



COVID-19 Response for Africa - monthly bulletin

Situation and Response actions in the African Region

Issue 4



COVID-19 Epidemiological Situation and Response actions in Africa
June 2022

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World Health Organization

African Region

Foreword

Half-way into the third year of the COVID-19 crisis, countries across Africa continue to present a positive front against the pandemic. While the response remains a priority, especially given the uncertainty surrounding the emergence of new Omicron sub-variants BA.4 and BA.5, countries are taking stock and using the down time in numbers to reevaluate and improve health systems capacities in the WHO African region.

This monthly bulletin showcases what WHO's team on the ground has accomplished, together with Member States and partners in the African region. We focus on a regional community-based response initiative that includes risk communication and community engagement, surveillance, Infection Prevention and Control, treatment, and vaccination. A socio-anthropological study has helped us to understand how people perceive and are receiving the COVID-19 vaccine, and other public health and social measures (PHSM), towards shaping critical strategies and interventions to address barriers to vaccination uptake and adherence to PHSM.

Full community awareness limits community transmission, and boosts vaccine uptake, with consequent improvements to Africa's capacity to fight possible future new COVID-19 variants and public health emergencies. While this community-based initiative will serve to guide us in our advocacy for community testing to curb disease spread, there is still a way to go before we reduce the community transmission of the virus or reach our target of vaccinating 70% of the people by the end of the year. Thus the importance of continuing to maintain and scale up COVID-19 response capacities in the region.

To close, I would like to point out that every year, Africa registers at least 100 health emergencies, meaning the ongoing pandemic is an additional burden to our health systems. This month, while countries remained vigilant with COVID-19, many have had to face the additional burden of monkey pox, Ebola virus disease, cholera, and wild polio outbreaks, not to mention severe drought in the Great Lakes Region, an ongoing climate-change induced crisis in the Sahel, and continued conflict in several countries.

WHO is on the ground to ensure all health crises are – if not averted – prepared for and mitigated. We care.



Dr. Abdou Salam Gueye,
Regional Emergency Director, WHO
African Region

1 African region epidemiological update for SARS-CoV-2 – COVID-19

Since the start of the pandemic, Africa reported 12 022 100 cases and 254 890 deaths, less than 2% of the global total. As of 27 June 2022, there have been 12m COVID-19 cases on the African continent, 254 890 deaths (CFR: 2.1%) and 11.2m recoveries (93.0%). The WHO African Region accounts for 71.9% of cases (8.6m), and 67.7% of deaths (172 465) on the continent. In the past week, 49 516 new cases were reported in Africa, against 36 342 the previous week, representing a **36.3% overall increase**.

Currently emerging from a brief 5th wave of the pandemic, through May, 92% of all known COVID-19 cases in Africa had been reported in the southern Africa subregion. The subregion – composed of 16 countries – applied lessons learned from previous waves, with the consequent June decline by 63% in registered cases. In Central Africa, reported cases declined by 24%. While cases rose in the remaining sub regions, numbers continued to plateau on a lower scale (*Figure 1*).

Case fatality ratios (CFR) remained low, with two countries reporting above 2.0% CFR, despite a slight upsurge in COVID-19 related deaths in Central Africa (from 02 to 19 June) and West Africa (from 29 May to 25 June). For a more comprehensive global picture please see <https://covid19.who.int/>

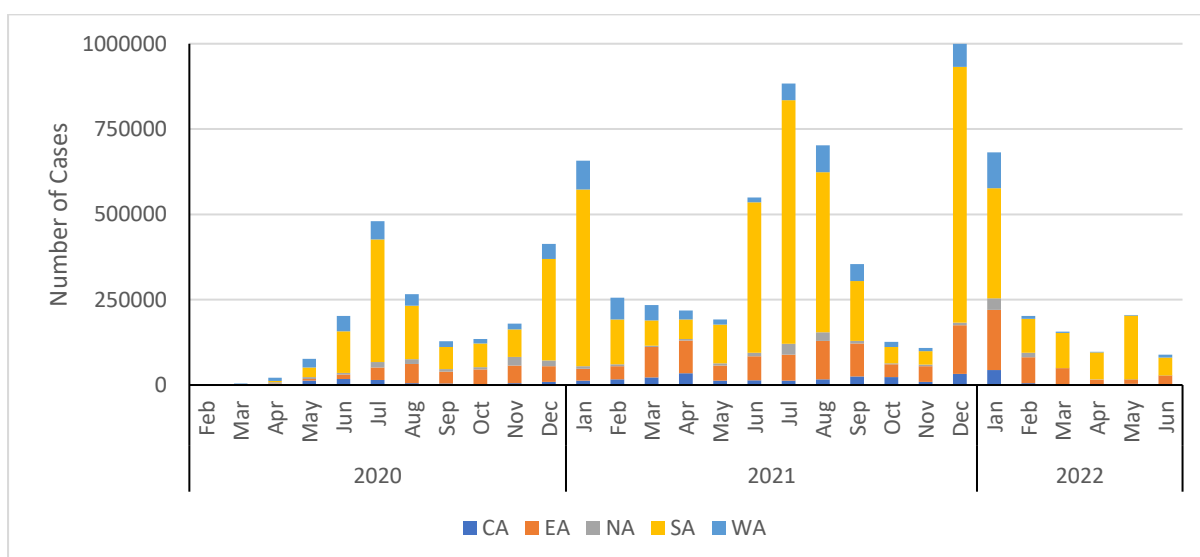


Figure 1 Monthly change in cases till June 2022 by WHO AFRO sub-region. WA-Western Africa, SA-Southern Africa, NA-Northern Africa, EA-Eastern Africa, CA-Central Africa (Data source: <https://ourworldindata.org/covid-cases>)

2 Updates on countries under Situations of Concern (SOC)

The total number of new infections by COVID-19 over the past three weeks in Africa declined. However, figures rose in North Africa, West Africa and East Africa subregions, which registered month-on-month increases of 81%, 269% and 188%, respectively. Notwithstanding

the rise in figures, local health systems are reportedly operating at capacity. No country was in resurgence at the time of writing this report. Six countries – Ethiopia, Ghana, Kenya, Madagascar, Botswana, and Cabo Verde – were on high alert, and experienced an increase in the incidence of COVID-19 in the last two weeks of the reporting period. Meanwhile, Seychelles was classified as having very high incidence, considering the number of COVID-19 cases per unit population. It is worth noting that COVID-19 deaths and admissions to hospitals and ICUs remained low in countries reporting recent upsurges, with some exceptions regarding hospital admissions. Vigilance continued, with most countries monitoring trends in disease incidence, and conducting early investigation of newly identified cases with the implementation of required response actions. Added to this, countries are working towards improving vaccination rates and adjusting public health and social measures in line with the ever-changing landscape of the pandemic.

3 COVID-19 Community-Based Response initiative

Breaking the numbers game: how a comprehensive community initiative has broken the chain of transmission and improved real knowledge – and treatment – of COVID-19 in Africa

A breakthrough WHO/AFRO regional initiative involving community healthcare workers is helping African countries unravel the challenge of identifying cases of COVID-19, necessary not just to stop the spread of the virus, but also to ensure treatment for people with mild symptoms. Since the onset of the pandemic, under-detection, and underestimation of the burden of COVID-19 has been of concern, as most of cases have been asymptomatic or with mild symptoms with no admission in health facilities. A global problem up until now, an assessment conducted by WHO in late 2021 had previously shown that across Africa, one in seven cases of the disease were detected.

But a community testing effort in 18 countries – and expanding – has changed the paradigm for case detection. Part of a comprehensive community response initiative, at stake is breaking COVID-19 transmission patterns in African countries, where a relatively youthful population is contributing to a high rate of asymptomatic infections. Enhanced community screening also helps detect those with symptoms and who need treatment.

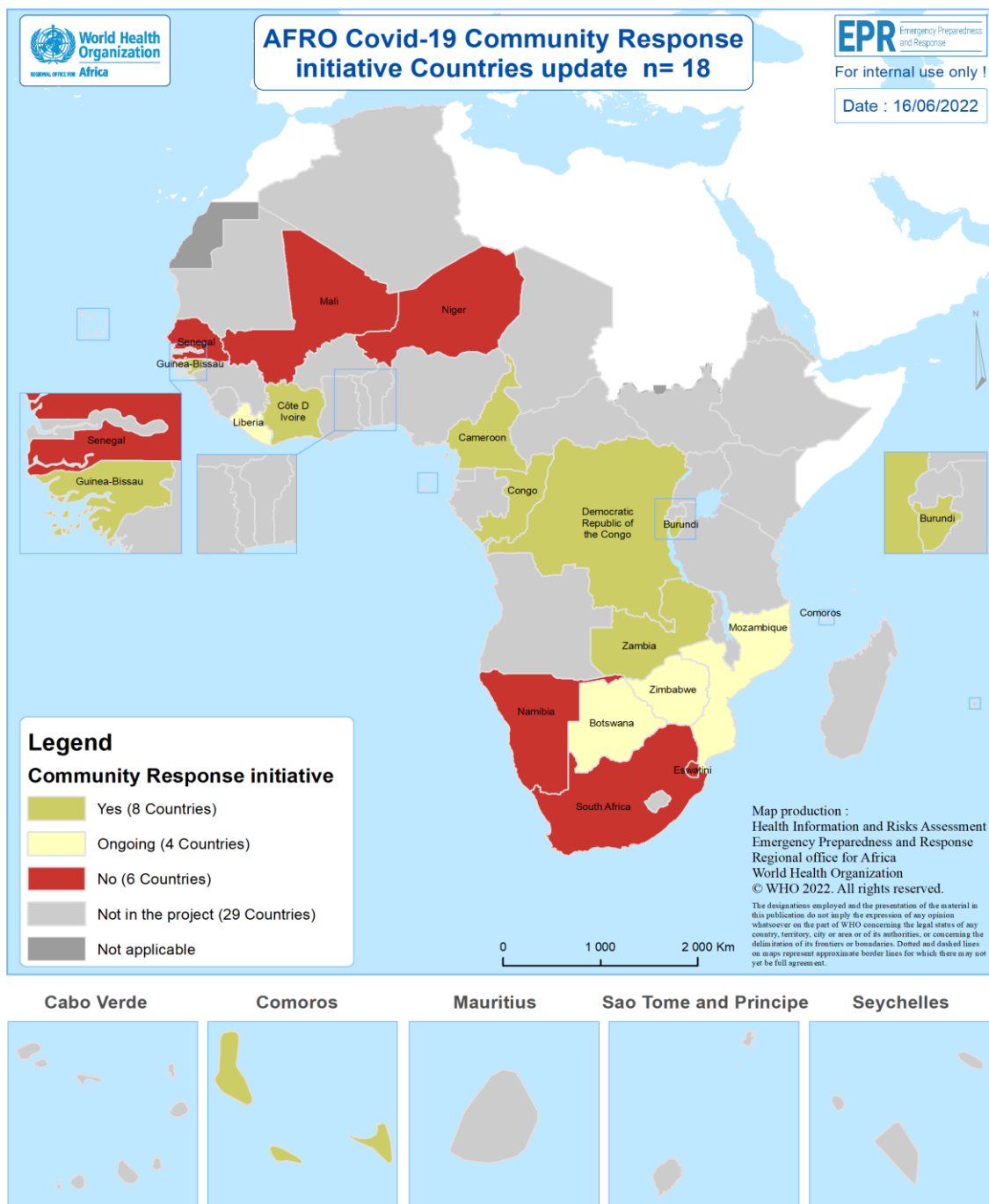
“More testing means rapid isolation, less transmission and more lives saved through targeted action,” highlights Dr Matshidiso Moeti, WHO Regional Director for Africa.

First piloted in eight countries, the project in June included 18 countries - Botswana, Burundi, Cameroun, Comoros, Republic of Congo, the Democratic Republic of Congo, Côte D’Ivoire, Eswatini, Guinea-Bissau, Liberia, Mali, Mozambique, Namibia, Niger, Senegal, Republic of South Africa, Zambia, and Zimbabwe (*Figure 2*) -, delivering rapid diagnostic tests to at least 10 million people, and increasing by 40% each participating country’s testing capacity.

Using ring strategy, COVID-19 teams target people living inside a 100-metre radius surrounding each new confirmed case, offering antigen rapid diagnostic tests to assess actual caseloads, clinical condition, and treatment requirements, and prevent further spread of the disease. Each household within reach of the initial COVID-19 patient receives a hygiene kit, containing face masks and hand sanitizers.

80 083 (49.5%) tests out of the 122 550 51 tests expected were carried out with 44.4% of these tests achieved in active districts implementing the project. Through these testing, 1 749 COVID-19 cases were detected representing 40.5% of all cases detected in implementing districts. The positivity rate is at: 2.2 (95%CI: 2.1-2.3). This is slightly higher than the regional average of 2.0%. Meanwhile, 12 407 of these cases and high-risk contacts were reached with IPC materials. 543,381 people were sensitized on risk factors, prevention measures including vaccination. Meanwhile, 95.7% of eligible people on site voluntarily accepted to be tested.

Figure 2 Progress of the AFRO COVID-19 Community-Based Response initiative



Integrated vaccination and community testing

Integrating measles routine immunization and awareness with COVID-19 vaccination, in addition to advocacy surrounding sleeping sickness – Trypanosomiasis – has resulted in better community understanding and acceptance of the vaccine. In the Democratic Republic of Congo, for example, 27 213 new vaccines were applied – about 27.2% of all people vaccinated in the implementing district – by the WHO-led community-based response team. Aligning the community response with other health activities also improves cost efficiencies.

Despite the progress, this kind of integration faces difficult-to-resolve bottlenecks surrounding healthcare worker shortages and other logistic resources. In several instances, available community health workers are overwhelmed by accumulated functions, leading to delays in rolling out of community-based responses actions, including delays in supply procurement and logistics. Moreover, routine data collection – either conventional or electronic - is often neglected, which limits the quality of reporting, with long reaching implications for policy design and decision making.



Community-based testing in Comoros-@WHO AFRO

4 Update on pillar response actions

4.1 Case Management

To scaleup access to COVID-19 therapeutics for Member States via the Access to Covid Tools Accelerator - ACT A - platform, the case management team has secured funds from UNITAID and UNICEF. ACT-A is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The therapeutics will be purchased through the ACT A HSRC multi agency partnership composed of WHO, GAVI, Global fund, UNICEF, the Global financing facility, and the World Bank. Funds have also been confirmed for the clinical sentinel surveillance project.

From January to June 2022, train-the-trainer cascade training on emergency care was conducted for 63 experts in the region. The first of two sessions was held in Ghana for 43 participants (Ghana: 23 (continued to Provisional and Master trainers), Gambia: 5, Liberia: 5, Sierra Leone:5, Nigeria: 5). A second training was held in Kenya for 20 participants (Botswana: 5, Eswatini: 5, Namibia:5, South Sudan: 5). Trainees have already begun deployment in their countries. Additional training will be organised in August in Senegal, targeting participants from nine countries.

A regional refresher training for all WHO (AFRO, WCOs, Hubs) C/M staff/ consultants has been scheduled for August. Regional training is required to enable a pool of Master trainers to support cascade training. The cascade training targets a pool of emergency and critical care staff to support emergency and critical care at National and subnational Levels. In the past month: we have supported training in **three countries (Lesotho, Participants: 45; Botswana, Participants: 25; Eswatini, Participants: 25)**

Case management expertise has consistently targeted ICU capacities in the region and has identified 4-5 countries to restructure ICUs for the next six months. Activities - with a US \$250 000 fund - are scheduled to kick-off with two countries - South Sudan and Togo -. A new ICU unit in Lesotho will address the country’s operational gaps in treatment capacities for severe and critical COVID-19 patients - and those suffering from similar severe conditions.

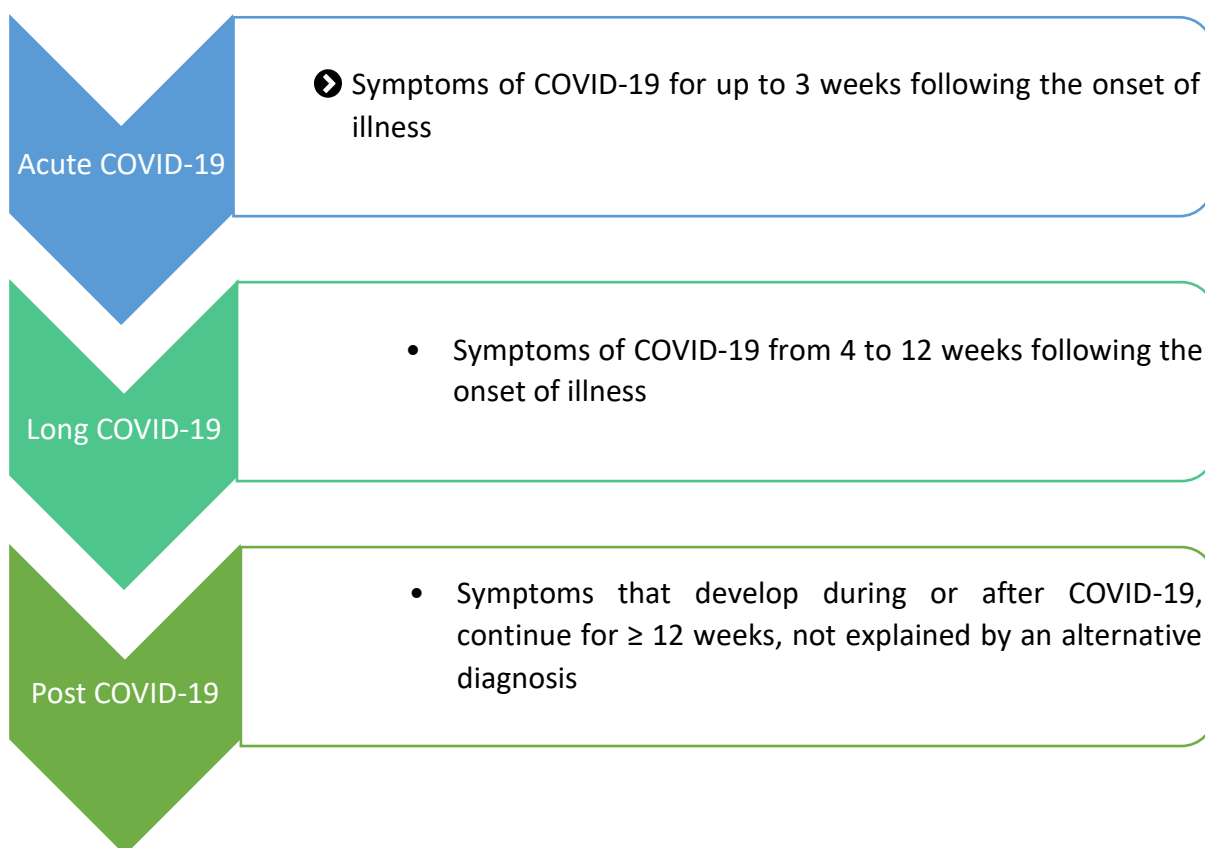
Challenges	Ongoing Response Actions
Low uptake of COVID-19 therapeutics via the ACT A platform	Scaleup access to therapeutics for Member States via the ACT A platform
The critical gap in monitoring patients on home-based isolation and care (HBIC) was noted while following up mild cases in the communities	The team is embarking on the Basic Emergency Care training (BEC) and critical care trainings (ESICM) for all 47 Member States (Jan- Dec)
Staff in need of capacity strengthening activities to improve knowledge in critical care	Increase the capacity of health care workers on emergency and critical care

Country Focus

Zambia: Manual developed to facilitate treatment of Post COVID-19 conditions

Health authorities in Zambia developed a manual on post-acute COVID-19 management, titled “Post-Acute COVID-19 Clinical and Operational Guidelines.” It was drafted with support from WHO and the African Centres for Disease Control and Prevention (Africa CDC), in response to a sharp increase in infected persons, which led to higher needs for hospitalization, and higher mortality. The manual provides management guidance for mild and moderate cases, and for severe cases in self-isolation. It contains special considerations and programmes for vulnerable populations such as the elderly, patients with chronic diseases, pregnant and lactating women, and children. It also addresses the issue of post COVID-19 integration in essential health services, access to treatment, rehabilitation, physiotherapy, and psychosocial counselling. The manual has been printed and disseminated to health facilities and stakeholders at national and sub-national levels. The publication is scheduled in the coming months for dissemination to other countries in Southern Africa.

Figure 3 Excerpt of the manual showing a clinical case definition of post COVID-19 condition by a Delphi consensus (WHO)



Country Focus

Ghana: WHO supports Pressure Swing Adsorption (PSA) Oxygen Plant capacity building

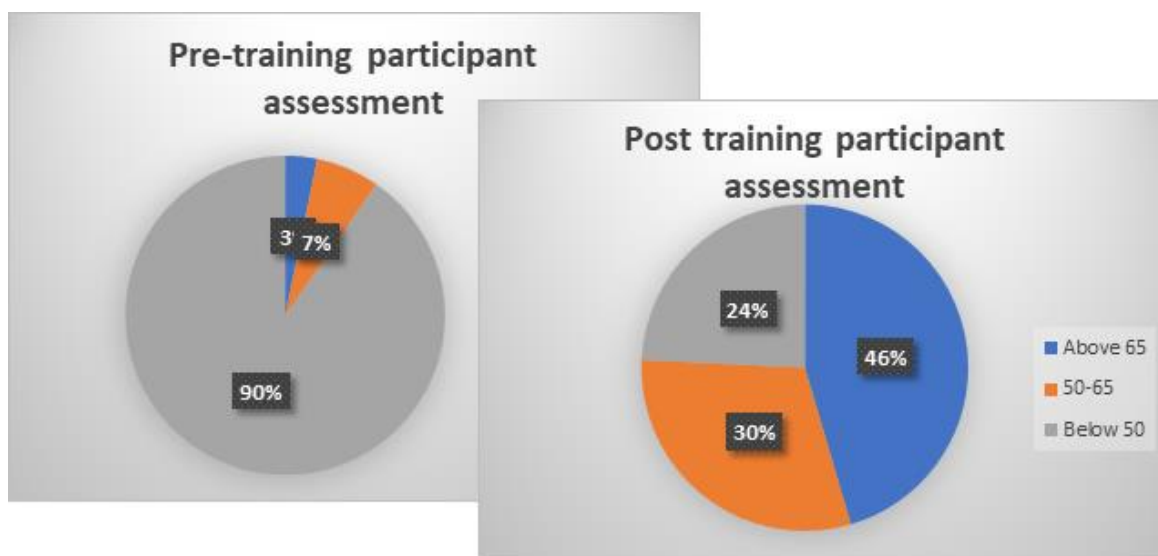
To support the country’s oxygen scaleup initiative, a team composed of WHO technical officers and Ghanaian health authorities provided a five-day hands-on training to 89 clinical engineers in Ghana on *Pressure Swing Adsorption (PSA)* oxygen equipment. They also supported the repair of three additional plants. Although Ghana suffered considerable medical oxygen shortages during the initial months of the COVID-19 pandemic, PSA oxygen plants are present in several facilities across the country.

Maintaining these facilities to standard requires timely and expert maintenance. To this end, during the month, WHO experts guided engineers at Tamale Teaching and Shai-Osudoku Hospitals, in Ghana, on general aspects of air compressor maintenance. Participants in the training were encouraged to repurpose old tyres to make motor membranes, in the absence of adequate spare parts, which have since been included in the COVID-19 response procurement schedule. A training assessment was carried out before and after the training. Results of the assessment are shown in Figure 4 below.



WHO experts guiding engineers at Tamale Teaching and Shai-Osudoku Hospitals, in Ghana, on general aspects of air compressor maintenance-@WHO-AFRO

Figure 4 Pre and post training assessment results



4.2 Laboratory

Testing for SARS CoV-2 continued in the region, with most countries presenting a positivity rate of less than 5%, excluding those surrounding South Africa where the surge has spilled over to neighbouring countries.

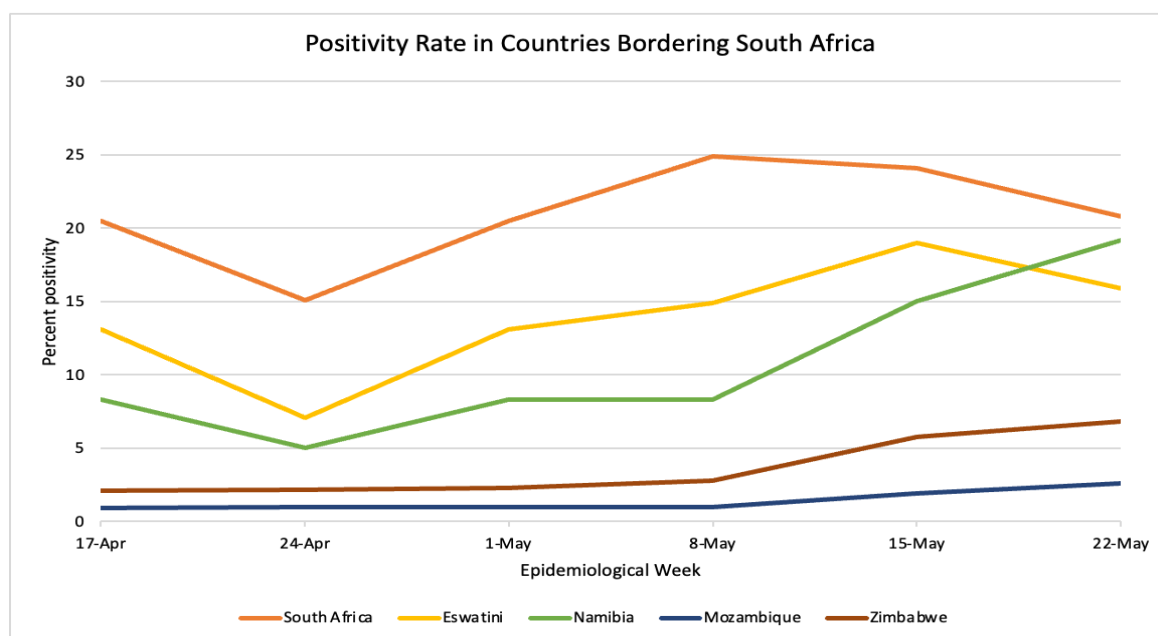


Figure 5 Positivity rate in countries bordering South Africa

The delivery of reagents for sequencing activities, and a community surveillance project continued in June. Sequencing capacities were scaled up through trainings for highly skilled human resources, and equipment procurement towards improved testing capacities.

There was an approximately three-fold increase in the genomic sequences produced in the region compared to the same period in 2021. Critical in management of most pathogens, increased genomic sequencing is instrumental in boosting capacity to identify variants, improve surveillance and the response. In this vein, during June, African laboratories produced **117 630** sequences compared to **116 148** reported during the previous week. In 2022, **51 905** sequences were reported against about **17 403** sequences reported in 2021. As this report was being prepared, 650 laboratories had enrolled in the WHO SARS CoV EQA, a 15-fold expansion of PCR testing capacity in the region, from the initial 43 laboratories in March 2020.

Challenges	Ongoing Response Actions
Lack of staff at Nairobi and Dakar hubs to support East and Central African countries	Requests have been made for recruitment of epidemiologist and bioinformatician
Low reporting on testing data by countries continues to be a problem	Questionnaire sent to countries to collect additional information on testing
Delayed approval of country visits from the individual country ministries of Health	Follow-up virtual calls for visited countries to provide technical support



Procurement of equipment and reagents has been improving testing in AFRO countries-@WHO AFRO

4.3 Points of Entry (PoE)

During the first three weeks of June, 41 countries updated international travel measures. [AFRO IHR MEASURES \(arcgis.com\)](https://arcgis.com) reveals that four countries are currently requesting test-on-arrival compared to five countries in May. Twenty-nine countries continue to apply COVID-

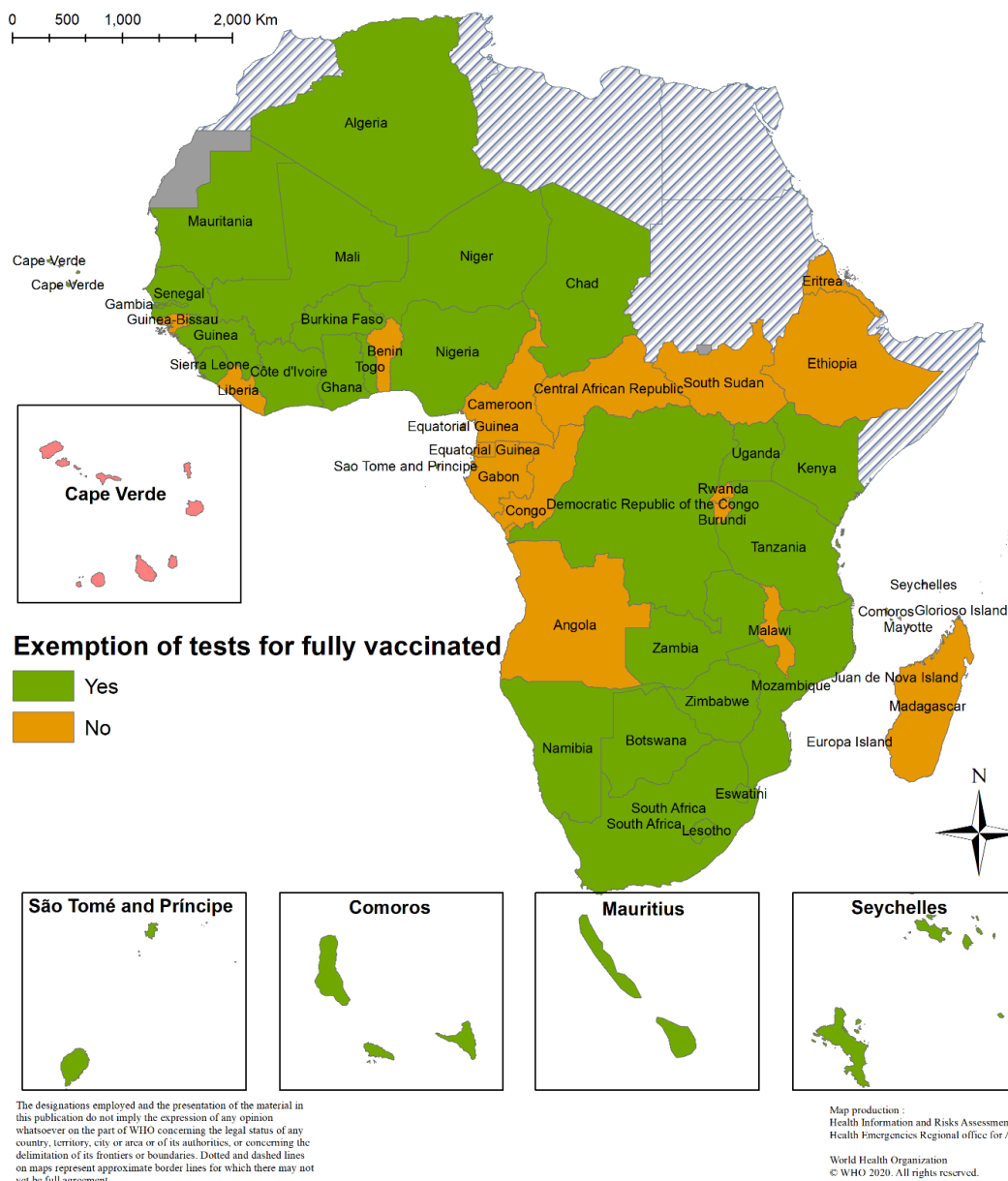
19 test exemption for fully vaccinated travellers. Equally, nine countries require evidence of COVID-19 vaccination for international travel. A mobile version of the web dashboard has been developed and widely disseminated through [AFRO region Travel requirements - Mobile version \(arcgis.com\)](#).

During the same period, several activities were undertaken to enhance points of entry surveillance:

- IHR Core capacity Assessment tool to Eswatini MOH (12 participants) and WCO (2 participants) virtual meeting, followed by a remote support for data collection and analysis.
- A Cross-border collaboration virtual meeting for 75 participants was held on 7- 8 June to strengthen regional health security between Algeria, Mali, Mauritania and Niger, with a strong focus on joint priority interventions.
- With the start of the pilgrimage season to Mecca, advice and documentation sharing was undertaken in West Africa, regarding communicable diseases prevention and screening, in addition to increasing the opportunity for COVID-19 vaccination.
- Adaptation of the training modules for professionals working at the PoE level for Equatorial Guinea.

Challenges	Ongoing Response Actions
PoEs gaps and needs on IHR core capacities specially at the ground crossing are still to be established for sustainability	Establishing remote and face to face briefing and training support to countries to conduct IHR Core capacity assessment at the PoEs
Interoperability deficiency in countries' digitalisation system of vaccination card authentication for international travellers	Sharing lessons learned from other countries, advocating for cross border collaboration in the vaccination card authentication and providing technical/technology support through the WHO Immunization and data management unit

Figure 6 Disaggregation of AFRO countries based on whether fully vaccinated individuals are exempted from testing before arrival (green), or still not exempted (Orange).



4.4 Risk Communication and Communication Engagement (RCCE)

During June, a qualitative socio-behavioral study to support a community-based response initiative in Republic of Congo, Guinea Bissau and in DRC was finalized with the objective of understanding and addressing barriers to vaccine uptake and adherence to PHSM. Also, this month, several COVID-19 vaccination booster campaign messages geared toward communities were drafted. Rumor and misinformation management was also a priority, and several social and mainstream media – twitter, radio spots, and print - products are in the pipeline, to enhance public awareness of the disease, while countering false information.

WHO/AFRO Video: [Community health workers on the front line of Malawi's polio vaccine programme.](#)

Challenges	Ongoing Response Actions
Low 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)
Persistent misinformation about the Omicron variant and effectiveness of the vaccines	Work on several publications to strengthen public communication and counter false information



Reporting on results of the qualitative surveys with investigators, animators and facilitators in Kinshasa, the Democratic Republic of Congo 10 June 2022-@WHO

Study: SOCIO-BEHAVIOURAL DETERMINANTS OF POPULATION ADHERENCE TO COVID-19 PUBLIC HEALTH AND SOCIAL MEASURES (PHSM) AND VACCINE UPTAKE IN THE REPUBLIC OF CONGO

Preliminary Results for Congo (April 2022)

AIM OF THE STUDY

The study sought to generate behavioral data, consisting of people’s experiences and perceptions concerning COVID-19 PHSM and vaccine uptake, to enable a Community Engagement Action Plan for supporting the COVID-19 community-based Response initiative. This initiative brings together civil society organizations, non-states actors, media practitioners, community leaders, influencers, and other key community social groups (such as women, youth groups, HCW, political and administrative authorities), in 18 countries of the AFRO Region, and eight have started field activities.¹

¹ Burundi, Cameroun, Comoros, Congo, Ivory Coast, DRC, Guinea-Bissau, and Zambia

METHODOLOGY

This qualitative study was conducted in Moundali district in Brazzaville, consisting of nine districts, among people from various social positions including teachers, health care workers, traditional healers, religious leaders, transporters, students, and women, among others. A total of 80 people (36 female) participated in the study, consisting of 10 focus group discussions (each composed of five participants) and key informant interviews with 30 participants.

KEY FINDINGS

Persistent doubts and confusion regarding COVID-19, with consequent non-compliance with Public Health and Social Measures (PHSM) and vaccine hesitancy/refusals were observed in the study. Youth dedicated focus groups showed that personal exposure to COVID-19 deaths increase threat levels and address doubt and denial issues. Furthermore, in examining compliance with PHSM, a clear pattern emerged of a generalized public perception that “COVID-19 is over.” This perception resulted from the widespread lifting of COVID-19 restrictions. Other possible obstacles for compliance with PHSM were the negative impact of COVID-19 on social relationships and home-based care, and the negative effect of public health measures on productivity, economic status, and social lifestyle.



Training of investigators, facilitators, and animators on social science intervention in epidemics and qualitative data collection. Kinshasa June 06, 2022-@WHO AFRO

The study also pointed to **low levels of health literacy concerning COVID-19 and COVID-19 vaccines**, i.e., Inadequate training of agents to provide accurate and reliable information on

COVID-19 PHSM and vaccines. On the other hand, several reasons were provided for vaccine acceptance:

- Trust in vaccines, belief that vaccines work, observed benefits among the vaccinated. With perceived threats being fear of negative experiences observed from other countries. Most study participants revealed that the death of a close relative, improved/acquired health literacy on vaccine benefits, and vaccine acceptance by important personages triggered pro vaccination behavior. Refusal to vaccinate usually occurred out of fear or perceived negative side-effects of the vaccine in form of productive days lost from work/AEFIs, suspected conspiracy by health workers and fear of death;
- Concerns about expired vaccines in circulation; confusion and fears emanating from co-circulation of different types of vaccines in the same country (sometimes JJ, Sinopharm, Pfizer, etc.
- Long/unpredictable waiting times to get vaccinated.
- Several suspicions and mistrusts were expressed, such as the reason behind mandatory vaccination, deep-rooted mistrust in political authorities: association of COVID-19 as disease of rich people, suspicions of nepotism, in aid distribution to populations, and infertility' phobia.

Several key recommendations were distilled from the study. The most important were the need to rethink an integrated approach to manage COVID-19 and public health emergencies in a balanced partnership with communities, and enhancing a new co-construction paradigm, focusing on community-centered interventions, that is, knowing our communities as the starting point. Finally, the study confirmed that any community-based response project must be constructed with full engagement of and by the community.

WAY FORWARD

Conducting interventions based on community dialogue, inspired by the local model and by relying on existing cultural, traditional, and religious levers implies in a space for information exchange between health experts and communities. It helps address disease-related doubts, concerns, and questions, for building and/or maintaining trust about disease causation, and in generating demand and uptake of recommended interventions.

4.5 Africa Infodemic Response Alliance (AIRA)

Through social media listening, the AFRICA Infodemic Response Alliance (AIRA) identified online rumours that COVID-19 vaccination allegedly causes myocarditis in children, and revisited older publications that debunk this claim, while citing studies and information to push back against this narrative. Regarding country support on infodemic management, the

AIRA mentored five infodemic consultants in Nigeria, Angola, Kenya, DRC, Guinea through bi-monthly calls. Two AIRA weekly trend reports went beyond the scope of COVID-19 to address the burgeoning misinformation around monkeypox and the vaccine. A share file with on appropriate terminology was circulated to WHO Country Offices (WCO), containing information on known side effects for each vaccine, with consistent updates to mirror news developments. AIRA continues to fill information gaps on COVID vaccination, while promoting efficacy and positive impacts.

Challenges	Ongoing Response Actions
Online rumours on the side effects COVID-19 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

4.6 Strategic and Operational partnerships

Working with Non-State Actors and Civil Society Organizations

The relationship between WHO and Non-State Actors (NSA) and Civil Society Organizations (CSO) is considered essential to maintaining a close relationship with communities, academia, and partners on the ground regarding the COVID-19 pandemic response. To this end, the strategic and technical partnership team provided technical support to 27 CSOs from 15 countries of the region – Algeria, Burkina-Faso, Cameroun, Congo, Côte d’Ivoire, DR Congo, Ethiopia, Guinea, Kenya, Mali, Rwanda, Senegal, Uganda, Zimbabwe - with activities spanning from RCCE to IPC, COVID-19 vaccination promotion, operational research, and governance. In June, two workshops with CSO leaders were organized to adapt COVID-19 interventions in the targeted countries. They also included discussions on community-based best practices, operational guidelines, and dissemination through the established CSO regional network. An action plan to propose priority areas and plan sessions has been scheduled for the second semester of 2022. Among others, its aim is to engage the CSO regional network in public health messaging and reinforcing and integrating non-state actors in strategic and technical partnerships.

Meetings were held with key regional partners: the African Society for Laboratories Medicine (ASLM), the Council for Health Service Accreditation in South Africa (COHSASA), Centre Nationale de Recherche et de Formation à la Prise en Charge Clinique de Fann/l’Institut de Recherche pour le Développement (CRCF/IRD), International Federation of the Red Cross and Red Crescent Societies (IFCR), Organisation pour l’Afrique Francophone pour le Renforcement de Systèmes de Santé et Vaccination (OAFRESS), Organization of African Youth (OAY) and national partners, LEGO Nigeria. An MoU was signed with CRCF/IRD, and two new funding opportunities arose to conduct operational research on COVID-19 vaccination acceptance in communities in Burkina-Faso, Guinea and Senegal. A second funding opportunity is under study with LESGO in Nigeria, to support COVID-19 RCCE in humanitarian settings within Adamawa State.

Challenges	Ongoing Response Actions
Structural and operational gaps among CSOs which require WHO intervention to capacitate CSO based of gaps identified	Capacity-building session in key areas of COVID-19 response to increase the capacity of NSA/CSO to support implementation of activities
Funding capacity of NSA/CSO remain very low	Support the sign of MoU, Technical and financial proposal, process and identification of new CSO at WCO level



WHO works with Non state actors to adapt COVID-19 interventions in targeted countries-@WHO AFRO

4.7 Infection Prevention and Control (IPC)

Most activities undertaken during the last two weeks of June focused on direct operational support to countries, those most affected in southern Africa.

- *Support to Eswatini:* a mission was completed to strengthen IPC COVID-19 response while assessing the situation of IPC minimum requirements (MRs) at all levels of the health system. A SWOT analysis was conducted for IPC MRs; an operational plan and MNE plan for HWs protection developed and integrated into the new COVID response plan. Additionally, training was conducted for an IPC taskforce on WHO KPIs, facility and community scorecard, and HWs protection toolkit.
- *Support to Lesotho:* A face-to-face workshop was conducted as part of implementing a sustainable five-year IPC national action plan. In attendance were 60 national IPC-FP facility stakeholders. A National IPC-MR baseline assessment was conducted and scored 6/25 (inadequate). Additionally, a five-year IPC strategic plan was developed, following the WHO IPC-MR (core components), a budgeted operational plan and monitoring and evaluation (M&E) plan.

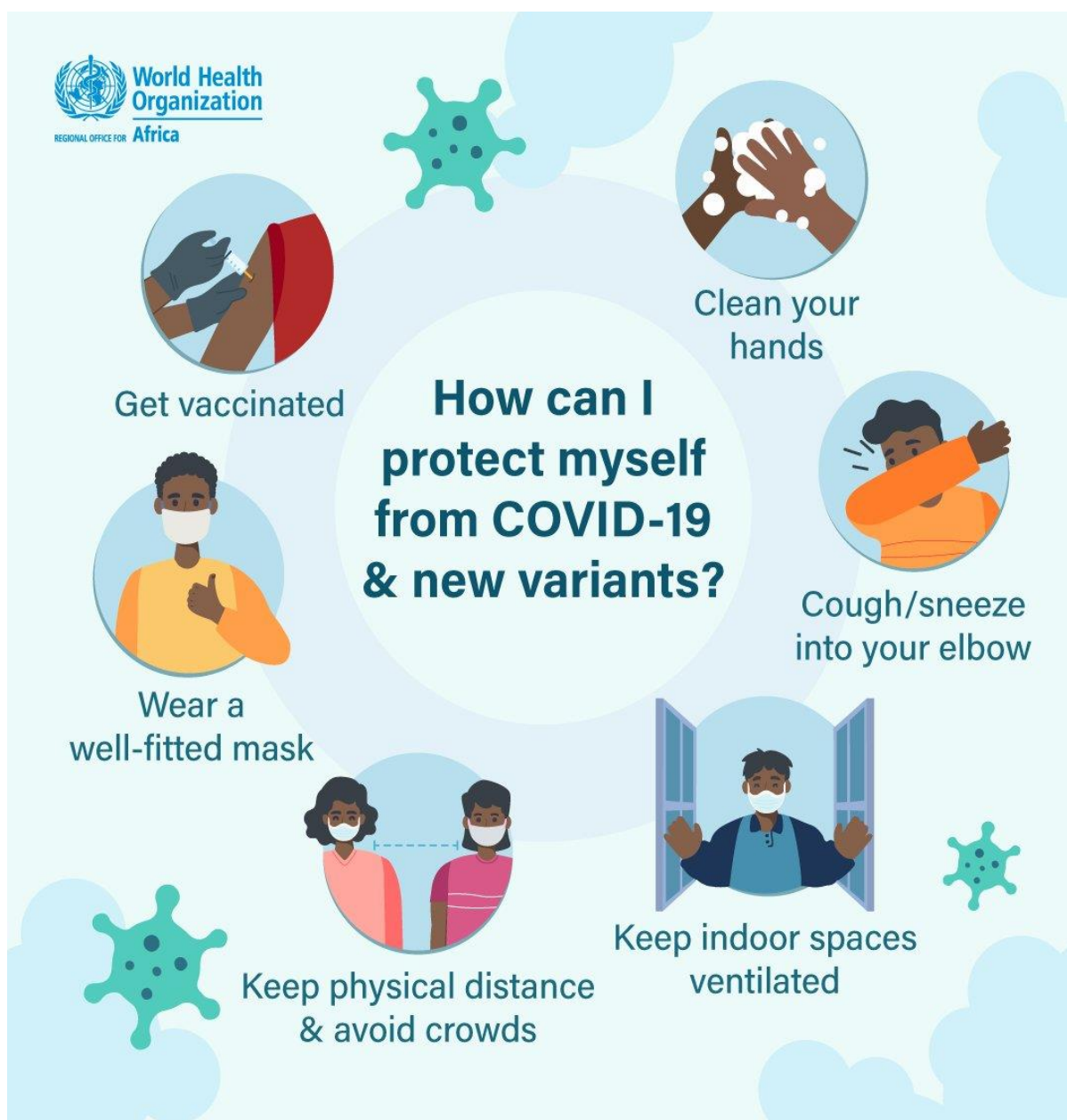
A framework of the implementation of the health personnel protection strategy was finalized in June, along with a technical briefing on the Community IPC scorecard tool in Burundi. Other documents were finalized to support countries such as the Kenya National Patient safety, health worker safety and quality of care policy, action plan and the terms of reference for the development of national guidelines to hospitals in the development of the IPC action plan in Cabo Verde.

Challenges	Ongoing Response Actions
IPC programmes are still suboptimal, with insufficient human resources to cover the numerous mission requests from countries	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

4.8 Operation Support and Logistics (OSL)

The WHO African Region (AFRO) stockpile quantification was finalized over the reporting period, with a value of US \$5 million. To date, the AFRO stockpile has been composed of PPE, Biomedical Items (Oxygen Cylinders, concentrators & accessories) and diagnosis (Covid-19 Ag RDT) for an approximate value of US \$5.9 million. Supply and distribution of COVID-19 materials and equipment to support operations in the countries is ongoing. Over the past two months to date, around 1M Covid-19 Ag RDTs have been distributed to 18 countries, 50 oxygen cylinders to Tanzania from the AFRO stockpile, with around 700,000 Ag RDT and 2400 cylinders remaining.

Challenges	Ongoing Response Actions
Low level of AFRO stockpile	Ongoing quantification with each pillar for stockpile replenishment and advocacy for fund for the procurement



5 Update on COVID-19 Vaccination

Mass vaccination campaigns and intensified routine immunization activities continued across the region. Vaccination rates rose significantly in Ghana, the United Republic of Tanzania, and Côte D'Ivoire. In Liberia, the country is using a mixed multi-agency approach in collaboration with local leaders and influencers at the grass root level to increase the uptake of COVID-19 vaccines. Local leaders and influencers are tasked to mobilize people and provide information

on the safety of the vaccine. So far, eight countries have vaccinated between 40% and 69% of their population: Lesotho (40%), Sao Tome and Principe (42%), Mozambique (45%), Tunisia (54%), Cabo Verde (55%), Morocco (63%), Botswana (64%) and Rwanda (66%).

By end-May, 18.3% of the African population was fully vaccinated, compared with 60% globally. Among low and average performing countries at the end of January 2022 - Sierra Leone (from 4.8% to 20.8%), Ethiopia (from 3.5% to 18.5%), Zambia (from 3.5% to 16%), Cote d'Ivoire (from 9% to 21%), Chad (from 0.7% to 12.7%), and Guinea (from 9.8% to 20%) recorded the highest increase in full coverage from 1 Feb to 12 June 2022. Guidelines are being developed to improve COVID-19 vaccine uptake.

WHO/AFRO Video: [Staying safe with COVID-19 vaccine.](#)

Challenges	Ongoing Response Actions
Incomplete and untimely data in the country profile online tool and operations dashboard, inadequate CSTs for prioritized countries	Urge countries to leverage opportunity of the existing local partners to get more people vaccinated. This includes, building collaboration between relevant sectors including CSOs and non-traditional partners
The Research and Knowledge Management Sub-pillar is operating at less than 50% of its required staffing capacity	A formal requisition has been made by the Research and Knowledge Management Sub-pillar for the recruitment of three technical officers to support their activities
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



*Intensification of routine immunization activities continued across the region-
@WHOAFRO*

6 Update on performance of COVID-19 response operations in the African region (for May)

For the month of May, 45 of 47 World Health Organization country offices in the African region reported against 17 COVID-19 response key performance indicators (KPIs) (see annex). Collected hand-in-hand with country's health counterparts at the end of the month, the raw data is submitted by the first week of the following month, for calculation and analysis. Timely submission of data allows the **optimal** calculation of indicators, which are used to inform the technical pillars and direct the response. A scoring model was applied to categorize countries into performance levels. For each indicator and for overall performance, the following scoring model was used 30% or less (poor performance); 31-69% (fair performance) and 70% and above (good performance).

At the national level, WHO Country Offices effected strong coordination between the Ministries of Health and partners. Key response pillar functions were filled in most countries, ensuring communication between WHO and its counterparts on all aspects of the response. In addition, joint review meetings were held in many countries, resulting in key recommendations. In a forthcoming review of performance indicators follow-up will be undertaken regarding the implementation of the recommendations.

Notwithstanding good coordination at the national level, gaps were witnessed regarding coordination at the sub-national level in many countries, with few key response positions

filled. Probing into this issue began in late June and is scheduled to be reported in the July issue of this bulletin. Countries continued to report epidemiological surveillance data in a timely manner. Furthermore, spending on COVID-19 related programming surged forward in May, with 23 countries spending at least 70% of a US \$100 million United States Government grant, indicating good progress in the implementation of planned COVID-19 response operations.

Overall, countries are committed to providing response continuity, and no country scored in the poor performance category compared to April, where four countries were in the poor performance category. However, the lower number of cases in the region has caused countries to either reduce or withhold reporting or investigating alerts. Furthermore, fewer healthcare workers are undergoing training in management of severe and critical patients in COVID-19 treatment centers, and, despite the momentum earlier in the pandemic, many facilities in the region do not provide the minimum package for ICU care. Finally, research and documentation on the disease remains a challenge in most countries. Details are provided in the figures below. The names of the islands are abbreviated as follows: Comoros (COM); Mauritius (MUS); CPV (Cape Verde); STP (Sao Tome and Principe) and SYC(Seychelles).

Figure 7 Countries that submitted data for may

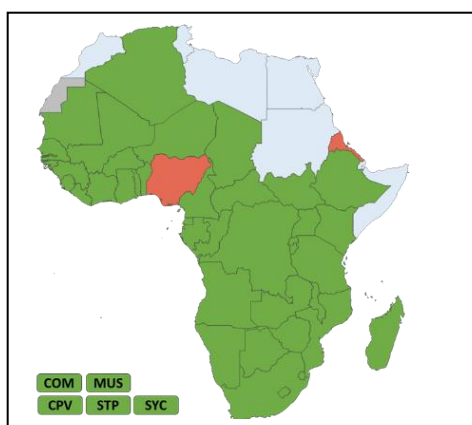


Figure 8 Timeliness of data submission

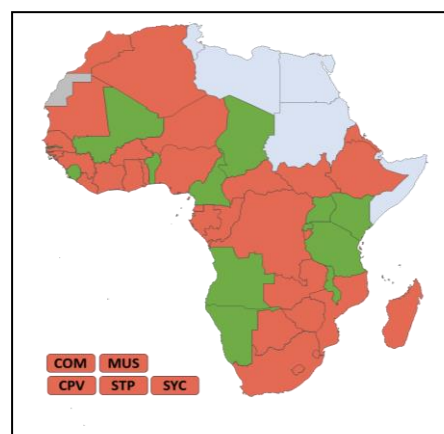


Figure 9 Percentage of key response pillar functions filled by dedicated experts at national level

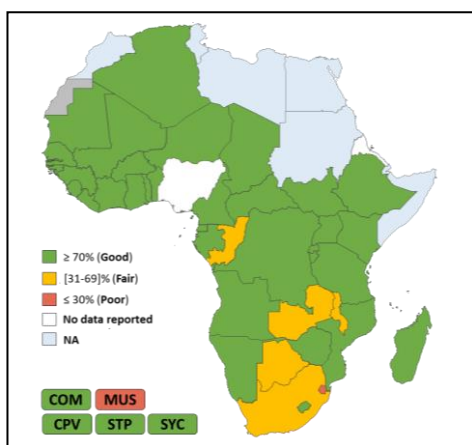


Figure 10 Percentage of key response pillar functions filled by dedicated experts at sub national level

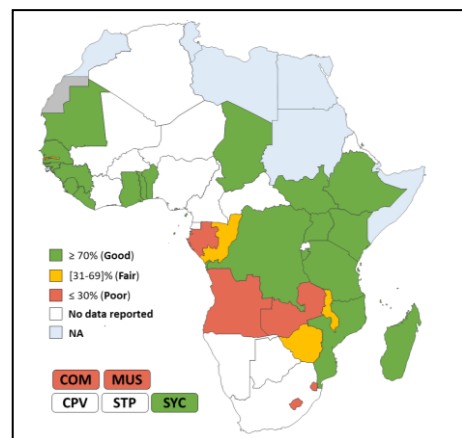


Figure 11 Number of joint review meetings conducted and documented

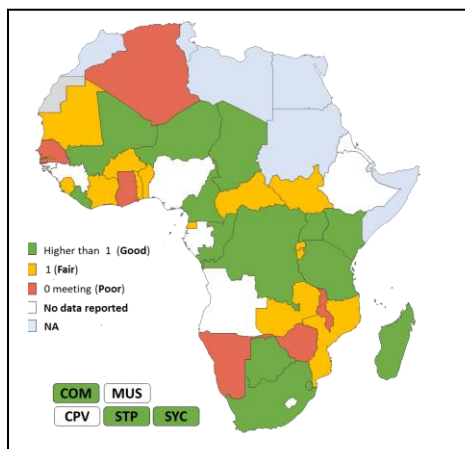


Figure 12 Percentage of allocated fund utilized/encumbered and documented for the critical review period

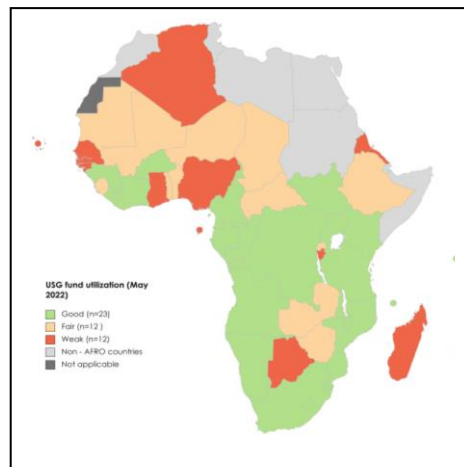


Figure 13 Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19

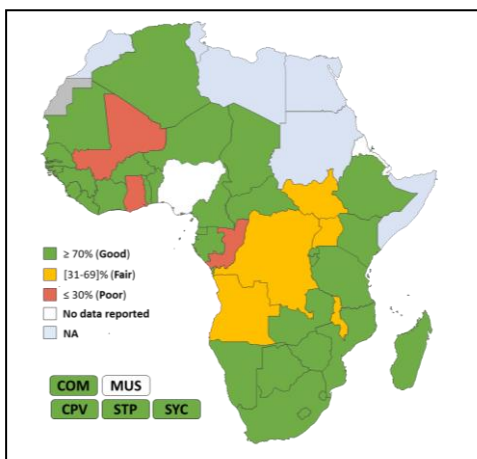


Figure 14 Percentage of alerts of COVID-19 investigated timely

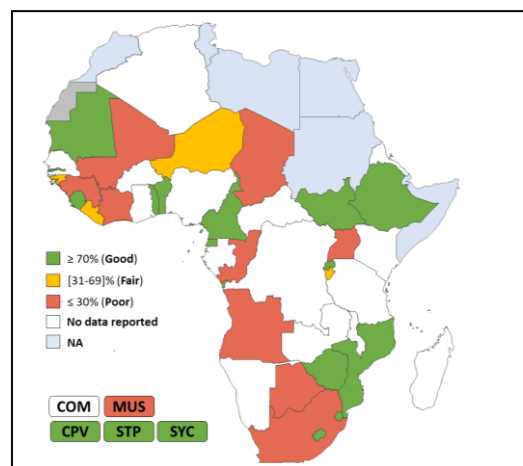


Figure 14 Percentage of designated points of entry with screening for COVID-19

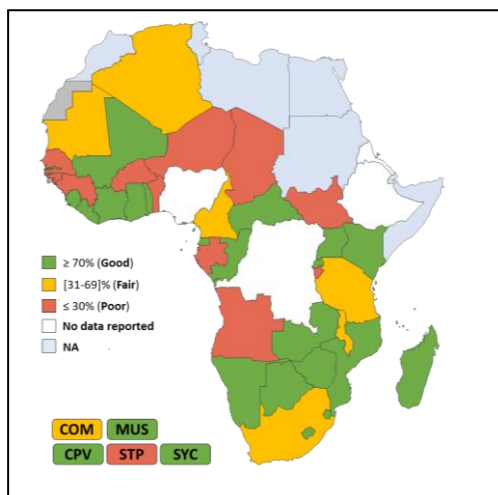


Figure 15 Percentage of specimens of confirmed cases sequenced

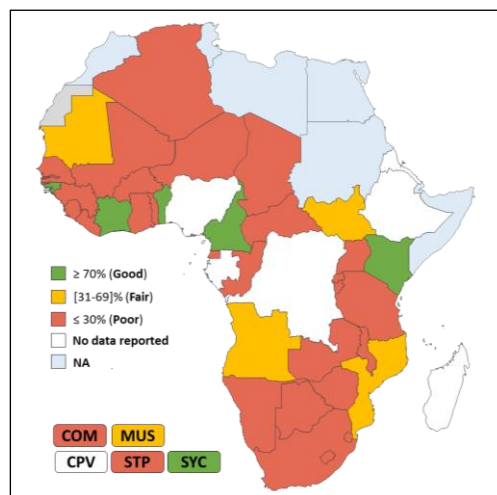


Figure 22 Percentage of total population fully vaccinated

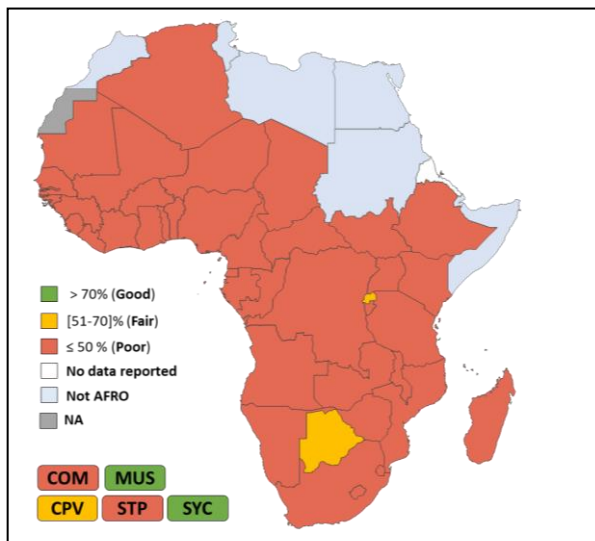


Figure 23 Percentage of progress in the implementation of activities related to research and innovation

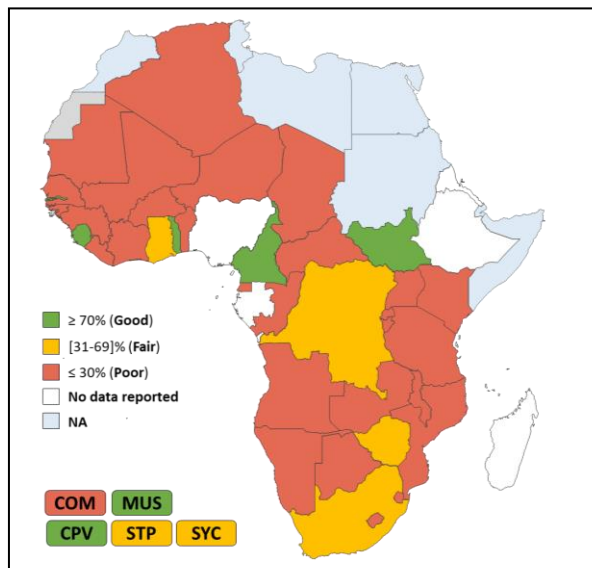
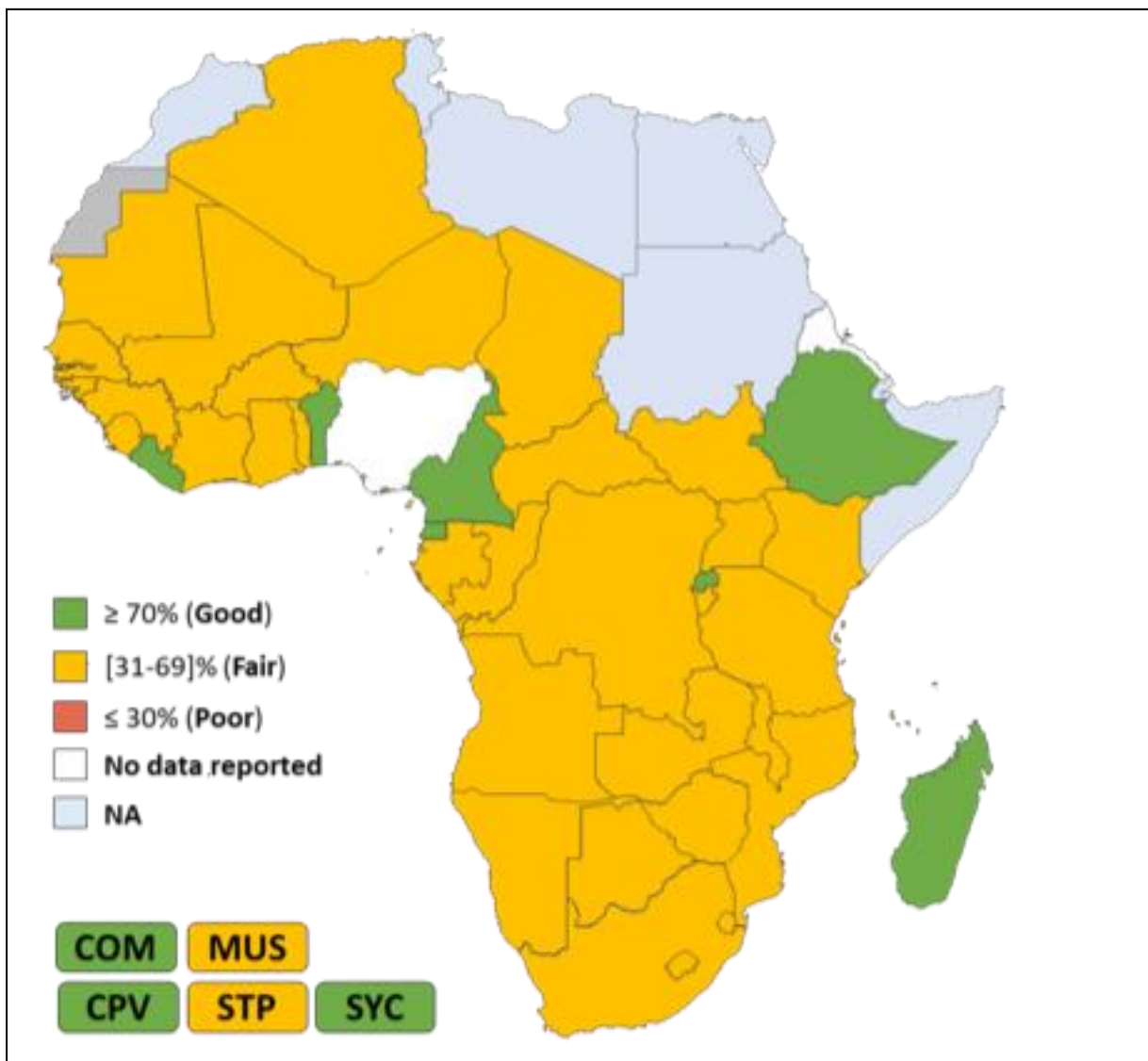


Figure 24 Overall performance per country



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