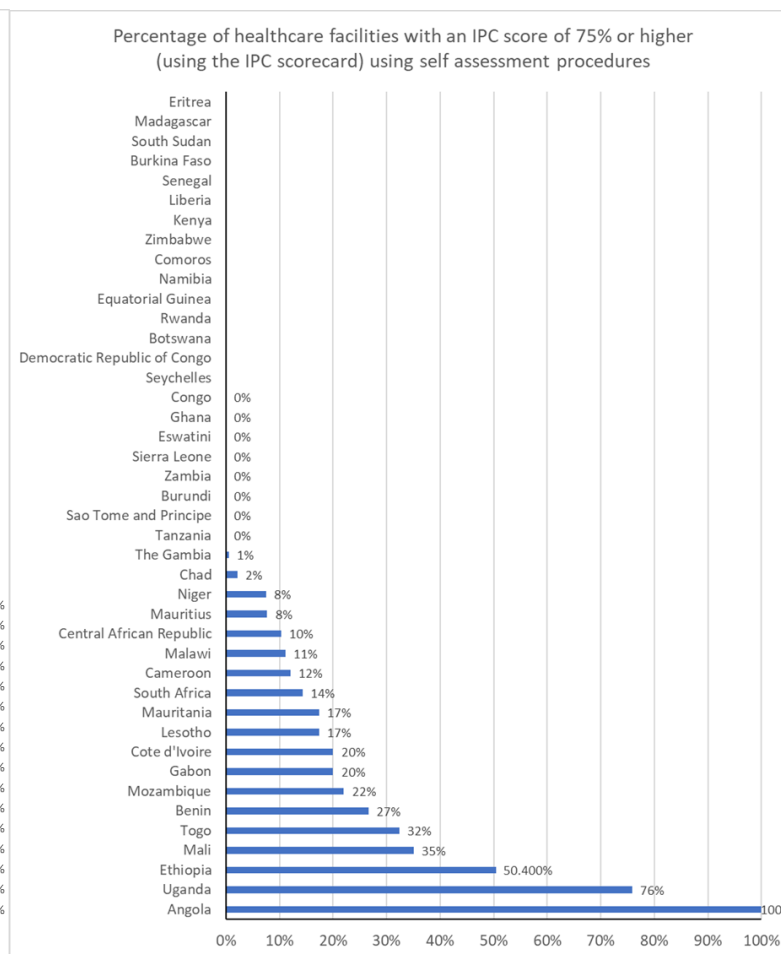
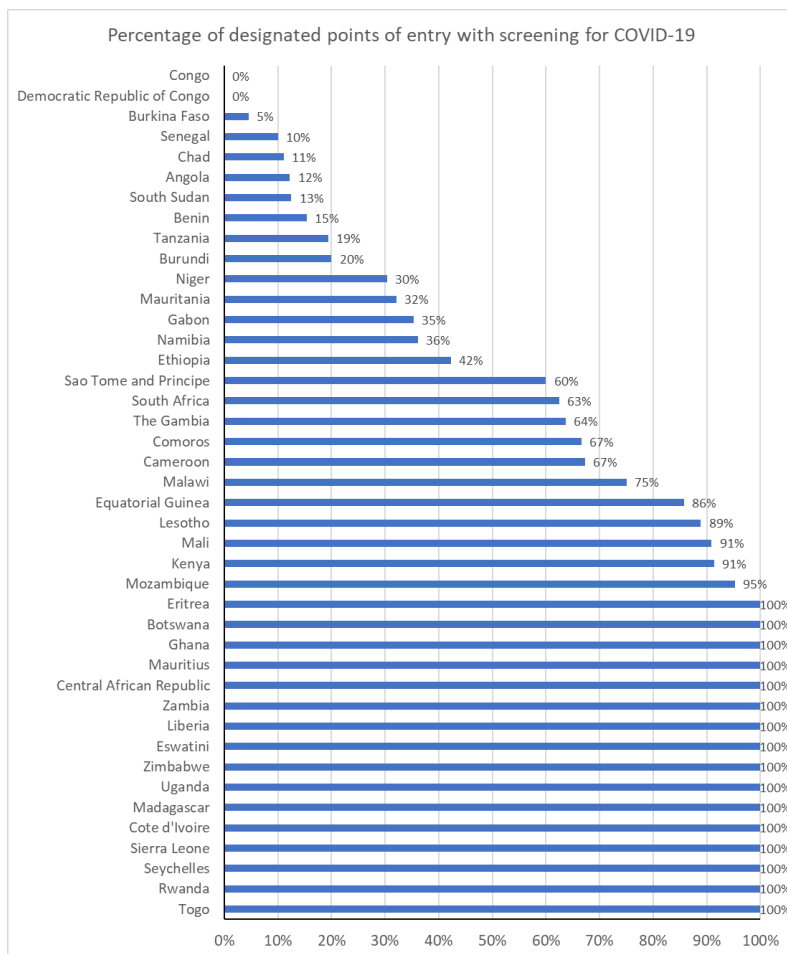
Table 1: Key Performance Indicator Values

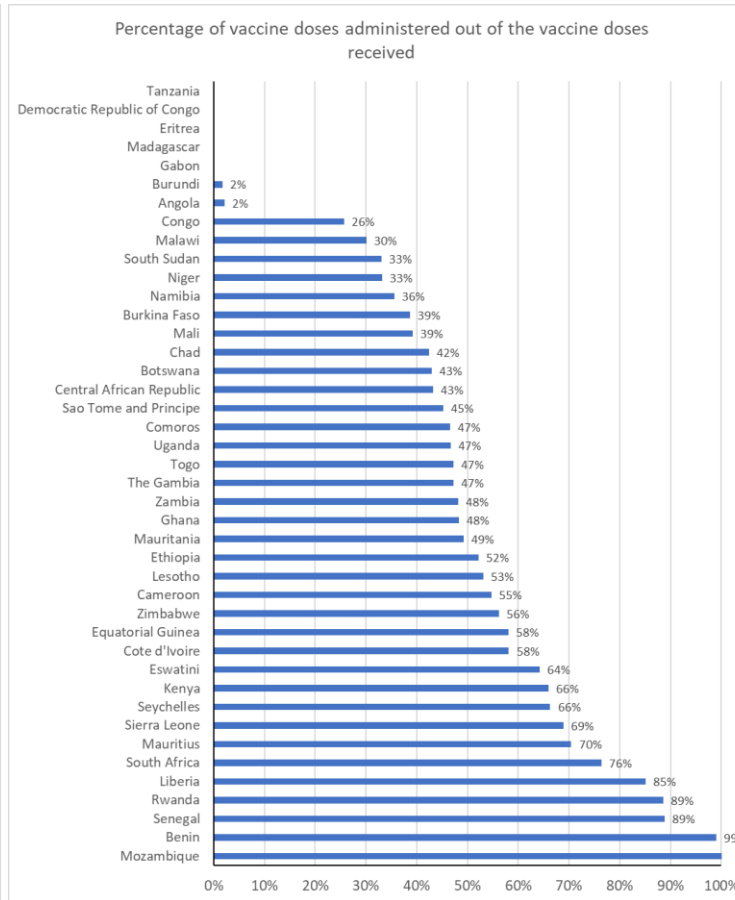
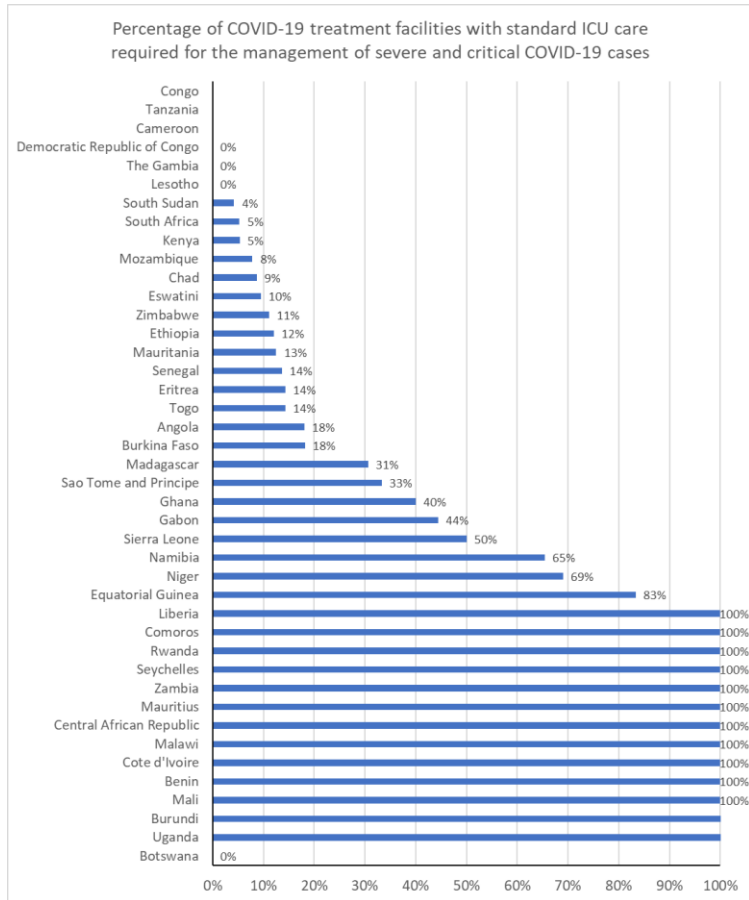
Appendix I Key Performance Indicators by country

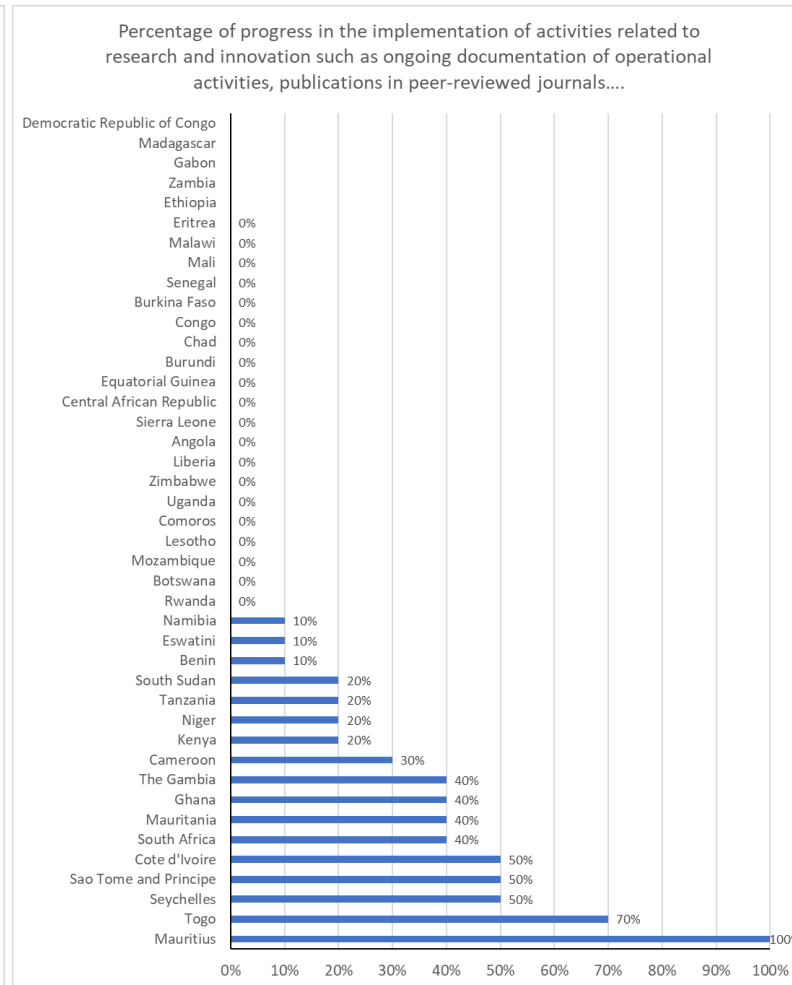
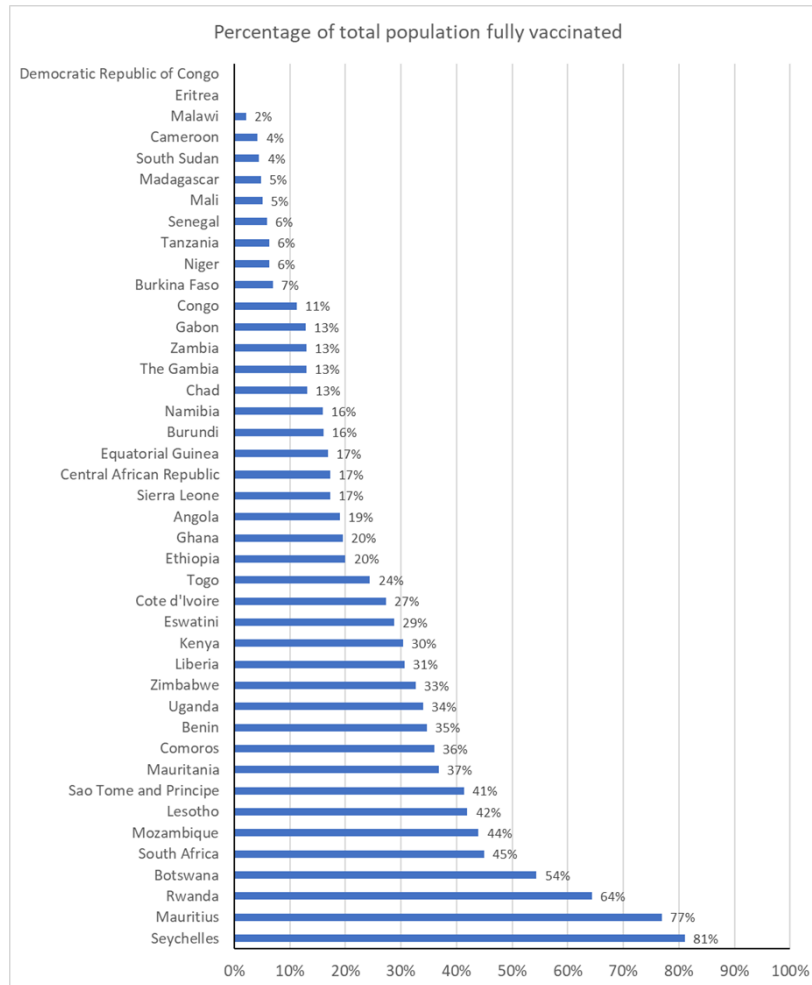












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Dear Reader, kindly note that the current monthly report provides a retrospective of activities undertaken in May for the COVID-19 response.

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The pillar teams provided the biweekly updates for the Regional Director's briefs, which have been extensively used to inform the bulletin.