

# COVID-19 IMST\* Monthly Bulletin

Situation and Response actions in the African Region



March 2022



\* Incident Management Support Team

## 1 Update on the COVID-19 Epidemiologic situation in the African Region

Globally, as of 31<sup>st</sup> March 2022, there have been 486,761,597 confirmed cases of COVID-19, including 6,142,735 deaths, reported to WHO. Cumulatively, the WHO AFRO region has contributed to 8,580,381 confirmed cases and 171,086 deaths. The average case fatality ratio (CFR) in the fourth wave has been low (1.0%) compared to all previous waves which were above (2.4%), respectively. In the month of March, there was an overall decline in cases in the WHO-AFRO region, with 153,755 new cases reported against 201,950 in February (a 24% decrease). Three countries accounted for 83% of all new cases in March: South Africa (43,025, incidence rate 71 cases per 100,000 population per month, Mauritius (42,699, incidence rate

3348 cases per one hundred thousand population per month, and Botswana (41,576, incidence rate 1704 cases per one hundred thousand population per month. The incidence rate of Mauritius is almost fifty times that of South Africa and twice that of Botswana. In addition, 1,012 deaths were reported in March, a 73% drop from the 5,581 deaths reported in February. Majority (73%) of the reported deaths in the last month were in South Africa (608), Botswana (67) and Mauritius (64). As shown in Figure 1 below, the southern Africa region still contributed to majority of the cases, with most of these cases coming from South Africa and Zimbabwe.

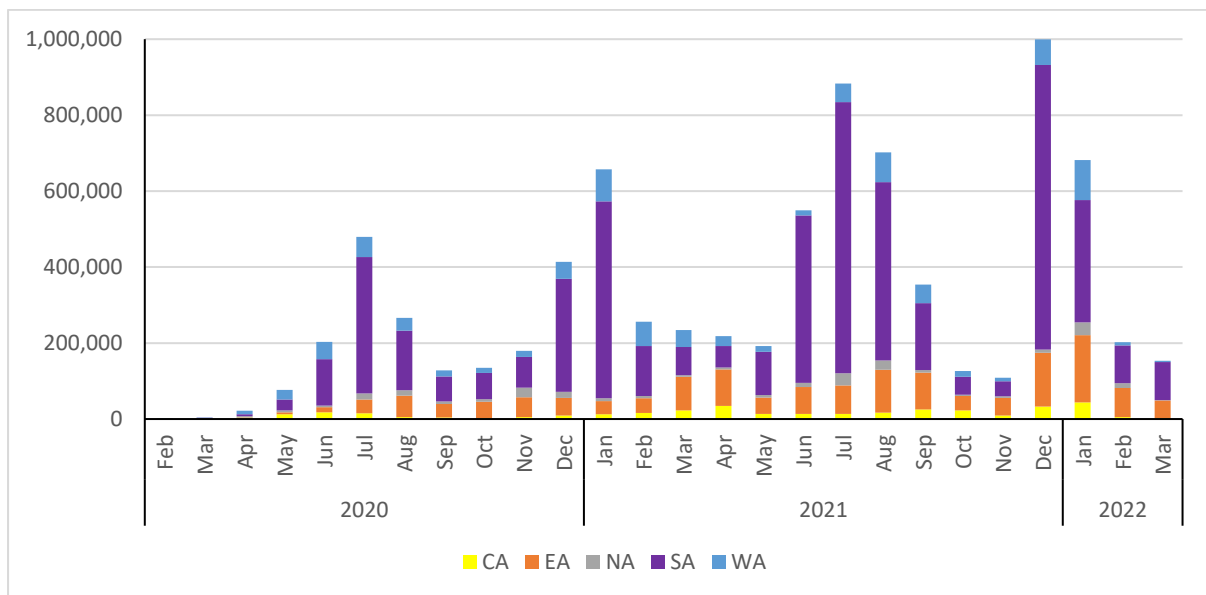


Figure 1 Monthly change in cases till March 2022 by WHO AFRO sub-region. WA-Western Africa, SA-Southern Africa, NA-Northern Africa, EA-Eastern Africa, CA-Central Africa.

## 2 Update on countries under Situations of Concern (SOC)

At AFRO level, there is continuous monitoring of status of resurgence in countries on a weekly basis, using a grading mechanism to classify countries whether it's in resurgence, has very high incidence, in alert status or under control. Countries are classified to be in resurgence if they have a 20% or more week-on-week increase in the number of cases reported for at

least two consecutive weeks; and an incidence proportion of 30% or more of the previous wave. Classification of very high incidence entails those with more than 500 cases per one million population for the epi week. By end of March, only Mauritius was in resurgence, while Seychelles was the only country with very high incidence rate. However, for both countries,



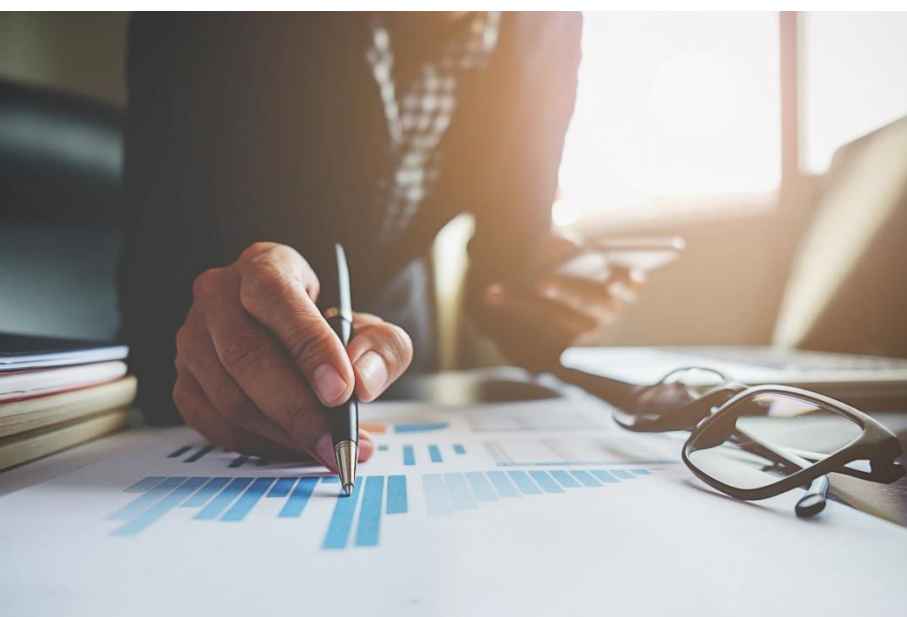
there is a downward trend in cases with bed occupancy proportion decreasing significantly to 15% by end of March compared to 30% in epi-week10 and, only Equatorial Guinea was classified to be in alert status. All other 44 countries are in the low incidence category (not having a very high incidence rate or in alert for increasing incidence, or in resurgence (or going into or recently coming out of resurgence). This is in comparison to the situation at the end of February 2022 when Mauritius and Madagascar were in resurgence while Seychelles was also the only country in the very high incidence category. Zimbabwe was in an alert status in the first three weeks of March 2022 when it experienced a significant rise in cases. This was attributed to detection of clusters of cases among school-going children who were day scholars, transmission of the BA-2 sub-variant, reduced COVID-19 risk

perception and associated non-adherence to public health and social measures (PHSMs). There were also concerns about other humanitarian challenges such as tropical storms in Madagascar that may affect classification of SOCs.

### 3 Update on pillar response actions

#### 3.1 Case Management

As the cases are on a decline the case management pillar continues to work towards addressing health system challenges and enhancing preparedness for a resurgence. This includes continued support to member countries on improving critical care capacities, engagement with partners to improve clinical care management and onsite support to countries that are reporting high mortality rates. The second phase of the Basic Emergency Care training was concluded in Nairobi, Kenya. The training, which closed on Friday 25 March 2022, brought together 80 participants from 12 countries. A consultant from the team alongside a biomedical engineer will be sent to Lesotho to support the establishment of an intensive care unit (ICU) in the country. The country did not have an ICU and AFRO in collaboration with colleagues at the country office will ensure an ICU is set up in the country.



Challenges	Ongoing Response Actions
Only seven countries able to procure vials of Tocilizumab through the WHO ACT-A platform	Advocate and engage member states to update treatment guidelines and procure drugs recommended for COVID-19 treatment
Drugs for the treatment of COVID-19 remain expensive in the region	Ongoing negotiations with manufacturers of Molnupiravir for reduced cost
Limited access to clinical data in the region to understand outcomes and develop guidelines on case management	Advocating for setting up hospital surveillance sentinel sites in COVID-19 treatment facilities to collate, harmonize and analyze data that could be used to inform policy formulation
Countries have challenges with therapeutics: adapting therapeutic guidelines; financing the new	WHO has been providing remote support to countries in the area of promoting and streamlining the process of adopting the guidelines

drugs approved by WHO and transmitting this knowledge to clinicians

### 3.2 Laboratory

The laboratory team continues to provide support to countries in key initiatives aimed at improving genomic sequencing capacity and testing rates. Sequencing capacity is continuously being scaled-up and most countries are presently producing their own sequences. More than 50% of sequencing data are from southern countries with more countries being added to the list month by month. In the Month of March 2022, Mauritania shared its first sequences in the

Global Initiative on Sharing all Influenza Data, GISAID. There was also a launch of hands-on training for sequencing and bioinformatics for DRC, Ethiopia, Eritrea, Tanzania, Burundi and South Sudan. Country support visits to Botswana, Niger, Lesotho and DRC to train the country on sequencing as well as on epidemiological reporting, and implementation of previous recommendations by the country were also completed in March 2022.

Challenges	Ongoing Response Actions
Achieving testing target of 10 samples per 10,000 population per week remains a challenge. Angola, Benin, Cameroon, DRC, Ghana, Gambia, Guinea-Bissau, Ethiopia, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Sierra Leone, South Sudan, Togo, Uganda and Tanzania did not achieve the target. Reporting is inconsistent	WHO Self Testing guidance was published and is being adapted for the region
Shortage of laboratory reagents, and procurements. Challenges in shipment of reagents were witnessed in West and Central Africa (WCA) hub	Follow-up delivery of reagents in countries
Shortage of staff to support planned country visits	Following up on requests for hiring additional staff
Submission of sequences to GISAID is a challenge in many countries, with 43% of sequences shared from South Africa	Procurement of equipment is underway to boost in-country sequencing capacity



### 3.3 Risk Communication and Community Engagement

With the COVID-19 transmission dynamic, the risk communication and community engagement (RCCE) team continued to monitor the country-level situation. This was

done through a series of assessments on best practices, community engagement activities in countries, workshops and trainings to strengthen capacities of RCCE workers in

countries. The WCA hub supported the implementation of different grants (Canadian, USG and CDC). The East and Southern Africa (ESA) hub was also actively involved in following up with countries in situations of concern (Mauritius, and Zimbabwe). Specific trainings conducted included social listening

tools for infodemic management consultants, qualitative data collection in the Republic of Congo, and training of RCCE focal persons on RCCE M&E data collection. AFRO supported 5 countries (Nigeria, Angola, DRC, Guinea, Kenya) with finances and technical guidance to plan and conduct workshops.

Challenges	Ongoing Response Actions
Results from workshops conducted in WCA show a gap in crisis communication and implementing findings from Knowledge, Attitude and Practice (KAP) studies	WCA Hub is following up with countries on challenges including continued studies on factors affecting adherence to PHSM
Lack of adherence to PHSM and low vaccine uptake in countries such as Madagascar	Continue follow-up and support the implementation of recommendations Work with the ESA and WCA hubs to collect and document RCCE best practices
Delays in reporting RCCE best practices from some countries because of engagement of the country staff in other emerging and urgent priorities (such as vaccination campaigns)	AFRO coordinated discussions on RCCE training and held meetings with RCCE workers
Observed decreasing COVID-19 cases and the subsequent easing of preventive measures by countries may be creating a laxity in the general population	Following up on the maintenance of messages that the pandemic is not over yet and campaigns to counter vaccine hesitancy and misinformation Activated 'social media listening', to monitor and detect mis-disinformation
Delays in conducting qualitative studies due to processes involved in obtaining ethical clearance	Currently reviewing the Qualitative Study Protocol to re-submit to the WHO Ethics Committee

### 3.4 Points of Entry

AFRO updated its public health and social measures to include International Health Regulations (IHR) additional health measures. It is accessible on the following [link](#). The IHR additional health measures were based on a country's assessment of the situation unlike the initial PHSMs that were recommended under the IHR with respect to country's capacity to prevent, detect and respond to public health emergencies. The additional measures include

closure of borders and schools; restriction of travel, trade and mass gatherings; reduction of economic productivity and public services, among others. The preparation of Africa Cup of Nations (AFCON) After Action Review (AAR) and the technical note contextualization of Omicron guidance for International Travel in the AFRO region is ongoing. A technical support mission is planned for the Cameroon 2021 CAF AFCON AAR.

Challenges	Ongoing Response Actions
Most countries do not publish new measures on the official web sources	The AFRO PoE team directly contacts countries that are not directly reporting new measures for official documentation and clarification
The status of international travel mitigation measures for the last three months has been published. Eleven (11) countries (Liberia, Burkina-Faso, Equatorial-Guinea, Ghana, Guinea, Kenya, Mauritania, Botswana, Malawi, Zimbabwe and Algeria) are now	Preparation of the technical note contextualization of guidance for international travel in the AFRO Region is ongoing

requesting evidence of COVID-19 vaccination for international travel

### 3.5 Infection Prevention and Control

AFRO in collaboration with WHO headquarters launched an infection prevention and control (IPC) community of practice on 8<sup>th</sup> March 2022. Officers from the ministries of health in Niger and South Africa were trained on the IPC community scorecard (CSC) tool. The CSC process is a powerful tool to monitor services, empower citizens, and improve the accountability of service providers. The scoring exercises provide citizens with the opportunity to analyze services such as health services or education based on their personal perceptions. Citizens can provide encouragement for good work or express dissatisfaction. In a common collaboration between rights holders and duty bearers, the provision of services can sustainably change for the better. AFRO

continues to support countries in IPC. An in-depth meeting was held with Ethiopia to review activities and areas of support as well as identify priority activities to be supported by HQ/AFRO. A bilateral meeting was held with Uganda on protection against, identification and management of health worker infections. Another bilateral meeting was held with Kenya to review IPC monitoring and evaluation indicators. A training workshop for trainers of trainers (ToTs) and health care workers in Lesotho, Botswana, Eswatini, Kenya, Ethiopia and Uganda were conducted on IPC during emergency situations. Discussions on the incorporation of IPC as a module in the Basic Emergency Education curriculum were initiated.

Challenges	Ongoing Response Actions
IPC programs lack resilience	Technical and financial support to Member States' sustainable national IPC Programme development, for ensuring resilience in future public health emergencies
Continued financial challenges in implementing IPC programmes in the region	

## 4 Update on COVID-19 Vaccination

Across African countries, there has been a concerted effort to scale up vaccination towards achieving the 70% global COVID-19 vaccination target scheduled for June 2022. Key indicators show progress with an increase in COVID-19 vaccination coverage from 9.3% by end December 2021 to 15.6% on 20 March 2022. Central to implementation of vaccination campaigns is reaching more people, particularly in hard-to-reach areas.

Country Support Teams (CST) were deployed to work with countries in developing and implementing tailored strategies to ramp up COVID-19 vaccinations. Campaigns in January and February 2022 led to increase in vaccination coverage in different countries in the region. For example, coverage increased by 136% in Ethiopia, 94% in DRC and 147% in Guinea Bissau.

Challenges	Ongoing Response Actions
Many countries are citing high levels of vaccine hesitancy due to low disease risk perception, increased political activities (Kenya and Zimbabwe), and competing priorities from other emergencies such as meningitis, measles and polio which are straining human resource capacity	WHO continues to advocate for country support teams to work towards integrating COVID-19 vaccination into existing programmes, such as tuberculosis, HIV/AIDS, polio, and maternal health  Implementing Phased COVID-19 vaccination campaigns



# COVID-19 RESPONSE

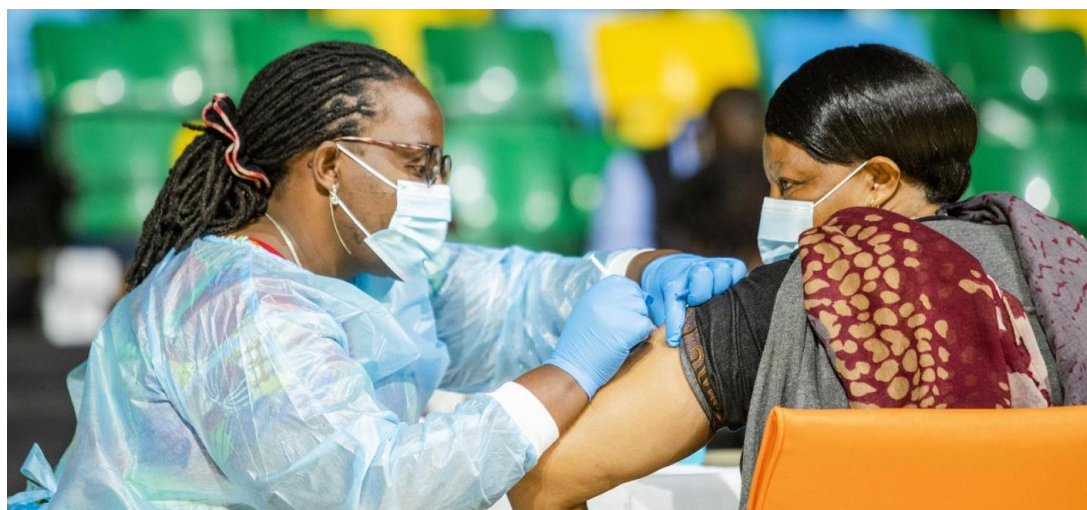


Lack of political commitment

Countries are combining health facility point of delivery and community outreach approaches to reach as many people as possible  
Partnership strengthening is also ongoing. Kenya, Tanzania and Ethiopia are among the beneficiaries of the Africa CDC microplanning support under the Saving Lives and Livelihood Program

One of the innovative COVID-19 vaccine demand generation initiatives is the use of vaccine champions from among community influencers, such as traditional chiefs, religious leaders and local celebrities, to endorse vaccination

Still need to cultivate political commitment in countries like Chad, DRC, Eritrea (where vaccination has not started), Gabon and Sierra Leone



#### 4.1 **SUCCESS STORY: Vaccine Champions: The channel to scaling up vaccination coverage in countries**

Some countries in the AFRO region are sailing towards achieving the 70% global vaccination target through groundbreaking innovations.

One of the innovative COVID-19 vaccine demand generation initiatives is the use of vaccine champions from among community influencers, such as traditional chiefs, religious leaders and local celebrities, to endorse vaccination. The champions are equipped with vaccine knowledge (benefits) and communication skills to pass the message through short messages on social media, SMS, radio and TV, and their interactions with the communities during events and mass vaccination campaigns.

Countries using vaccine champions to scale up vaccination coverage are Kenya, South Sudan, and Cameroon. Key indicators in these countries show progress with an increase in vaccination coverage due such initiatives. In Kenya, 16% of the population are now fully vaccinated, a scale-up from the 10% recorded in January 2022. In South Sudan, 5% of the population are fully vaccinated as at April 11, compared to 2% in January 2022. Meanwhile in Cameroon, 4% of the population are now fully vaccinated, an increase from the 2% recorded in January 2022. These results are all indication that the key approach to reaching more people, particularly in hard-to-reach areas, is by increasing the use of key local influencers to lead mass vaccination campaigns.

## 5 Update on documentation and contextualization of technical briefs

- ▣ There is an ongoing adaptation and regional contextualization of technical briefs, and global technical guidelines – such as on Omicron – for the African region.
- ▣ **Two technical notes:** Technical note on the shortening of the quarantine period for contacts of COVID-19 cases and a technical note on adjusting public health and social measures in the
- ▣ *COVID-19 booster shots; COVID-19 variants; Effectiveness of COVID-19 vaccines against severe COVID-19 and waning immunity against variants; Herd Immunity; Mix-and-matching (heterologous schedules) COVID-19 vaccines*, have been finalized and disseminated via SharePoint and African COVID-19 Vaccine Readiness and Deployment Taskforce (ACREDT).
- ▣ **Two technical notes:** Adapting international travel and point of entry Guidance, adapting risk communication community engagement guidance, and adapting IPC measures in health care facilities (HCF) in the context of Omicron are currently undergoing final revisions at

response to COVID-19 in the WHO Africa region have now been published on the WHO site.

- ▣ **A technical note** on: Vaccine effectiveness of primary series and booster doses against the Omicron variant and **seven explainers** (*COVID-19 vaccination in children and adolescents; Breakthrough COVID-19 infections following vaccination*; the sub pillar level before internal peer review.
- ▣ **Three technical notes:** Implementation guidance note on case management for the Omicron COVID-19 patient; implementation guidance note on the formulation of ICUs; a technical note on making functional the national EMTs are in the final phase of development at the sub pillar level.





## 6 Update on the proposed documentation and set of indicators for monthly monitoring the USG funding support to WHO Country Offices

The United States Government (USG) in accordance with the American Rescue Plan Act of 2021, pledged funding support to WHO for COVID-19 activities in 2022 to the tune of \$280M. So far, \$100M has been received from the USG to support the COVID-19 response in WHO AFRO in 2022. In line with strengthening a country-focused approach to program planning and implementation, WHO AFRO allocated the \$100M in the ratio of 20% (\$20M) to fund country support activities at the Regional office, and 80% to fund activities at the WCO level.

To allow the countries the flexibility of utilizing the funds, the 47 countries shared their response plans. The regional office has proposed 17 performance indicators (KPIs) to assess the progress of the implementation of the plans, as shown in *Table 1*. The numerators and denominators have been identified collaboratively, and the Excel sheet with KPI calculation guidelines will be sent to the WCOs. As an ongoing process, the KPIs will be calculated by the WCOs using guidelines provided by AFRO. They will then be summarized as percentages, means (SD), and medians (Interquartile range) at AFRO. Additionally, as part of this monthly bulletin, the results will be disseminated in a monthly bulletin that will highlight the implementation progress.



**Table 1: Proposed key performance indicators and their descriptions**

Function	SN	KPI	KPI description
Coordination	1	a) Percentage of key response pillar functions filled by dedicated experts at national and sub national level	Key positions that have been filled in country offices at national and subnational level divided by key positions that should be filled  The key positions that should be filled are incident manager (IM), surveillance, case management, risk communication and community engagement (RCCE)/infodemic manager, laboratory support, infection prevention and control, operations support and logistics (OSL), data and information management, vaccination coordinator
	2	b) Number of joint review meetings/learning exercises, conducted and documented with clear recommendations on the COVID-19 response	WCO should organize at least one joint review meeting to assess the level and quality of COVID-19 response activities supported by the USG fund as well as follow up of recommendations from previous meeting.
	3	c) Percentage of allocated fund utilized/encumbered and documented for the critical review period	Review of level of utilization of funds used from previous month  (Cumulative funds used as at time of review/total number of funds allocated for the period) *100
RCCE / INFODEMIC MANAGEMENT	4	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....	Routine RCCE activities include conducting public awareness campaigns on C-19, holding press conferences on C-19, preparing and issuing media statements on C-19, monitoring traditional and social media for misinformation and information gaps, orientation of mass media on C-19, conducting knowledge, attitude and practice assessments, dissemination of IEC materials, organizing/supporting community engagement activities to fight C-19, sensitize community health workers, religious leaders, cultural leaders, political leaders, immigration leaders, schools, traditional healers, transporters, markets, bus parks and other targeted special groups on COVID-19, conduct house to house sensitization, building capacities on RCCE, on social and behavioural insights and rumours management.

Surveillance	5	a) Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19	The number of administrative units sharing complete line listed data daily for the specific month /Total number of administrative units in the country. Reporting on at least 25 days in a month can be considered as full reporting
	6	b) Percentage of alerts of COVID-19 investigated timely	Number of alerts that have been investigated in a month/ Total number of alerts registered within the month. Zero reporting is expected if no alerts have been investigated or registered.
Points of Entry	7	Percentage of designated points of entry with screening for COVID-19	Number of PoEs doing COVID-19 screening/Total number of PoEs in the country  Screening should be based on the country's guidelines. It may include taking temperature, checking COVID-19 vaccination certificates, checking for COVID-19 PCR test results, testing for COVID-19 etc.
Laboratory	8	a) Percentage of specimens of confirmed cases sequenced (through WHO monitored genomic surveillance centres and/or country labs supported by these centres)	$(\text{Number of specimens sequenced} / 60) * 100$  The expected number of 60 per month is obtained from WHO guidelines which recommend a minimum of 15 specimens sequenced per week for countries with minimal laboratory capacity
	9	b) COVID-19 tests per 10,000 population per week	$(\text{Total number of tests in a specific month} / \text{Total population} * 4) * 10,000$
Infection Prevention and Control	10	a) Percentage of healthcare facilities with an IPC score of 75% or higher (using the IPC scorecard)	Percentage is directly extracted from the scorecard
	11	b) Number of health care workers (HCWs) infected with COVID-19	Monitoring done at specific sentinel sites
Case management	12	a) Number of newly trained staff in the management of severe and critical patients in COVID-19 treatment centres	Provide the number of staff newly trained on the management of severe and critical patients in COVID-19 treatment centres in each month using USG funds
	13	b) Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical COVID-19 cases	$(\text{Number of COVID-19 treatment facilities with standard ICU care required for management of severe and critical care} / \text{Total number of COVID-19 treatment facilities in the country}) * 100$  The minimum equipment in "Standard ICU care" are availability of high flow oxygen; availability of invasive monitoring devices and invasive therapy; continuous nursing and medical care (trained ICU staff); and advanced life



			support equipment (ventilators, patient monitors, CPAP/BIPAP, blood gas analysers, 24-hour electricity supply)
<b>Operations support and logistics</b>	14	The WCO has sufficient stocks of critical medical supplies (PPEs, testing kits and medical equipment)	Two weeks' worth of critical medical supplies are maintained at country office or partners' warehouse
<b>Vaccination</b>	15	a) Percentage of vaccine doses administered out of the vaccine doses received	(Number of vaccine doses administered as of monitoring period/ Total number of vaccine doses received as of the monitoring period) *100
	16	b) Percentage of targeted population fully vaccinated	(Number of people fully vaccinated as of monitoring period/ Total number of people targeted for full vaccination) *100%
<b>Research and innovation</b>	17	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....	To assess the progress of the implementation of research and innovation Indicate where you are along the research continuum (idea generation, protocol development, ethical approval, recruitment of study staff, data collection, data analysis, report writing, dissemination, manuscript development, manuscript submitted for publication)

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Correspondence on this publication may be directed to:

Dr. Boniface Oyugi,  
WHO AFRO Regional COVID-19 IMS Operations Analyst/ Project Management

Prof. Jayne Tusiime,  
WHO AFRO Regional COVID-19 IMS Information Management Team Lead

Dr. Thierno Balde,  
WHO AFRO Regional COVID-19 IMS Incident Manager

Dr. Abdou Salam Gueye,  
WHO AFRO Regional Emergency Director, Emergency Preparedness, and Response

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**List of contributors**

**Dr. Thierno Balde** WHO Regional Office for Africa, Republic of Congo, Brazzaville

**Dr. Boniface Oyugi** WHO Regional Office for Africa, Republic of Congo, Brazzaville

**Prof. Jayne Tusiime** WHO Regional Office for Africa, Republic of Congo, Brazzaville

**Dr. Paul O. Ouma** WHO AFRO Emergencies Hub, Kenya

**Marriane Enow Tabi** WHO Regional Office for Africa, Republic of Congo, Brazzaville

**Dr. Cristina Ribeiro Muller** WHO Regional Office for Africa, Republic of Congo, Brazzaville

In addition, we acknowledge the contributions of the pillar leads for providing the biweekly updates for the Regional Director's briefs, which have been extensively used to inform the bulletin.

**For further information, please contact:**

Dr. Boniface Oyugi – WHO AFRO Regional COVID-19 IMS Operations Analyst/ Project Management Officer, WHO Regional Office of Africa Contact: [oyugib@who.int](mailto:oyugib@who.int)

Prof. Jayne Tusiime – WHO AFRO Regional COVID-19 IMS Information Management Team Lead, WHO Regional Office of Africa Contact: [tusiimej@who.int](mailto:tusiimej@who.int)

Dr. Thierno Balde – WHO AFRO Regional COVID-19 IMS Incident Manager, WHO Regional Office of Africa Contact: [baldet@who.int](mailto:baldet@who.int)

Dr. Abdou Salam Gueye – Regional Emergency Director, Emergency Preparedness, and Response, WHO Regional Office of Africa Contact: [gueyea@who.int](mailto:gueyea@who.int)