



# COVID-19 Response for Africa - monthly bulletin

Situation and Response actions in the African Region

Issue 7



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

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African Region

**FOREWORD**

As we enter the last quarter of the year, our team is preparing countries in the WHO African region for transitioning to a post COVID-19 pandemic situation. Notwithstanding the waning crisis, our advice to Member States has been that while on the one hand it is essential to remain alert, only strong resilient well-resourced socially inclusive health systems will help people not only fight, but to stay out of health crises.

With countries and partners, WHO is addressing the need to remain alert with innovation and flair, holding and maintaining good response capacities, and reinforcing our emergency management systems, and encouraging health systems in Africa to build-up better.

Our goal is to assist countries to sustain continuous steady improvement, building upon gains in improved laboratories for respiratory diseases, intensive care unit capacities, and supply chains for medical supplies, along with resolved vaccination pipelines.

To this end, our roadmap has been drawn with the endorsement in August at the 72<sup>nd</sup> WHO Regional Committee for Africa (RC-72) meeting, of the Regional Strategy for Health Security and Emergencies 2022–2030. RC-72 presented an opportunity to engage with Member State representatives and partner organizations to distil multiple lessons from the COVID-19 crisis to establish a way forward beyond the pandemic.

In this issue of the monthly COVID-19 Bulletin, we provide a snapshot of some of these discussions, our activities by pillar, and an analysis of our key performance indicators. You will note that while some of these are institutional indicators to measure our achievements, there has been a marked improvement in reporting by countries on epidemiological surveillance and vaccination numbers. This is testament to our advocacy efforts, and it gives us confidence that governments understand that while we are almost there, it is not yet time to let down our guard.

I do encourage you to contact myself or my team, should you have any points of discussion. Good reading!

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

## 1 Epidemiological update for COVID-19 in the WHO African region

The pandemic situation has continued to improve in most countries on the continent. For the ninth consecutive week, a drop in weekly cases was observed across Africa's sub-regions, even as countries present lower testing rates, with six of the 47 countries reportedly conducting more than the 10 tests per 10,000 population benchmark.

The WHO African Region accounts for 8.8 million - 71.3% of cases, and 173,471 deaths - 67.6% on the African continent. Of the new cases, 4,105 were reported in Africa against 7,112 in the previous week, representing a 42.3% decrease. Meanwhile, 6,535 cases were recorded in Week 39 starting 26 September 2022 against 5 367 in Week 38. Six countries accounted for 88% of all new cases during the week: South Africa (1,525), Seychelles (783), Mauritius (672), Ghana (572), Burkina Faso (503), and Tunisia (341)

There was a 39% decrease in the number of deaths - 36 deaths recorded in Week 39 compared to 50 deaths in Week 38. 89% of the new deaths occurred in South Africa (16), Guinea (4), Côte d'Ivoire (3), Kenya (3), Tunisia (3), and Zimbabwe (3). The number of deaths and admissions in hospitals and Intensive care units (ICUs) has remained low in the region as has been observed during the wave and surges caused by the SARS-CoV-2 Omicron variant.

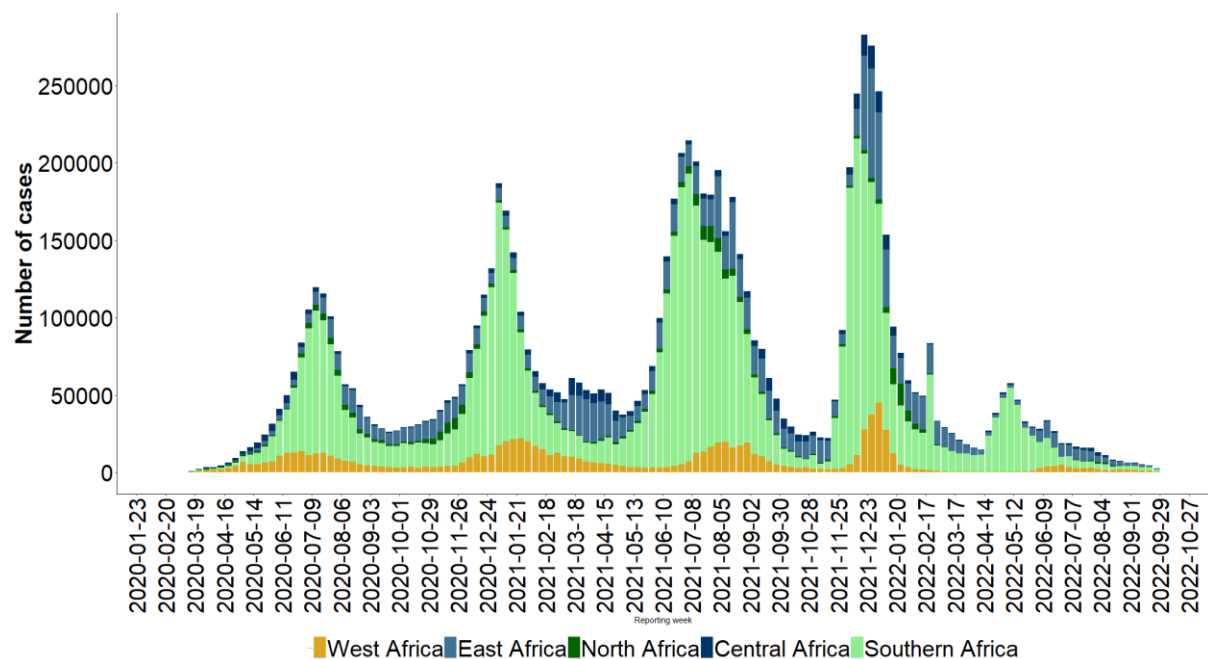


Figure 1 Weekly trend of COVID-19 cases in the WHO African region as of 30 September 2022 (Data source: <https://covid19.who.int/>)

For the whole of Africa, as of 03 October 2022, since the beginning of the pandemic, 256,743 people have died, bearing a 2.1% case fatality ratio (CFR), and 11.5 million (93%) have recovered from a total of 12.3 million COVID-19 cases. The continent accounts for 3.9% of 6.5 million deaths globally attributed to COVID-19 and 2.0% of the 615 million cases of the disease.

## 2 Updates on the response to countries under Situations of Concern (SOC)

For the first time in several months, no country has been classified as being in resurgence. Nevertheless, there has been a two-week increase in the weekly incidence of cases reported from South Africa, the country with the largest case proportionality since the onset of the pandemic, highlighting the importance of continued monitoring of the situation in individual countries.

All subregions in the continent reported decreased incidence of varying degrees when comparing the last two weeks of September. Nonetheless Togo, Equatorial Guinea, Burundi and Somalia showed an increased incidence of the disease when comparing the past two weeks of September. However, this increased incidence is marginal at less than 30% compared to previous waves.

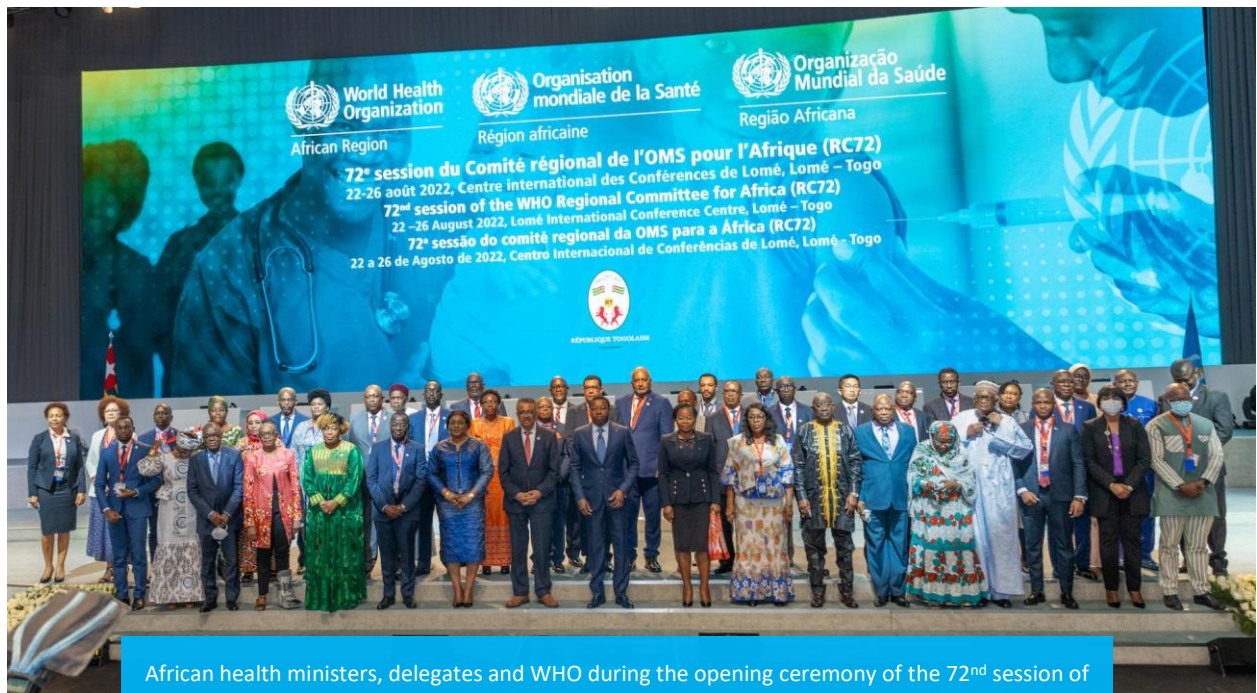
## 3 Theme of the month: *COVID-19 Highlights from the 72nd WHO Regional Committee for Africa (RC-72)*

Africa's health ministers, donors, bilateral and multilateral partners, and United Nations (UN) agencies met from 21 to 26 August in Lomé, Togo for the 72<sup>nd</sup> WHO Regional Committee for Africa (RC-72) meeting. The first presentational Regional Committee meeting since the COVID-19 crisis began almost three years ago, top of the agenda was tackling Africa's health emergency burden, in the face of growing concerns surrounding zoonoses, food security and nutrition, water-borne diseases, climate change and reproductive health, and neglected tropical diseases.

With the host country, Togo, receiving the first award of its kind for the eradication of four neglected tropical diseases – trachoma, guinea worm, trypanosomiasis, and lymphatic filariasis – spurred by the devastating impact of the COVID-19 pandemic on fragile health systems, the meeting endorsed the Regional Strategy for Health Security and Emergencies 2022–2030.

Encompassing 12 targets by 2030, and estimated to cost about US \$4 billion annually, the new strategy enhances countries' capacity to prevent, prepare for, detect and respond to health emergencies, including 80% of Member States having predictable and sustainable health security financing, 90% mobilizing an effective response to public health emergencies within 24 hours of detection, and all countries having 80% of health districts with functional service delivery and quality improvement programmes. The strategy also encompasses strengthening mechanisms for partnerships and multisectoral collaboration, ensuring sustained and predictable investment and repurposing resources from polio eradication and COVID-19 to support strategic investments in systems and tools for public health emergencies.

***“COVID-19 is a wake-up call for the African region to prioritize building resilient health systems capable of providing quality healthcare while coping with public health emergencies,” said Dr Matshidiso Moeti, WHO Regional Director for Africa. “There is a growing recognition of the mounting threat public health emergencies pose to global economies and societies, underlining the need for a One-Health approach and investing in prevention and preparedness. By investing now, we can prevent an economic and social meltdown in the future.”***



African health ministers, delegates and WHO during the opening ceremony of the 72<sup>nd</sup> session of the World Health Organization (WHO) Regional Committee for Africa-@WHO AFRO

#### At RC-72 WHO Chief congratulates countries for people centered response

***“After two years of virtual meetings, the fact that we are able to meet once again face-to-face is a testament to your efforts as leaders to protect your people from COVID-19,”*** said Dr Tedros Adhanom Ghebreyesus, WHO Director General in his opening remarks at the 72<sup>nd</sup> session of the Regional Committee for Africa.

Surmounting challenges faced during the first years of the pandemic, since the beginning of the year, African countries have made a concerted effort to protect people against the onset of severe disease. For example, amid reported cases and deaths from COVID-19 at their lowest levels since the pandemic began, in 14 of 47 countries in the WHO Africa region, 70% of health workers have been vaccinated, with Mauritius, and Seychelles surpassing the 70% universal COVID-19 vaccination target. On the other hand, among the six countries that remain at or below 10% COVID-19 vaccination coverage, three are living with protracted humanitarian situations, resulting in competing priorities and a consequently more constrained vaccine delivery picture.

The vaccination picture is testament to calls made throughout the pandemic for greater equity in all aspects of pandemic management to protect the continent’s 1.3 billion people from disease, made by Dr Tedros and WHO Regional Director for Africa, Dr Matshidiso Moeti.

In his speech for the RC 72, Dr Tedros urged Africa’s leaders to restore essential health services, which suffered considerable disruption by the pandemic. Furthermore, he said, for the sake of protecting people from severe disease in the face of new emerging SAR-CoV-2 variants of concern, governments must commit to vaccinating by the end of the year all health workers and those over 60, while still targeting 70% of people. “This is the best way to save lives and drive a truly sustainable recovery,” he said.

Although vaccination has been a top priority for WHO, concerned with the state of Africa’s overburdened health systems during the pandemic, WHO encouraged countries to tackle the COVID-19 crisis by adopting an all-hazards approach. This implied not only in taking lessons from past health crises to ensure health system continuity, but also working with countries to boost case management

and infection prevention and control capacities by securing medical supplies, and improving intensive care and laboratory infrastructure, and medical oxygen production. To this end, WHO supported countries in procurement of reagents, tests, masks, and PPE. In this vein, predicting further needs in light of ongoing health crises, last month, WHO announced the construction of a new Africa logistics hub in Kenya.



At RC72, health experts agreed to work towards building back better resilient health systems in Africa -@WHO AFRO

### Health experts explore new ways to revamp Africa's health systems

Health experts during the 72<sup>nd</sup> session of the World Health Organization (WHO) Regional Committee for Africa, launched a continental consultative process to identify and address key challenges to 'build back better' resilient health systems in Africa; and explored ways of revamping the region's health systems, and maintaining essential services during future outbreaks.

In a special panel held on 23 August during RC72, global leaders discussed the future of health systems and the role of Universal Health Care (UHC) in Africa, in the context of COVID-19 and multiple health crises. Panelists included health ministers, researchers, and heads of financial institutions.

*"If we learn from the COVID-19 response and work together for the common good of health in the world, progress towards Universal Health Coverage will be accelerated,"* said Dr Matshidiso Moeti, WHO Regional Director for Africa.

Panelists examined ways to maintain essential services during outbreaks, and the investments and actions needed to ensure equitable access to quality medical products and health technologies, key ingredients in UHC.

*"Strong health systems are the foundation for universal health coverage, emergency preparedness, and health promotion,"* said Dr Tedros Adhanom Ghebreyesus.

The key lessons learnt and best practices from the sessions included:

1. **The whole-of-government approach combined with political leadership** enhanced preparedness and response actions and ensured continuity of care.
2. **Countries harnessed lessons from previous crises.** Due to its experience with Ebola Virus Disease, Sierra Leone acted quickly to increase information to people, and train medical personnel on specific aspects of the response.
3. **Partnership initiatives provided technical and financial support** for the recruitment of health care workers (HCWs) to manage essential services in HIV, AIDS and TB, but also to reach multiple countries at the same time. For instance, the African Development Bank (AfDB) partnered with WHO AFRO and provided US \$2 million to support low-income countries, US \$76 million to regional economic communities and low-income countries, and offered US \$27 million in grants to the Africa CDC to build its capacity to support Member States.
4. **Countries strengthened primary healthcare in communities.** In Malawi and DRC, recruiting community surveillance assistants was key in enhancing community awareness, tackling misinformation and handling issues like family planning and vaccination. Community health workers also targeted hard-to-reach areas.
5. **Decentralizing services through local structures such as chiefs and local leaders ensured that health systems were strengthened** from the grassroots right from the community level to all other levels of the health system and response capacity.
6. **Health care worker support and capacity reinforcement** were essential with training manuals, personal protective equipment (PPEs) and mental health and psychosocial support.
7. The response to the pandemic showed **the need to diversify the range of products, such as building medical and manufacturing capacity.**
8. Enhancing trade facilitation and openness and reducing trade costs and simplifying the complexity of trade systems to streamline procedures and improve input availability and supply are instrumental to a trade policy environment based on solidarity. Additionally, by maintaining the right to regulate to ensure safety and effectiveness; promoting convergence, cooperation and mutual recognition, especially for developing new products; and pooling procurement to enable access to vital medicines through coordinating demand.

Overall the proposed way forward for the special session was as summarised in **figure 2**:



Figure 2: Proposed way forward from the special session at the RC 72

#### 4 Update on pillar response actions

##### 4.1. Coordination

The AFRO IMST team has focused on finalizing a conceptual and operational framework to support countries transitioning from the acute response stage to a more controlled ending stage. The framework comprises five main steps/components advising countries to maintain and improve fundamental response interventions, learning and integrating them into emergency management systems and the overall health system.

The monthly Key Performance Indicator (KPI) analysis shows that the percentage of countries with the key response pillars filled by dedicated experts at WCO increased from 78% in June to 84% in July.



From April to July, the percentage of key response pillar functions filled by a dedicated expert at WCO was 81-85-78-84%, respectively. The percentage of countries with key response pillar functions filled by dedicated experts at MOHs increased from 80% in June to 98% in July, demonstrating governments are aware of the need to provide continuity, even as the acute response wanes, as advised by the WHO COVID-19 transition framework.

Additionally, WHO continues to provide financial support to action the implementation of key strategies at the country and the regional offices.

#### 4.2. Case Management

With most countries reporting a low incidence of COVID-19 cases, continuity of case identification and care in health facilities has continued to be promoted, including providing care and hospital surveillance for acute COVID patients and people with post-COVID-19 conditions.

WHO is working on strengthening facility linkages for patients in countries through facility mapping, guiding referral pathways, and engaging countries to set up ICUs and possibly procuring ambulances. WHO is also providing technical and financial support to 13 countries which have been identified for establishing or installing ICUs. Enhancing ICU capacity is of relevance, given that a decided majority of serious COVID-19 cases arrive in a clinical setting at the latter stage of the care cycle, many bearing comorbidities. This is compounded by insufficient health care personnel in admissions and ICUs, implying that many hospitals are currently ill-equipped to handle serious caseloads. During this reporting month, a facility-based training for emergency and critical care was launched, targeting all Member States, beginning in countries with documented critically low capacity. Since January 2022, 591 HCWs have been trained, 446 on Basic emergency care and 145 on Establishing Emergency Medical teams.

On access to therapeutics, access to drugs via the WHO ACT A platform is encouraged, in addition to engagement with funding agencies to support procurement, expand the QuickStart access to 10 countries globally and continue negotiations with manufacturers and donor partners. There has been an increase in the allocation of COVID-19 therapeutics from 390 to 5 countries in 2021 to 4590 to 12 countries in 2022.

Challenges	Ongoing Response Actions
Limited accessible funds to purchase COVID-19 drugs that are available.	Engage/train Member States on access and use of drugs.
Absence of standardized protocols in the management of post-COVID conditions.	Ongoing revision and contextualising the current WHO clinical guidelines.

## Country Experience – Congo

### Optimising Emergency care and ambulance services at WHO AFRO clinic



Femoral fracture management: Traction Splint application-@WHO AFRO.

Because few countries in the region possess functional emergency medical systems, and prioritising trainings to bolster emergency care has been a strong objective in the WHO AFRO COVID-19 pandemic response. Responding to prehospital emergencies such as cardiovascular attacks, road traffic accidents, lies to a large extent on paramedic capacity. This is often a neglected area of medical response in the African region as few countries have established and functional prehospital services. But for patients with life-threatening illnesses/injuries, who are significantly dependent on timely resuscitative care both at the scene and during transportation to definitive care, this is a serious concern. To care for the 600-strong WHO team and their families working in Brazzaville, both belonging to the Republic of Congo WHO Country Office and the African Region Office (WHO AFRO), trainings were conducted for 29 staff working in the onsite WHO AFRO clinic, including for ambulance drivers and paramedics. The training enhanced an earlier provision of an eight-bed ICU and procurement of two ambulances for the clinic.

During the three-day training in the WHO AFRO Clinic ICU, several simulation exercises covering various health emergencies were conducted to prepare the clinical staff, ambulance drivers and paramedics to provide first aid care on scene, understand the functions of the equipment in an ambulance and to develop effective ambulance communication skills, in addition to resuscitation and stabilising patients en route to hospitals.



### 4.3. Laboratory

In September, COVID-19 testing for SARS-CoV-2 declined significantly in the region (a 46.9% decline compared to the same period last year). Most countries reported a positivity rate of less than 5%, and no country has reported a positivity rate above 10% in the past four weeks. Even so, over 1.4 million Ag-RDT have been distributed predominantly to 16 countries from the Accra stockpile for implementing community-based surveillance.

Genomic sequencing continues to play an important role in the COVID-19 response as Africa expands its sequencing capacity. With the increased number of laboratories with capacity and submitting genome sequences to GISAID, the continent has produced 57,154 sequences since the beginning of the year compared to 23,210 for the same period in 2021. South Africa is a major contributor of SARS-CoV-2 sequences to GISAID, submitting 57.5% of the total number (110,241) of sequences shared to date. The other regions represent 23.5% (West Africa), East Africa (12.8%) and Central Africa (6.2%).

Capacity-building efforts have greatly contributed to the current sequencing output. To date, support missions to 29 countries have been completed, and various areas of work such as biobanking, laboratory information systems, transport mechanisms and the development of adapted genomic surveillance strategies were identified. A number of these work areas are targeted for action in the upcoming months.

Challenges	Ongoing Response Actions
Intermittent testing data reported by countries continues to be a problem particularly the recording/reporting of Ag-RDT use.	Preparing structured questionnaire sent to countries to collect additional information on testing.
Delayed approval from country Ministries of Health and response of experts to support country visits.	Strict follow-up with virtual calls for countries to be visited to provide technical support.



Staff debrief at Hospital Provincial Matola Lab in Maputo Mozambique-  
@WHO AFRO.

#### 4.4. Points of Entry (PoE)

In August compared to July no significant change was recorded in the trend of the international travel indicators with slightly less than 50% of countries having over 70% of their designated PoEs with accessible medical services for ill travellers.

During this reporting month, the WHO PoE team participated in a cross-border collaboration meeting from the 12-the 16 September 2022 in South Africa. The meeting was designed to ensure countries understand the importance of aligning border health and mobility surveillance strategies to strengthen regional cross-border public health information. WHO provided guidance on the risk-based approach in International Travel and the implementation of IDSR at the PoE.

In the month ahead, monitoring and updating the International Travel Measures dashboard -, [AFRO IHR MEASURES \(arcgis.com\)](#), will be undertaken, in addition to PoE indicator monitoring and other support, as needed.

Challenges	Ongoing Response Actions
The lifting of international travel measures by most countries in the WHO African region.	Advise countries to monitor disease trends, with international travel measures remaining commensurate with the public health risk.
Insufficient cross border surveillance between countries.	Continue providing guidance to countries on cross border surveillance.

#### 4.5. Risk Communication and Community Engagement (RCCE)

Following the presentation of results of a study on vaccine behaviour in the Democratic Republic of Congo, the national RCCE commission has embarked on implementing recommendations to boost vaccination coverage. Vaccination levels in DRC hover below 10%. As a result of rapid assessments, key to understanding the context and reorienting intervention strategies by focusing on the real barriers to compliance with PHSM, vaccination partners in DRC have begun **“to strengthen the response and community engagement in this period where we observe a lassitude in the face of the pandemic,”** said Ms Marie Claire Fwelo, President of the DRC/RCCE national committee.

To ensure visibility in response to the COVID-19 pandemic and other public health emergencies in Africa, WHO is championing a pilot partnership initiative with the media. This partnership aims to strengthen the capacities of journalists and communication officers in countries. The first training phase was held in Senegal from the 22- 26 August and included participants from Algeria, Burkina Faso, Cameroon, DRC, Mali, Mauritania, Niger, Senegal, and Benin. From RCCE key performance indicator analysis, the percentage of countries with a percentage of planned RCCE activities completed increased from 45% in June to 70% in July; 50% or more of the countries have completed 85% of the planned activities. Most results from countries' KPIs revealed some challenges in using funds, including low documentation of activities. As a result, RCCE has been monitoring country work plans for September-December to ensure funds are used and reports produced.

In the month ahead, reporting and utilization of the COVID-19 funds by countries are scheduled to be streamlined, along with activities coordinated around COVID-19 and Monkey-Pox, and RCCE trainings in Algeria, Benin, Côte d'Ivoire, and DRC.

Challenges	Ongoing Response Actions
Under-utilization of funds and low documentation of activities of in countries.	RCCE has collected and shared the status of funds to 46 countries. Close follow-up to countries is now ongoing to ensure funds are used effectively and documented.



Presentation of results and action plan workshop in Kinshasa 14 September 2022-@WHO AFRO

#### 4.6. Africa Infodemic Response Alliance (AIRA)

The AIRA team has been addressing COVID-19 related rumours and disinformation by providing health facts through videos and social media posts. The main rumours identified by AIRA this month through social media listening include menstrual irregularities caused by the vaccine, COVID-19 vaccines harm pregnant women/infants, and COVID-19 vaccine try-outs. Fertility issues surrounding the COVID-19 vaccine have been a concern throughout the pandemic, with anti-vaccine groups having exploited the issue.

In this regard, AIRA messaging has been tailored to address fertility and menstruation issues with increased frequency and provide clarity on the testing that went into the vaccine development before being released to the public.

During this reporting month, the AIRA team finalized video productions on Flu/COVID-19, vaccines, and fertility, provided technical support to 23 countries in the WHO African Region, mentored five infodemic management consultants, and reviewed and submitted four project and budget proposals for the (Canada, USG, ECHO, and BMGF) funds.

Challenges	Ongoing Response Actions
Little information on the ECHO project reporting requirements/timeline.	Improve communication regarding ECHO project reporting requirements, and timeline.

#### 4.7. Information Management

There is sustained performance in response to the COVID-19 pandemic in the region this month. Overall performance ranged from 56% to 93% using a scoring model of 0-30% (poor), 31-69%(fair) and & 70% or more (good) with 38 of 46 countries (83%) in the good performance category. Performance is measured by scoring each of the 20 Key Performance Indicators of the COVID-19 response under 11

response pillars. The key performance Indicators are determined monthly and used to guide response interventions.

From the submission of abstracts from countries following the first webinar on documenting best practices and lessons learned, 40 abstracts were selected for the next steps: detailed documentation of best practices, organization of a scientific workshop, and publication in scientific journals. A second documentation awareness webinar was conducted attended by representatives from ministries of health and WCOs participants from 15 countries. Participating countries were requested to submit abstracts on their best practices and lessons learned for documentation.

The District Health Information System 2 (DHIS2) is now the default system for collecting, managing, and analyzing COVID-19 data in the Member States (MS). The Team designed an interactive dashboard to help countries access their monthly performance. The COVID-19 Strategic Prepared and Response Plan for 2022 was updated as of 31 July 2022

Challenges	Ongoing Response Actions
Low level of documentation of best practices and lessons learnt in the COVID-19 response	A scientific writing workshop is being organized to support countries to write up their best practices for publication in peer reviewed journals.

#### 4.8. Infection Prevention and Control (IPC)

Given that IPC foundations in all countries need strengthening to meet the minimum requirements as recommended in the IPC Global Strategy, the IPC pillar this month, focused on working with countries to ensure they comply with the WHO technical recommendations, tools and strategies. Our KPI data indicate some improvement in IPC performance in countries with a median IPC score of 67%.

There is a need to continue strengthening IPC standards and transmission-based precautions in health facilities as recommended in the global IPC strategy.

In most of the countries, the lack of personal protective equipment contributed to the lowest score of the IPC components. In contrast, the availability of hand hygiene materials, water supply and storage, sanitation and hygiene, and waste disposal contributed the highest score.

Challenges	Ongoing Response Actions
Most countries still have poor institutionalization of IPC, and a shortage of health workers dedicated to implementing IPC interventions.	Series of webinars are planned with countries to support the development of IPC National Strategies, M&E operational plans and implement sustainable IPC programmes.

#### 4.9. Operational Support and Logistics (OSL)

To strengthen and improve the logistical capacity of countries, the first SURGE OSL training was held this month, with the training of 40 staff from the Ministry of Health. The CONGO SURGE scope training

mission was equally an opportunity to highlight OSL gaps and feasible solutions with the contribution of MoH and Partners.

Meanwhile, due to cross-pillar collaboration with the case management team, OSL has reinforced ICU units in 10 countries. This was achieved through the supply of hospital equipment to the ICU unit. Additionally, local suppliers in Nairobi are supplying hospital-related equipment to ICU units. Procurement is ongoing.

In terms of time (days) between the order from the supply portal and delivery to the WCO (from the last PPEs, testing kits or medical supplies delivery received) our KPIs show that the most important lead time is the order time. 06 countries exceeded 90 days to receive the order: Kenya, Burundi, Rwanda, Tanzania, Cameroon, Congo; 02 countries with no delay: Liberia, Seychelles. The procurement team is finalizing the tendering process of the Nairobi stockpile warehousing. About \$ 5 million worth of supplies (PPE, biomedical equipment, emergency kits & and medicines) orders have been sourced internationally.

Challenges	Ongoing Response Actions
Little request of Covid-19 essential supplies from UN portal by WCO.	Request made to recruit country focal points to support WCO's allocation of funds for COVID-19 supplies.



Commissioning of Duplex PSA plant Procured by WHO-@WHOAFRO



#### 4.10. Strengthening Essential Health Systems and Services

As part of the transition process for the COVID-19 response, enhanced focus on strengthening national resilience capacities even as health security capabilities are sustained is recommended. In this regard, WHO AFRO has highlighted the need for active monitoring of provision and utilization of essential health services using strengthened routine information systems, linked to actions to redress gaps; increased detection and reduced morbidity mortality and disability from non-communicable diseases (NCDs), promotion and support for mental health and psychosocial support (MHPSS) self-care and services for frontline responders.

In particular, the deadly interplay between COVID-19 and NCDs has been extensively documented, and the higher susceptibility and higher case fatality among people living with NCDs; service disruptions resulting in delayed diagnosis and delayed, incomplete or interrupted therapy; as well as increases in behavioral risk factors such as physical inactivity and increased use of harmful substances. To mitigate these negative impacts of COVID-19 on NCDs and mental health and strengthen NCD and MHPSS preparedness and response in the African region, AFRO is supporting a synergistic response in addressing the systemic challenges in five Countries - Kenya, Niger, Cabo Verde, Madagascar, South Africa. Four of five country work plans have been approved and funded.

#### 4.11. Update on COVID-19 Vaccination

Overall, 23% of people in Africa are now fully vaccinated, against 62% globally. Two countries in the African Region have surpassed the target of 70% of their population fully vaccinated: Mauritius (75.3%) and Seychelles (76.3%). Following a quality control of data conducted at country level in Rwanda, the percentage of people who have completed the primary series is below 70%. Eight countries have recorded a percentage of between 40% and 70% primary series completion: Mozambique (40.0%), Eswatini (41.1%), Sao Tome and Principe (46.1%), Comoros (46.5%), Botswana (53.1%), Liberia (56.8%), Cabo Verde (52.4%) and Rwanda (66.3%).

Among countries where less than 30% of people were fully vaccinated at the end of August 2022, nearly no change was remarked during September in Algeria, Angola, Benin, Burkina Faso, Burundi, Cameroon, Chad, Congo, Eq Guinea, Gabon, Gambia, Libya, Niger, Sudan, Togo. In 22 out of 54 countries, over 50% of people who have completed the primary vaccination series have received J&J vaccine. A total 706 million doses of COVID-19 vaccines have been delivered to the African Region, including 66.6% from the COVAX Facility. This represents 60.8 doses per 100 population. Of the doses received, 62% have been administered.

Meanwhile, 17 million doses out of 474 million received in 35 countries (3.6%) have expired with Senegal (25.4%), Madagascar (23.3%), Algeria (18.8%), Namibia (11.3%), São Tomé & Príncipe (10.9%) recording the highest % of doses expired.

Going forward, reviews and feedback will be provided on plans and budgets for Zambia and Cameroon to coordinate COVID-19 vaccination rollout, deploy WHO AFRO staff based on the needs requested by the countries and participate in country deep dives COVID-19 updates.

Challenges	Ongoing Response Actions
Despite recent increase in number of persons vaccinated, hesitancy continues to be high	Deploy WHO AFRO staff to provide technical assistance on mass COVID-19 vaccination campaigns
Competing priorities including response to outbreaks – Polio, Yellow Fever, Measles	Discussions with countries on the possibility of integrating COVID-19 with other interventions



23% of the people in Africa (21% in WHO AFRO) have completed the primary vaccination series-@WHO AFRO

**5 Update on Key Performance Indicators for the 2022 COVID-19 SPRP in WHO AFRO**

KPI reporting levels remained high at 98% over the reporting period, albeit above the 92% level obtained in July. However, timeliness in reporting decreased from 74% in July to 61% in August. This narrative covers 46 reporting countries, excluding Eritrea. (Figure 3)

Regarding coordination of the response, the percentage of key response pillar functions filled by dedicated experts at WCOs increased from 84% (July) to 89% (August). (Figure 4. KPI 1)

Joint review meetings among partners is essential to assess the effectiveness and efficiency of response activities. Implementation of recommendations from joint review meetings declined from 74% in July to 57% in August. (Figure 5. KPI 2)

Utilization of allocated funds for the response ranged from 27 to 88% with 38 countries (83%) utilizing at least 50% of the funds allocated. (Figure 6. KPI 3)

Risk communication and community engagement (RCCE) activities are essential to deconstruct rumours and myths related to COVID-19. In August, the percentage of completion of planned RCCE activities decreased from 70% in July to 63% (Figure 7. KPI 4)

Real time exchange of information between the peripheral level – districts and regions – and the central/national levels is crucial to track the development of the pandemic and guides decision making. In August, 41 of 46 countries – 86% - reported prompt surveillance data reporting at the district or regional level (Figure 8. KPI 5), same as in July. Likewise, most countries (80%) reported monitoring of hospitalization COVID-19 cases. (Figure 9. KPI 6)

Maintaining measures against the spread of COVID-19 at designated Points of Entry (PoE), including availability of appropriate medical services and diagnostic facilities to allow the prompt assessment and care of ill travellers are amongst requirements of the International Health Regulations. In August 21 (46%) WHO AFR countries provided medical services and/or diagnostics at PoEs, slightly above the 45% obtained in July. (Figure 10. KPI 7)

Genomic sequencing (GS) of specimens of confirmed cases increased from 47% in July to 98% in August (Figure 11. KPI 8). In August, laboratories performed efficiently with an average 24 h PCR testing turnaround time. (Figure 12. KPI 9) Testing for COVID-19, as of July, remains low at an average of three tests per 10,000 population per week. The proportion of countries that performed COVID-19 tests per 10,000 population per week was 42% in August like the level in July of 43%. (Figure 13. KPI 10)

There are ongoing efforts to improve Infection prevention and control within the WHO AFR region. The percentage of selected COVID-19 treatment facilities with an IPC score of 75% or higher - using the IPC scorecard - was 70% and above in 18 (43%) WHO AFR countries. However, the situation in 12 (29%) countries, remained below expectations, with scores below the 75% IPC scorecard threshold. (Figure 14. KPI 11) On the other hand, 13 (33%) countries reported a national performance of personnel protection of 70% and above on a scale of 0 to 100. (Figure 15. KPI12)

Twenty-eight countries in WHO AFR reported COVID-19 ICU admissions, with an average case fatality rate of 13,3%. (Figure 16.KPI 13) Standardizing ICU care for management of severe and critical covid-19 cases has been a priority during the response. In August 27 (54%) countries reported adequate or required ICU standards. (Figure 17. KPI 14) Enough equipment and supplies were available in ICUs for the treatment of severe and critical COVID-19 cases. (Figure 18.KPI 15)

Effective disease management and response depends on supply chain efficiency, subject to interferences such as weather conditions, conflict, manufacturing delays, and oscillating fuel costs, affecting contractual arrangements, among many others. Thirty – two (89%) of the 36 countries that provided data, received timely requested quantities of PPEs, testing kits or medical equipment in August. (Figure 19.KPI 16)

The COVID-19 pandemic affected continuity of essential health services. Survival of infants receiving their first dose of measles vaccine was used as measure of recovery of essential health services— comparing the survival rates in 2019 (baseline) and 2022. 12 out of 24 countries that provided data had no change or a positive change in the number of surviving infants receiving their first dose of measles vaccine compared to 2019. (Figure 20.KPI 17). This is a positive sign of recovery of health systems.

Despite some hiccups, COVID-19 vaccination has been ongoing in WHO AFR. The percentage of doses administered out of the number of doses received varied from 3% in Burundi to 98% in Rwanda. 12

(26%) WHO AFR countries achieved 70% and above of the percentage received and administered. Burundi, Senegal, Republic of Congo, and Madagascar administered fewer than 31% of the doses received. (Figure 21.KPI 18). Only 3 countries, Sao Tome and Principe, Mauritius, and Seychelles have vaccinated fully at least 70% of their populations. (Figure 22.KPI 19).

Research and innovation are key drivers of the response. Good performance was observed in Benin, DRC, Uganda, Zimbabwe, Cameroon, Côte d'Ivoire, Ghana, Algeria, and South Sudan. (Figure 23.KPI 20)

The overall weighted average performance for WHO AFR in August was 83%. Performance per country, as measured by rate of reporting of listed KPIs, ranged from 52% to 93%. (Figure 24)

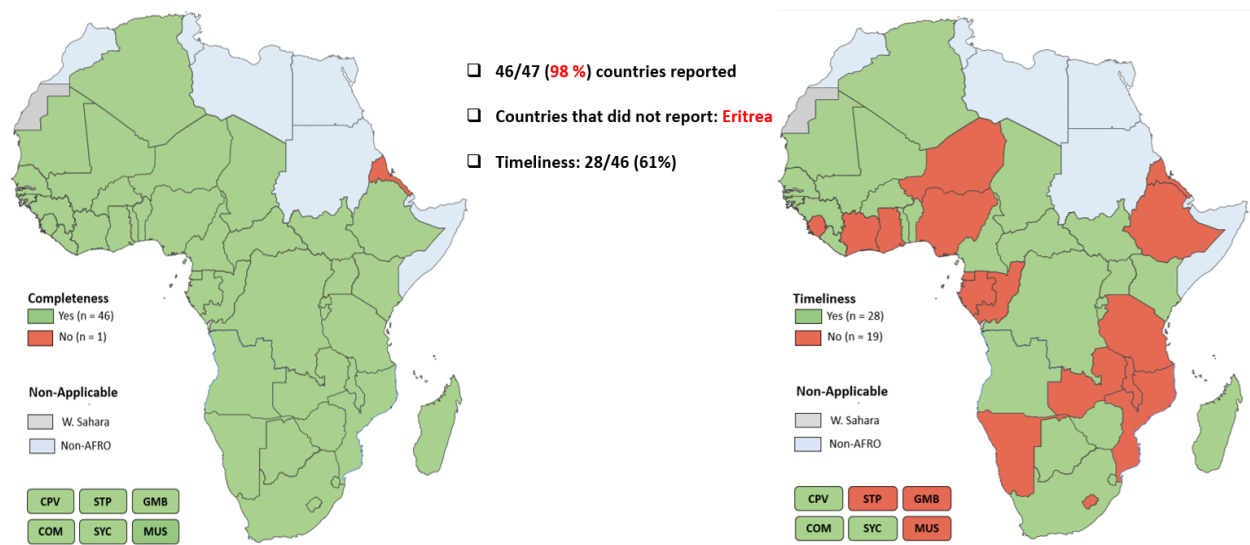


Figure 3. Completeness and timeliness of reporting

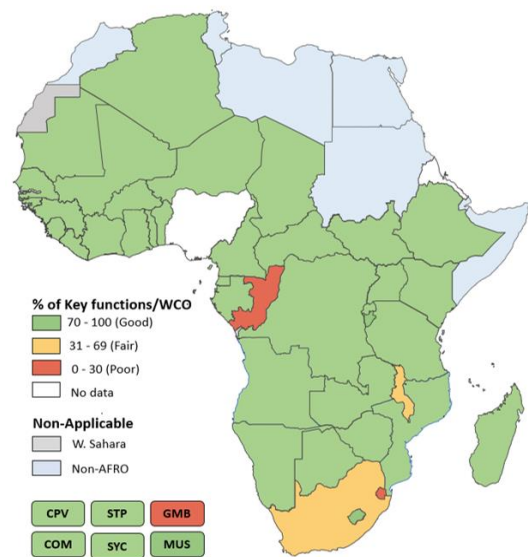


Figure 4. KPI 1: Percentage of key response pillar functions filled by dedicated experts at the WCO

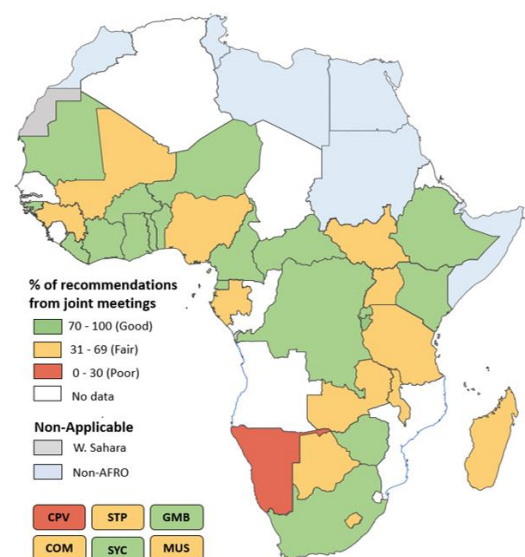


Figure 5. KPI 2: Percentage of joint reviews recommendations implemented for August 2022

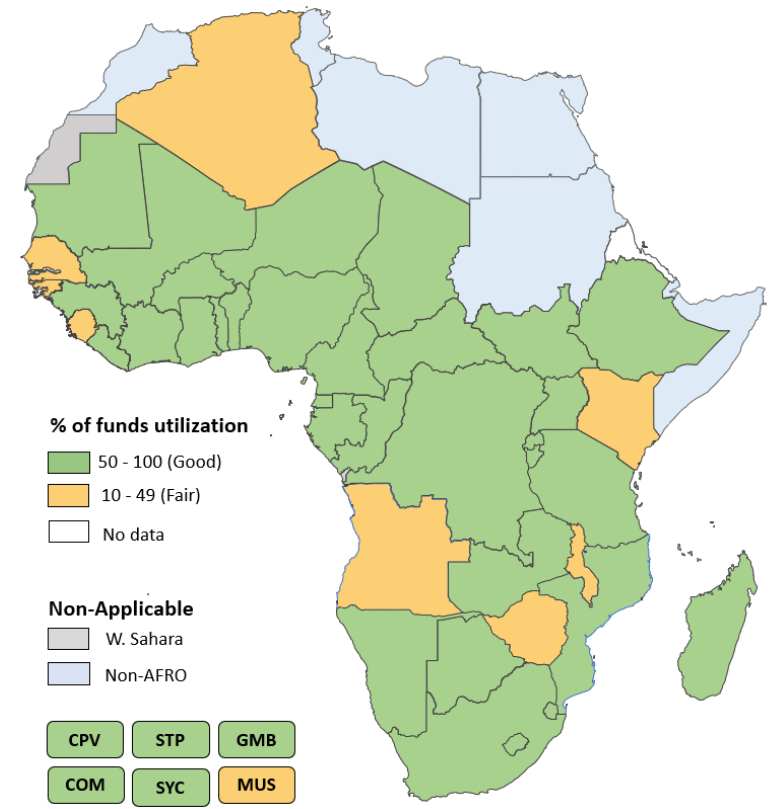


Figure 6. KPI 3: Percentage of allocated fund implemented for August 2022 utilized/encumbered

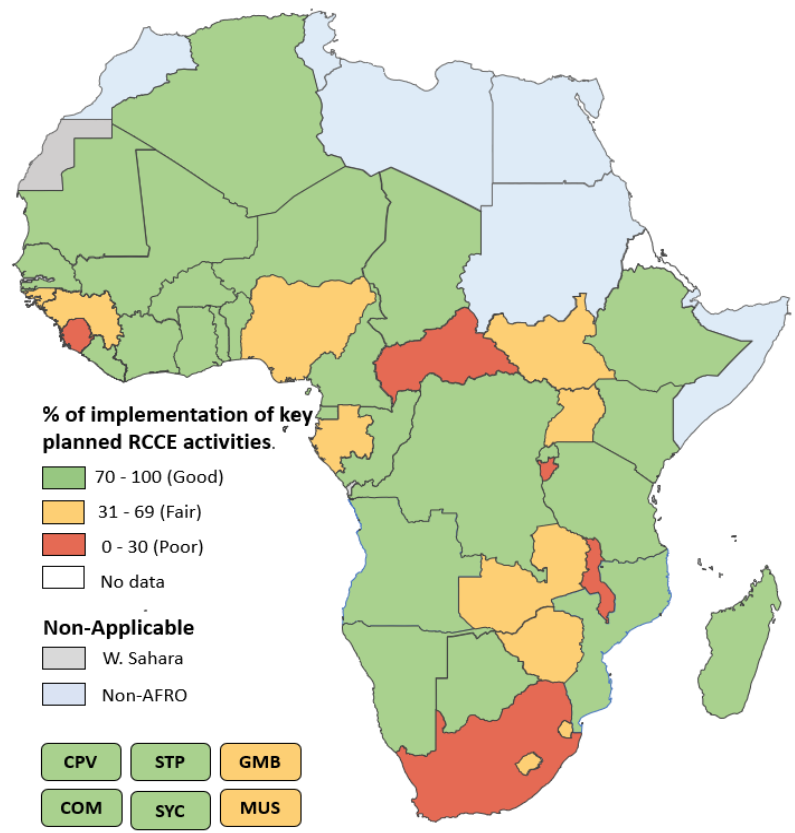


Figure 7. KPI 4: Percentage of implementation of key planned RCCE activities

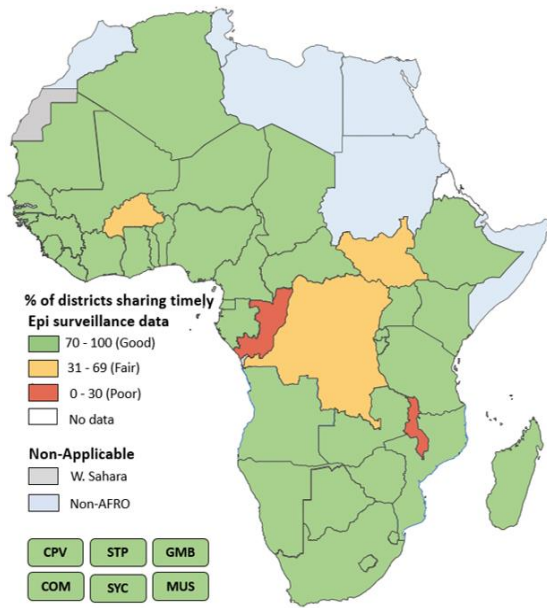


Figure 8. KPI 5: Percentage of districts (or regions) sharing timely and complete Epi surveillance data on COVID-19

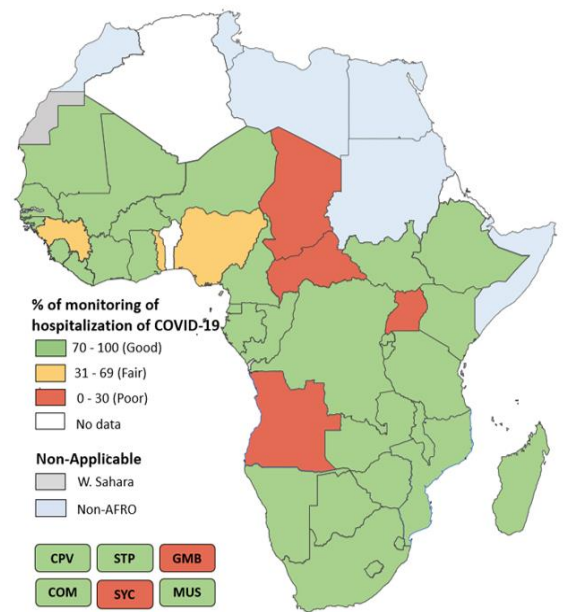


Figure 9. KPI 6: Percentage of monitoring of hospitalization of COVID-19 cases

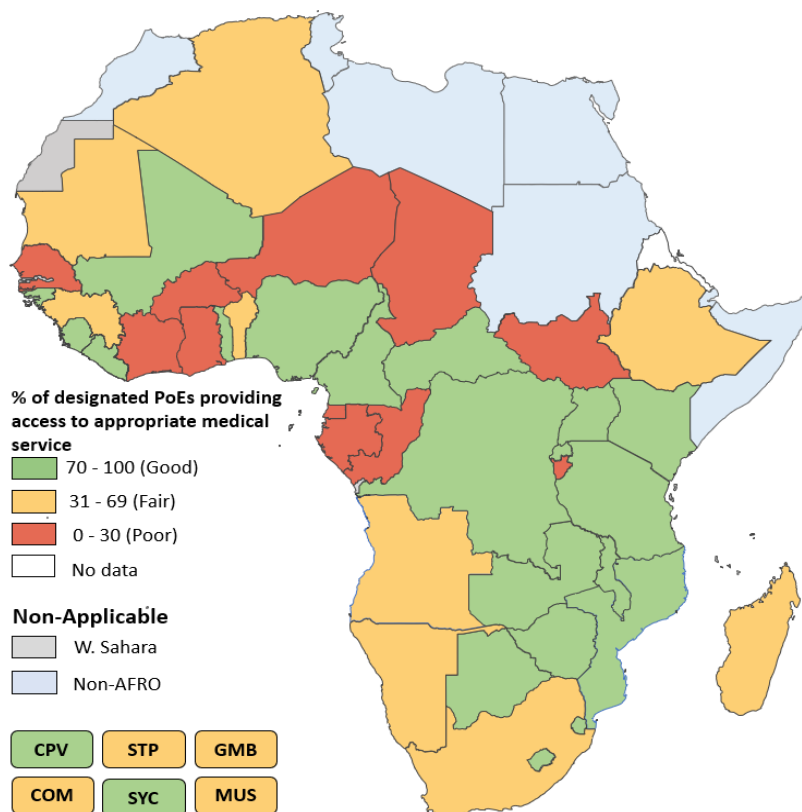


Figure 10. KPI 7: Percentage of designated points of entry that provide access to an appropriate medical service including diagnostic facilities located to allow the prompt assessment and care of ill travelers

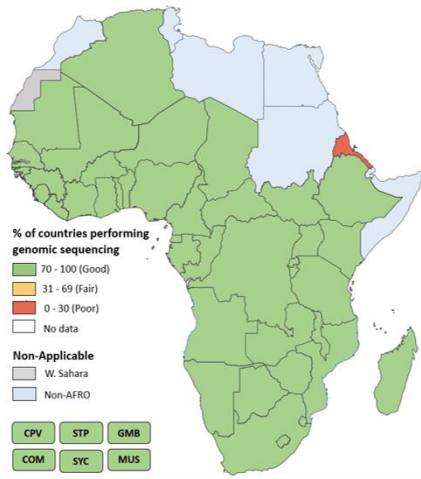


Figure 11. KPI 8: Specimens of confirmed cases sequenced

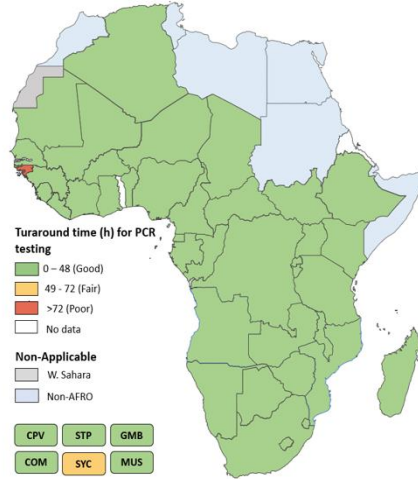


Figure 12. KPI 9: Turnaround time (hours) for PCR testing

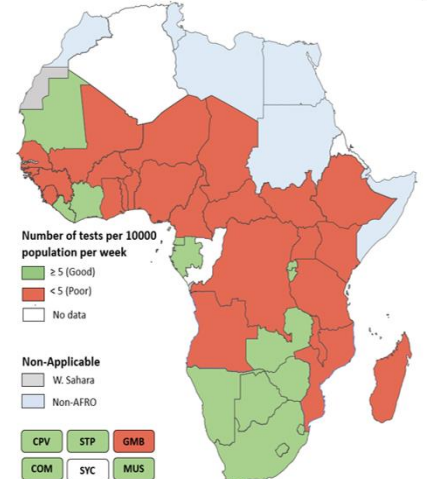


Figure 13. KPI 10: Number of COVID-19 tests per 10,000 population per week

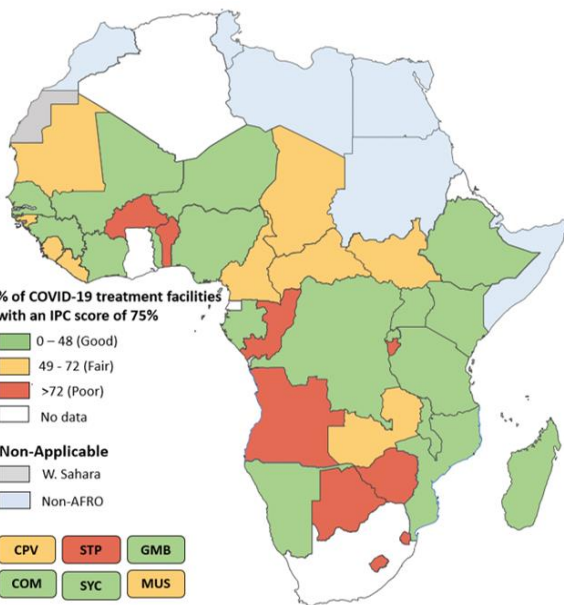


Figure 14. KPI 11: Percentage of COVID-19 treatment facilities with an IPC score of 75% or higher (using the IPC scorecard)

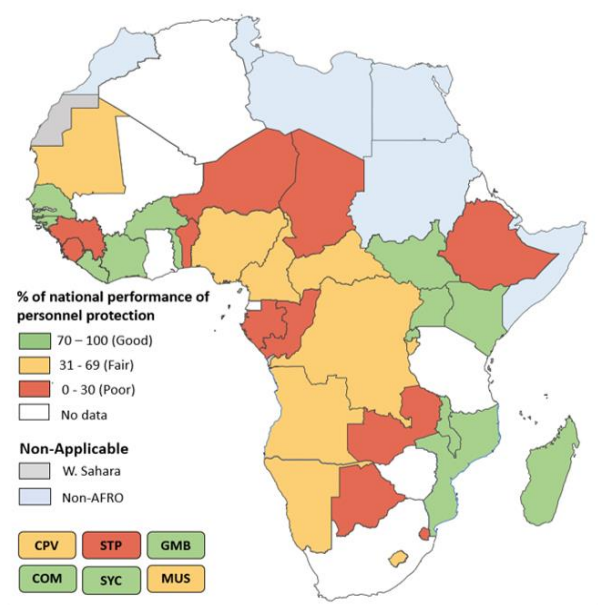


Figure 15. KPI 12: National performance (%) of personnel protection

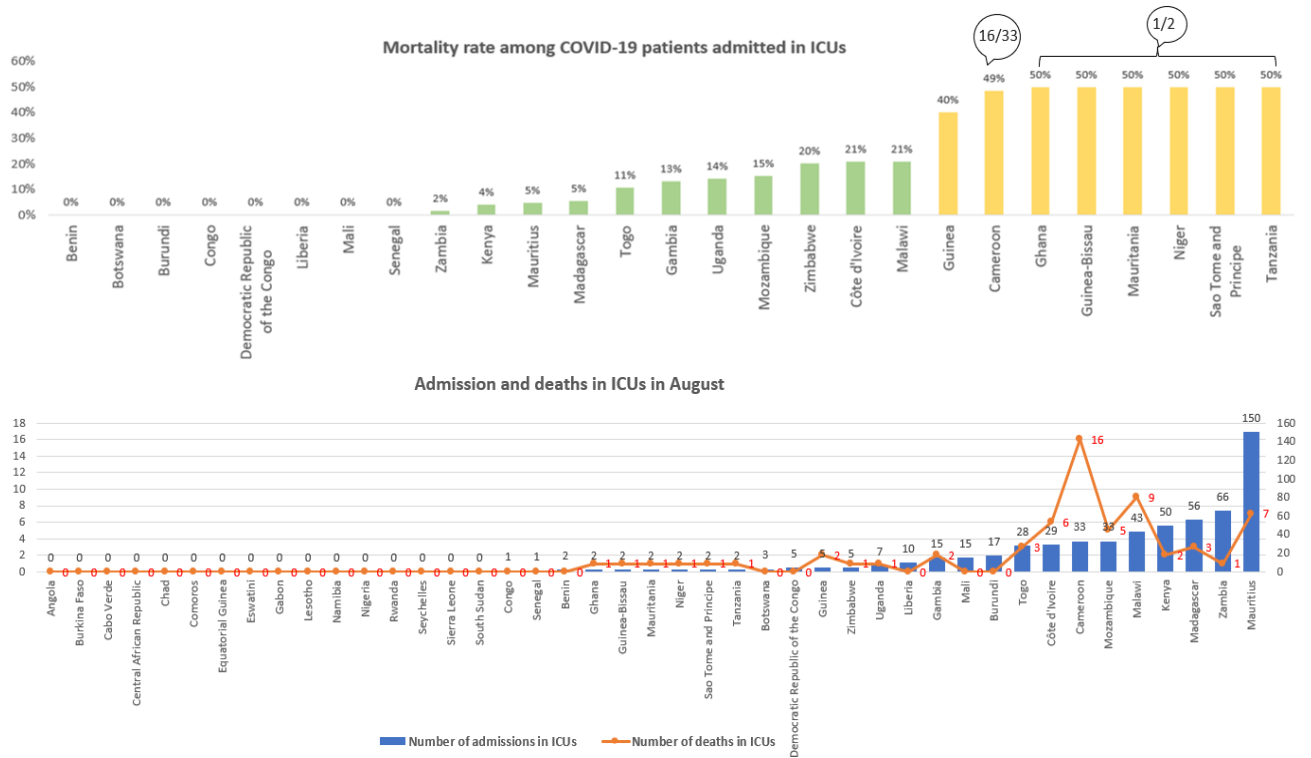


Figure 16. KPI 13: Mortality rate among COVID-19 patients admitted in intensive care units

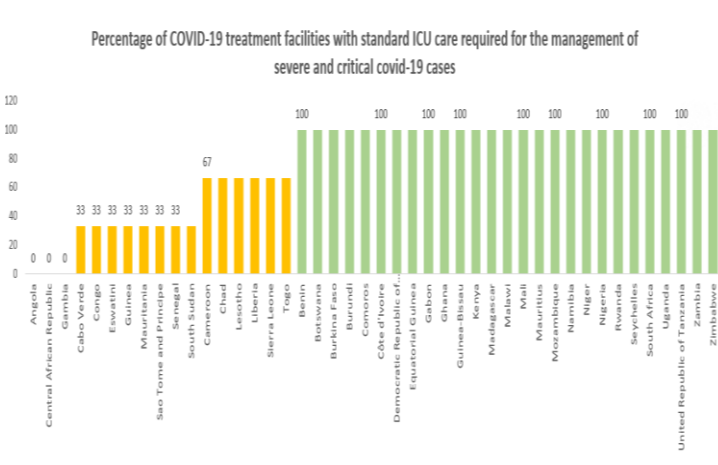


Figure 17. KPI 14: Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical COVID-19 cases

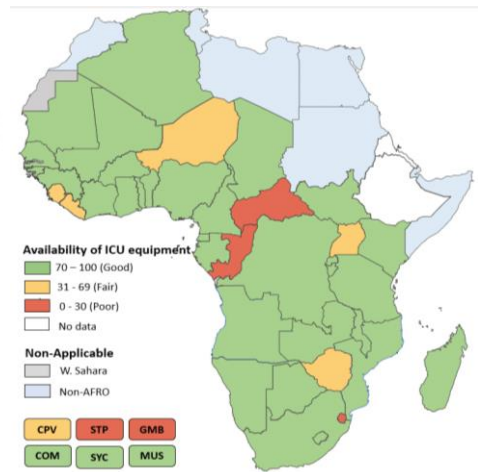


Figure 18. KPI 15: Scale (%) of ICUs equipment level for the management of severe and critical COVID-19 cases



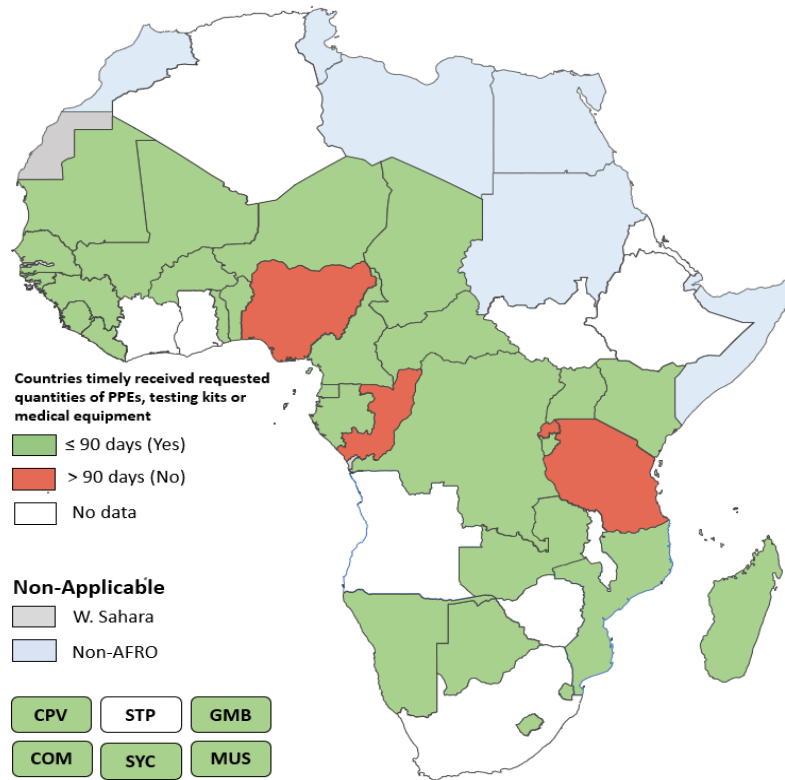


Figure 19. KPI 16: Percentage of countries that timely received requested quantities of PPEs, testing kits or medical equipment

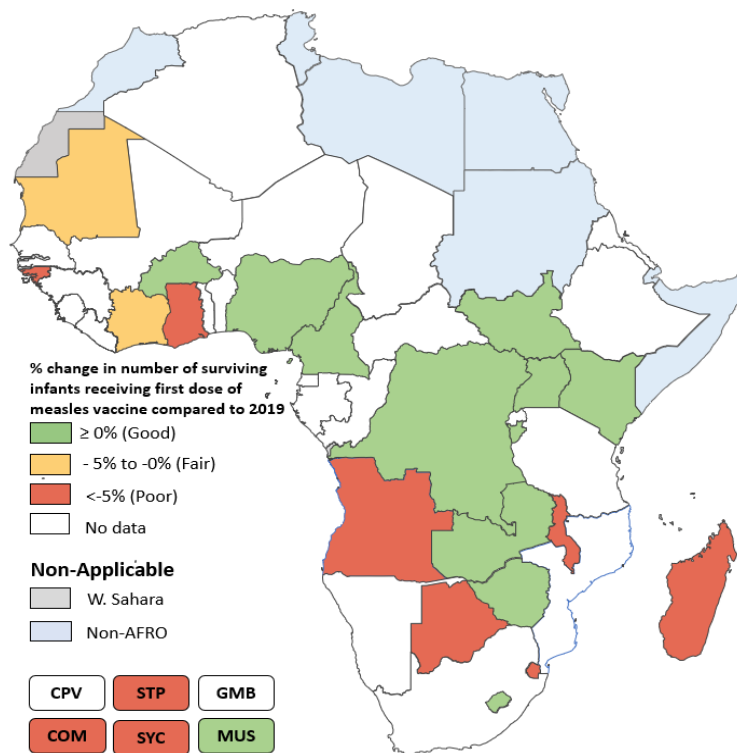


Figure 20. KPI 17: Percentage of change in number of surviving infants receiving their first dose of measles vaccine compared to 2019

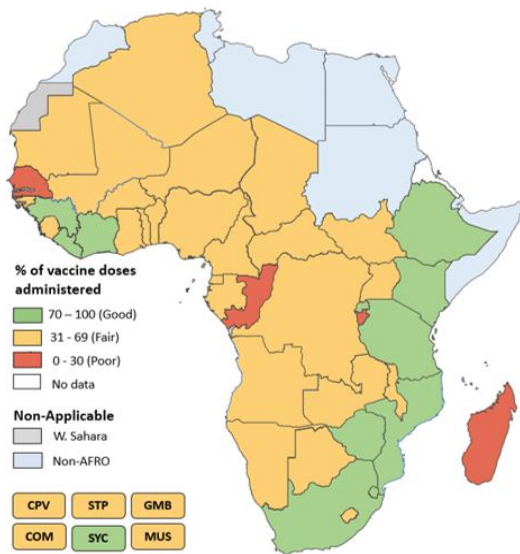


Figure 21. KPI 18: Percentage of vaccine doses administered out of vaccine doses received

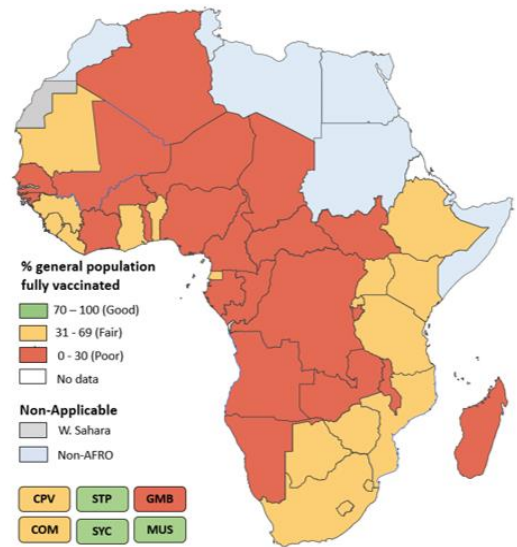


Figure 22. KPI 19: Percentage of general population fully vaccinated

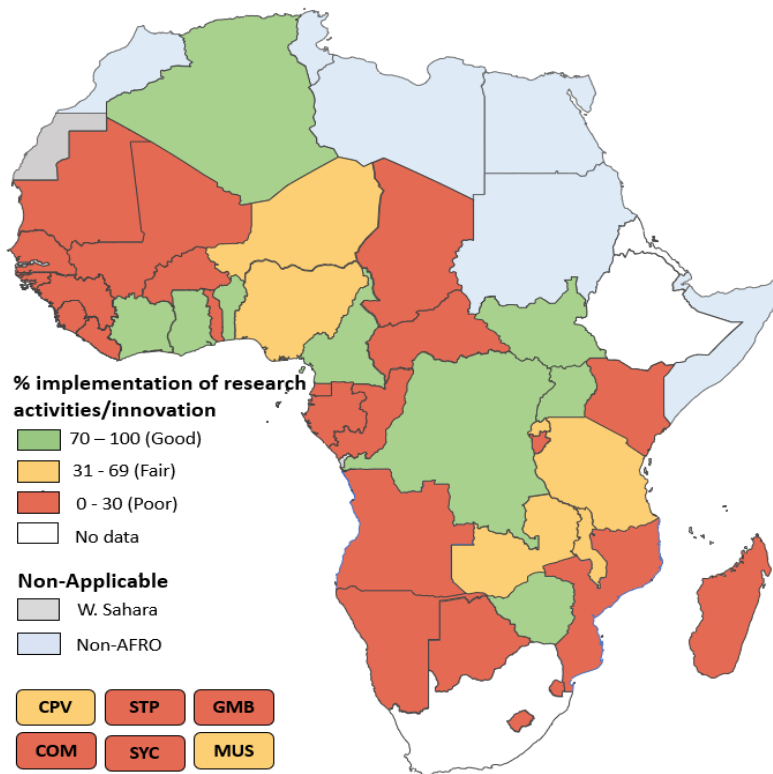


Figure 23. KPI 20: Percentage of progress in the implementation of activities related to research and innovation

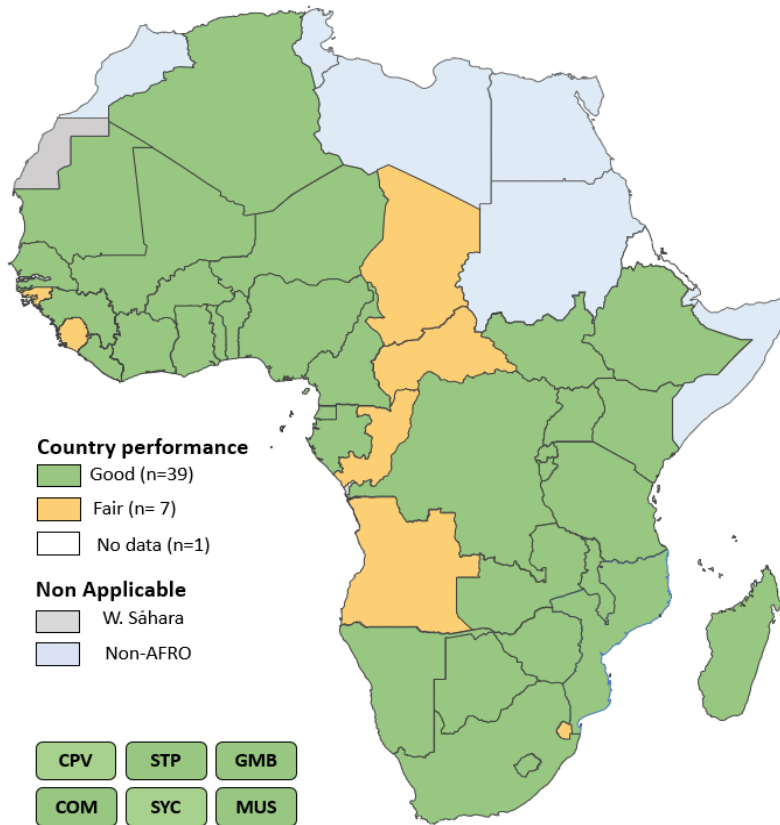


Figure 24: Overall performance

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