



World Health  
Organization

African Region



# COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN FOR THE WHO AFRICAN REGION

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## Foreword

The evolving epidemiological parameters of COVID-19 in Africa, and indeed the world, demands that we constantly re-examine and update the ways in which we approach the pandemic response. The pandemic is transitioning, acquiring episodic characteristics. But with no way of predicting the likelihood of the emergence of a new, more deadly variant, WHO remains committed to assist Member States to focus on the achievement of broadly resilient health care systems.

To date, 8.8 million cases of COVID-19 have been recorded across the 47 countries of the WHO African Region, taking 174 000 lives. Across the continent, 256 000 people have died. Amidst the tragedy, however, the pandemic has ignited unprecedented unity among African countries, which have come together to address the threat.

Since the onset of the pandemic, African countries have achieved a ten-fold increase in the number of laboratories equipped to test for respiratory pathogens, have shared data on entry points, genomic sequencing and therapeutics, and participated in joint emergency medical teams. This commendable regional solidarity have provided a concrete platform from which to continue the fight, while strengthening health systems to better tackle future crises.

The fight against COVID-19 is certainly not over. Going forward, we need to leverage the lessons learned over the past two years, which have delivered clear guidance on the essential preventative work and knowledge management necessary for optimal preparedness and resilience in health emergencies. Among other things, this includes early warning mechanisms, active, syndromic and genomic surveillance, a qualified health workforce, efficient and widespread infection prevention and control, culture-specific bespoke case management, patient- and community-friendly health facilities, and widespread risk communication and community engagement.

Fundamentally, countries need to be better prepared. This Strategic Preparedness and Response Plan for COVID-19 in 2022 (SPRP 2022) proposes a way forward for our communities to “live with the virus” for the foreseeable future, while mitigating risk by protecting the most vulnerable populations, and those responsible for maintaining essential services.

The paper presents four potential trajectories for the virus. These are based on parameters and assumptions related to the unique virus characteristics per country, reinfection rates and natural immunity, disease severity, the Omicron effect and other variants of concern, current dynamics of vaccination, immunity levels, past events, and underreporting.

As with previous strategies, SPRP 2022 maintains a dedicated COVID-19 core response team at the Regional Office in Brazzaville with responsibility for coordinating and ensuring the roll-out of the strategic orientation. At emergency hubs in Dakar and Nairobi, along with three intercountry support teams (ISTs) in Harare, Libreville and Ouagadougou, and the 47 WHO country offices (WCOs), dedicated COVID-19 teams provide strong operational support to countries, and coordinate partner support under multi-agency technical working groups. The plan also proposes key

innovations and a concerted resource mobilization and partnership strategy, in addition to improved knowledge management.

The COVID-19 pandemic has afflicted global humanity at unprecedented levels. In this third year of the response, we are adapting our strategies, tools and approaches to save more lives.

**Dr Matshidiso Rebecca Moeti**  
**Regional Director, WHO Regional Office for Africa**

## Abbreviations

<b>ARSLN</b>	Africa Regional Sequencing Laboratory Network
<b>COVID-19</b>	coronavirus disease 2019
<b>CSOs</b>	civil society organizations
<b>EMTs</b>	emergency medical teams
<b>GISAID</b>	Global Initiative on Sharing all Influenza Data
<b>KIPs</b>	key performance indicators
<b>IHR (2005)</b>	International Health Regulations (2005)
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IPC</b>	infection prevention and control
<b>NSAs</b>	non-State actors
<b>PCR</b>	polymerase chain reaction
<b>PHC</b>	primary health care
<b>PPE</b>	personal protective equipment
<b>RCCE</b>	risk communication and community engagement
<b>SAGE</b>	Strategic Advisory Group of Experts on Immunization
<b>SPRP</b>	Strategic Preparedness and Response Plan
<b>SURGE</b>	Strengthening and Utilizing Response Groups for Emergencies
<b>UHC</b>	Universal health coverage
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, sanitation and hygiene
<b>WCOs</b>	WHO Country Offices
<b>WHO</b>	World Health Organization

## 1. Situation overview

From the start of the COVID-19 pandemic, the global health emergency, preparedness and response architecture has rallied to bridge the gaps in access to vaccines, medical facilities and products that have characterized the response to the pandemic in the 47 Member States of the WHO African Region. In 2022, the third year of the pandemic, countries and partners have been imbued with a considerable body of knowledge and lessons accumulated during the first two years of the crisis, which have been shared through WHO in its role as global health emergency coordinator and facilitator.

The COVID-19 pandemic stress-tested and exploited institutional, economic, societal and global solidarity gaps. In Africa, the spread of the virus was compounded by the simultaneous occurrence of 136 health emergencies, with 38 countries experiencing some level of food shortages. The reasons for the shortages varied from extreme weather events to political crises or conflicts, which also hindered the pandemic response. Combined, the multiple emergencies and the pandemic exposed the fragility of primary health care (PHC) in many countries and the chasm between the African continent and the rest of the world in access to advanced medical research, technology and equipment. The gaps witnessed in the delivery of COVID-19 vaccines, personal protective equipment (PPE) and medical oxygen left people on the continent doubly exposed to the disease.

Almost immediately after the pandemic was declared, WHO worked directly with Member States and partners at the regional and country levels to improve contact tracing and surveillance, boost oxygen supplies and train medical personnel in comprehensive case management. Referencing the International Health Regulations (IHR (2005)) and the Emergency Response Framework, WHO repurposed its Incident Management System for pandemic response preparedness, creating the basis for countries to set up emergency operations centres, advocating for health care services at international borders and boosting national EMT capacities. Now permanent fixtures in the African health emergency and preparedness landscape, and the result of coordination between WHO and its Member States, these strategic achievements address COVID-19 concurrently preparing countries for other crises.

The WHO Regional Office for Africa (WHO AFRO) in January 2022 produced a COVID-19 strategic operational plan for the African Region, entitled *The Future of WHO COVID-19 Response Operation in Africa in 2022*, designed to address the now protracted crisis from 31 January 2022 to 1 February 2023 and beyond. A mid-cycle revision of this paper became necessary mid-year, when governments across Africa began to scale back their response. With economies showing signs of strain, WHO Member States were armed with valid epidemiological, health system and socioeconomic reasoning; governments felt justified in reinvesting in important programmes on HIV/AIDS, malaria, noncommunicable diseases and reproductive health. These programmes had suffered tremendous setbacks at the height of the crisis, aggravating COVID-19 conditions caused by comorbidities. In this sense, WHO AFRO's revision of SPRP 2022 encourages countries to adopt blended health programmes as a path towards lowering disease severity.

SPRP 2022 assumes that COVID-19 will continue in our midst, and plans for potential episodic spikes in

disease transmission, preparing countries to counter the effect of and build resilience to this and other crises, not knowing when a new COVID-19 variant of concern will occur. WHO and countries absorbed lessons from previous epidemics of chikungunya, HIV/AIDS, Zika, malaria, trypanosomiasis and Ebola virus disease building on experience towards achieving health system preparedness and resilience.

SPRP 2022 covers response, preparedness and resilience planning for 31 January 2022 to 31 March 2023. It offers a mid-year reflection of the pandemic, based on the document titled *The future of WHO COVID-19 response operation in Africa in 2022*<sup>1</sup> and revisits the COVID-19 crisis in a context of evolving epidemiological and consequent social and political landscapes. It indicates the lessons learnt over the past two and a half years, and provides the state of play of the Regional Office's COVID-19 incident management structure operational plan. Accordingly, it adjusts and contextualizes WHO AFRO's strategy and operations. Like its predecessors, SPRP 2022 assumes whole-of-organization and whole-of-society approaches and is aligned with IHR 2005, the WHO Emergency Response Framework and the New Way of Working. It is designed against a human rights and human security backdrop. It proposes a sustainable, measurable, achievable, realistic and timely response that takes into account evidence-based project management and enhanced national capacities.

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<sup>1</sup> <https://www.afro.who.int/publications/future-who-covid-19-response-operations-africa-2022>.





## 2. The pandemic situation up to 31 July 2022

Since the first case of COVID-19 on the continent was reported in Egypt on 14 February 2020, all African countries have been affected by the disease in varying degrees over the course of five distinct waves. By the end of July 2022 nearly 12.3 million persons on the continent had tested positive for COVID-19, 11.4 million had recovered and 256 161 had died, generating a case fatality ratio of 2.1%. This represents 2.1% of the 583 million cases reported globally and 4% of the 6.42 million deaths.

The more transmissible Omicron variant, which was responsible for the fourth COVID-19 wave, was first reported in November 2021 and caused a rapid surge in confirmed cases (see Figures 1&2). This surge and a subsequent mid-year fifth wave failed to result in a commensurate increase in hospitalizations or deaths. From April to July 2022, fifteen countries responded to and controlled case surges within four to six weeks, a testament to increased surveillance and response capacities. Accordingly, SPRP 2022 advocates for countries to transition or absorb COVID-19 surveillance and response into national health systems.

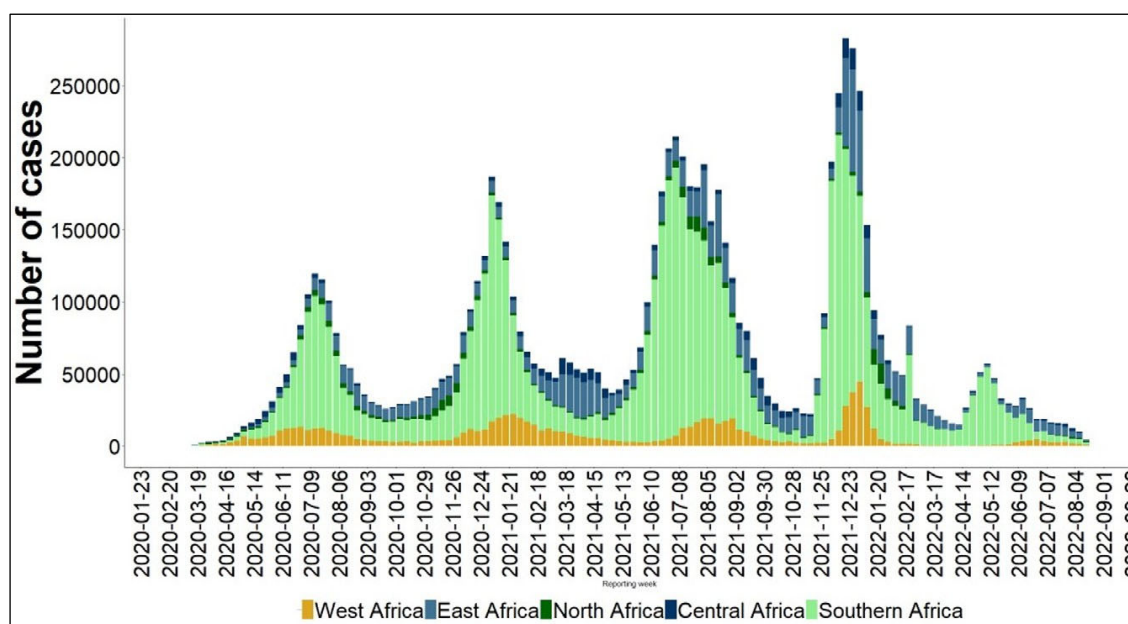


Figure 1. Trend of weekly reporting of COVID-19 confirmed cases in the African Region

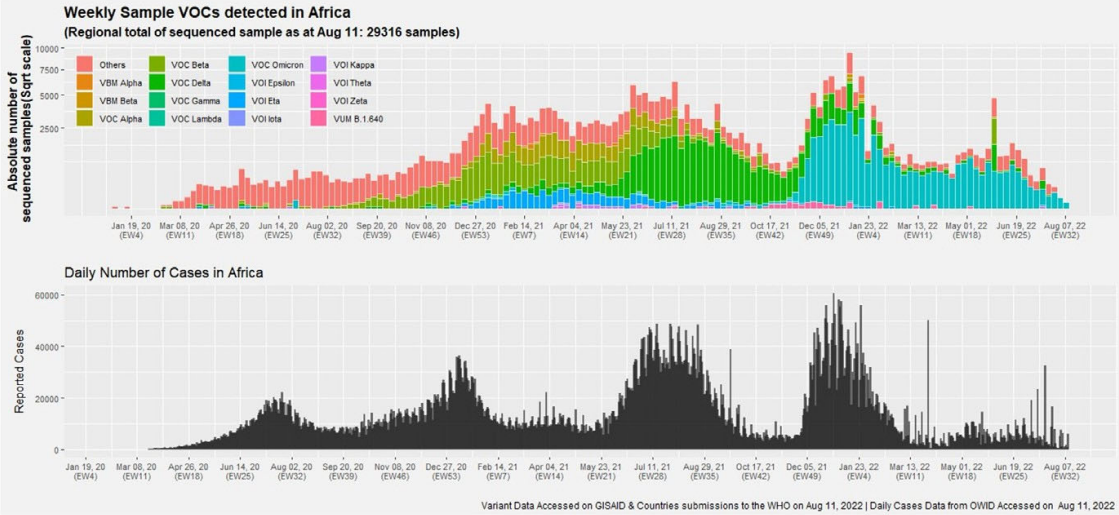


Figure 2. Temporal evolution of SARS-CoV-2 variants of concern in the African Region 2020–2022



### 3. People-focused approaches

The biophysical profile of persons affected by the pandemic has largely remained the same, mainly due to the preserved invasive characteristics of the virus and changes in the immune response in the elderly and persons with comorbidities.<sup>2</sup> The age group with the highest burden of infection is between 20 and 59 years, which is the more mobile and active population with a higher likelihood of person-to-person transmission owing to high exposure opportunities linked to work, trade and travel.

From the onset of the pandemic, persons with pre-existing conditions and comorbidities were more likely to develop severe COVID-19 disease or die from its infection.<sup>3</sup> This knowledge provides the response with a clear path towards tackling the root causes of severe infection. Most people who developed severe illness or died in the fourth wave were not vaccinated.<sup>4</sup> There is also evidence of reduced efficacy of vaccination against infection with the Omicron variant, even as vaccination protects against severe disease and death.

SPRP 2022 considers that Africa may exit the acute emergency phase of the pandemic by 2023. To achieve this, individuals, communities and governments must continue to work in synergy to reduce the spread of the disease by implementing comprehensive, multi-layered and targeted public health and social measures. Absorbing and mainstreaming COVID-19 prevention practices within the plethora of existing health and nutrition and gender-based violence programmes will address the protracted nature of the response.

In the context of dramatic economic losses, rising unemployment, looming inflationary pressure and diminished foreign investment, at the time of writing this updated SPRP 2022, countries across the Region had opened borders, ceased most mandatory testing and public health and social measures, and slowed down mass vaccination campaigns. In adapting to this reality, SPRP 2022 emphasizes three immediate people-centred points:

- Governments must advocate for personal decisions regarding wearing of masks and encourage public health and social measures where physical distancing is impractical, while urging people to practise proper hand hygiene and seize available opportunities to get vaccinated.
- Communities can be mobilized to improve testing rates, vaccination coverage and home-based care of asymptomatic patients and those with mild cases. WHO and partners can facilitate people's

<sup>2</sup> Tropism of the SARS-CoV-2 virus has largely remained uniform across the various variants (except Omicron, which has a higher propensity to affect upper respiratory epithelia than the lower epithelia). The ability to mount an adequate response to the viral infection in the elderly and persons with underlying health conditions is relatively suboptimal, leading to increases in their susceptibility to develop severe disease or death (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7288963/>).

<sup>3</sup> <https://www.afro.who.int/pt/node/15441>

<sup>4</sup> <https://www.euro.who.int/en/health-topics/health-emergencies/pages/news/news/2022/01/the-omicron-variant-sorting-fact-from-myth>

access to credible information sources and help with infodemic management.<sup>5</sup>

- Governments can work within a universal health coverage (UHC) ethos to reduce inequalities in health care and emphasize preventive measures including vaccination and therapeutics, in addition to instituting science-based, risk-based approaches, adjusting restriction measures in a timely manner, when required.

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<sup>5</sup> Infodemic is a term coined during the COVID-19 crisis, combining Information and epidemic, to describe false information streams surrounding all aspects of the response, which worked against optimum results.



## 4. Scenarios in the COVID-19 response in Africa in 2022 and beyond

WHO anticipated four scenarios – status quo, base case, best case and worst case – in its response to the pandemic in the African Region from 2022, based on parameters and assumptions regarding the unique characteristics of the virus in each country, including transmissibility, which is driven by the attack rate, and country-specific socioecological factors. These factors include population density and mobility, personal hygiene and safety, reinfection rates from vaccination or natural immunity, and severity of disease – affected by the burden of hypertension, physical inactivity, demographics and HIV burden. Vaccination dynamics and variants of concern were also considered. Immunity leading to a 90% reduction in severity/death in case of future reinfections; how future patterns can be informed by past events; and underreporting or non-reporting of cases and deaths for hidden or multiple reasons were also considered.

- **Status quo:** Continuous trend with similar virus and response actions and no reinfection. This is an optimistic but highly unlikely scenario.
- **Base case:** The virus continues to evolve but with reduced severity over time owing to sustained and sufficient immunity against severe disease and death, with a further decoupling of incidence of cases and severe disease leading to progressively lessened disease outbreaks. Periodic spikes in transmission of the virus may occur with an increase in the proportion of susceptible individuals over time if the waning of immunity is significant. This may require periodic vaccination boosting for high priority populations. This case also predicts integration of practices in PHC with COVID-19 prevention and vaccination streamlining in routine health services.
- **Best case:** Future variants are significantly less severe and protection against disease is maintained without the need for periodic boosting of, or significant alterations to, current vaccines. In this scenario there is also less pressure on public health and social measures to counter transmission once severity is no longer an issue. Like the base case, this scenario predicts the integration of COVID-19 screening and treatment, plus limited isolation of COVID-19 patients, in PHC, along with vaccination and vaccine boosting in routine immunization.
- **Worst case:** A more virulent and highly transmissible variant emerges against which vaccines are not very effective and/or from which immunity against severe disease and death wanes rapidly, especially for the most vulnerable. This would require not just significantly altering the vaccination regimen but also significantly bumping up efforts in health system strengthening and in national medical emergency response capacities.<sup>6</sup>

<sup>6</sup> World Health Organization. Strategic preparedness, readiness and response plan to end the global COVID-19 emergency in 2022: World Health Organization, 2022.



## 5. Strategic directions

The overall objective of the Regional Office's Emergency Preparedness and Response Department is to help "... reduce the health consequences of public health emergencies ... by effective national and international risk reduction, preparedness, alert, response and recovery actions." During the last two and a half years, backstopping some 150 emergency response operations in the African Region has been the deployment of critical experts under the incident management response pillar structure in: coordination, disease surveillance, infection prevention and control (IPC), laboratory functions, case management, risk communication and community engagement (RCCE), vaccine deployment, supplies and equipment, and provision of guidance documents.

SPRP 2022 assumes an evolving situation in the COVID-19 cycle, where prevention and treatment will be absorbed into health systems, much as what occurs with many other pathogens. A combination of new and pre-existing factors such as the intensity and quality of the response, an increase in the fatigue of the population in adhering to public health and social measures, low rates of vaccination and weak health systems determine the quality and impact of the response. In preparation for response actions in the context of the four scenarios, the following orientations and areas of focus are proposed to guide Member States and partners:

- ✓ Reinforcing COVID-19 surveillance capacities, such as instituting hospital surveillance for new cases, determining the implications on essential services and scaling up testing and genomic/variant surveillance capacities for COVID-19 and other pathogens. The countries must be encouraged to remit data to the GISAID Initiative for monitoring and potentially controlling the impact of future variants, which may be more transmissible and deadly than previous variants.
- ✓ Defining and implementing adapted community-based response actions;
- ✓ Increasing oxygen suppliers and other COVID-19 case management and treatment capacities;
- ✓ Updating vaccination strategies and targets based on the evolving epidemiological scenario and on emerging evidence on the performance of vaccines and their effectiveness against different variants, and increasing vaccination uptake by making ample use of community engagement, advocacy and ownership initiatives;
- ✓ Reinforcing COVID-19 M&E, data and intelligence collection and analysis for orienting and guiding response actions;
- ✓ Maintaining and reinforcing critical human resource capacities in WCOs and in Member States' health systems to respond to new upsurges of COVID-19 cases;

- ✓ Increasing medical and non-medical supplies and other materials and equipment for addressing operational needs in a timely manner, as required by the Member States;
- ✓ Reinforcing and diversifying collaboration and coordination with existing and new partners from academia, regional economic and political entities, civil society organizations (CSOs) and private sector organizations;
- ✓ Reinforcing and scaling up fundamental and operational research to guide response actions;
- ✓ Progressively transitioning COVID-19 response capacities to the formal health system.

To support these strategic actions and to be aligned with the Transformation Agenda of the World Health Organization Secretariat in the African Region, 2015–2020,<sup>7</sup> SPRP 2022 aims to strengthen research, reflections and publications at both the Regional Office and WCOs. To this end, the Regional Office’s COVID-19 response specifically identifies the need for a dedicated team of specialists in disease management and coordination, risk communication and logistics located at emergency hubs in Dakar and Nairobi, in intercountry support teams in Harare, Libreville and Ouagadougou, and across the 47 WCOs in the Region. This team will provide operational support to the countries and for partner coordination under the auspices of the Emergency Response Framework’s multi-agency technical working groups.

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<sup>7</sup> <https://apps.who.int/iris/bitstream/handle/10665/359157/9789290234739-eng.pdf>



## 6. Whole-of-organization strategic approach

SPRP 2022 builds on response capacities gained over the lifespan of the pandemic to better prepare the continent for future waves of COVID-19, should the virus continue to mutate. It advocates for COVID-19 preparedness mainstreaming within health systems and for countries to leverage investments in health systems and specific health programmes in the transition to a post-pandemic reality.

In 2022 the response must be agile enough to account for unpredictable changes in the immunological and virological drivers of impact and transmission. It must also understand the process of SARS-CoV-2 transitioning from pandemic to episodic disease, characterized by ongoing transmission with periodic incidence.

Although the global goal of SPRP 2022 is to promote activities to end the pandemic, differences in the continent’s sociological and economic realities mean that bespoke disease management strategies are required to assist countries in building resilient health systems, as warranted by each epidemiological situation.

WHO assumes an all-hazards approach to emergency response, defined by emergency grading, which is managed by an incident management structure composed of 11 key contextualized primary functions (Figure 3) and led by an incident manager. Each pillar presents a point of view and adds value to the next, within a non-hierarchical complementary process.

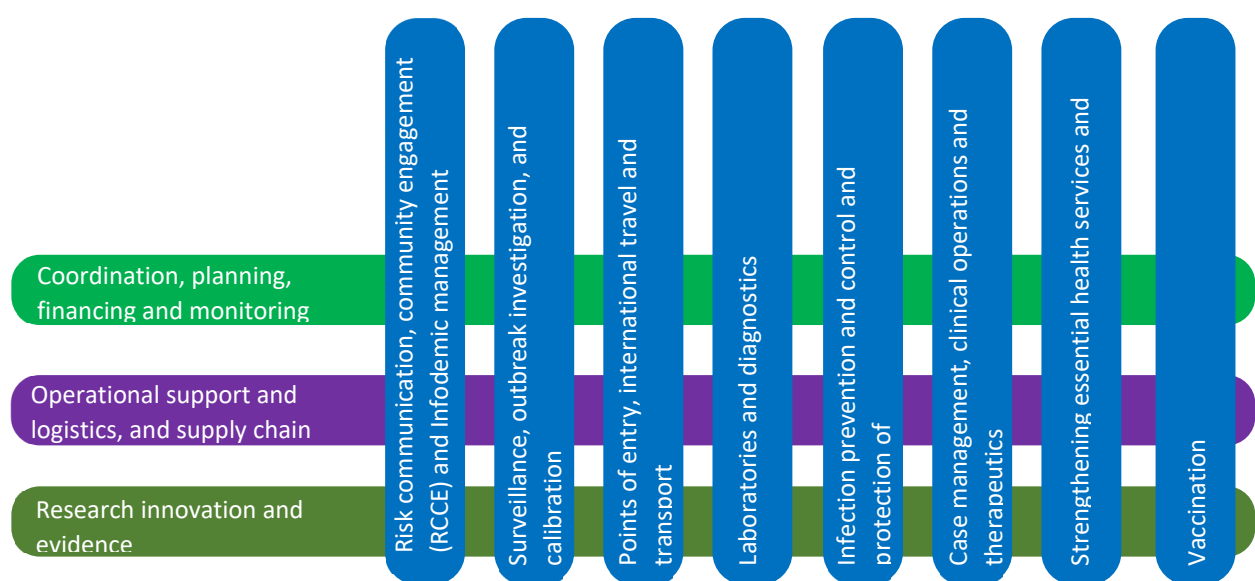


Figure 3. WHO’S all-hazards approach to emergency response with its 11 functions



## Pillar 1: Coordination, planning, financing and monitoring

Coordination, planning, strategic communication and monitoring at the global, regional, national and local levels play a critical role in ensuring effective crisis preparedness, readiness, response and early recovery. This includes multisectoral coordination removing duplication and maximizing available resources. Contextualized country-specific coordination and response focused on the most vulnerable are key in this approach. SPRP 2022 highlights WHO's role as the Interagency Standing Committee Health Cluster lead agency in emergency operations, and as global convener of all aspects of emergency management, namely prevention/mitigation, preparedness/readiness, response and recovery. It emphasizes WHO's support to Member States in improving capacities to manage the response and risks, and as a broker in resource mobilization on behalf of Member States, whether in kind or cash. It also promotes inter-pillar coordination and seeks synergies between the health sector and emergency response to ensure continuity of health services. In this light, emphasis is given to WHO's institutional presence as a convener of international EMTs/the Strengthening and Utilizing Response Groups for Emergencies (SURGE) initiative to contain outbreaks and provide relief and as a provider of preparedness and recovery capacities to affected populations.

The WHO partnership strategy to respond to COVID-19 aims to strengthen collaboration with its traditional partners at global, regional and national levels and to engage with new non-State actors (NSAs), including CSOs. Four main actions are expected to continue:

- At the hub level will be mapping of operational partners' presence and actions in the Region with a focus on NSAs and regular interactions with partners to identify key issues, challenges and opportunities in COVID-19 response, notably through the Regional monthly partner meetings and the dedicated web platform with 216 active partners;
- At the Regional Office level there will be regular identification of operational gaps highlighted by the main response pillars and sharing of information on them, and ongoing identification of funding opportunities with resource mobilization at all levels.

SPRP 2022 responds to the initiative in 2021 where 23 CSOs were provided response support through the COVID-19 Solidarity Fund leading to community-based interventions in 12 countries with positive outcomes in RCCE, IPC, vaccination and inclusive governance. Understanding CSOs can link communities with health authorities, playing a central role in the global health architecture. Integrating CSOs in the preparation and conduct of the response is central to WHO's partnership strategy. New private sector partnerships are another element to be explored, such as those undertaken with Veolia, a private foundation, to respond to COVID-19 in Congo.

SPRP 2022 engages a multifaceted monitoring and evaluation strategy, starting with information management and identification of key performance indicators (KPIs), proceeding to epidemiological and genomic surveillance, and adding the strong qualitative perspective provided by RCCE.

## Pillar 2: Risk communication, community engagement and infodemic management

This pillar aims to reduce the negative impacts of COVID-19 on individuals and communities, utilizing participatory and evidence-based methodologies and approaches. The aim of RCCE work is to provide ample platforms where each community member is engaged and made aware of risks and implications of interventions, and individual responsibilities within the community or family group.

Adopting a human rights and human security approach, RCCE works towards breaking transmission chains and mitigating the impact of the pandemic with coordinated, adaptive localized approaches to engage communities, increasing social cohesion and trust and ending stigma. To ensure a more

context-appropriate, localized response, data and evidence related to social dynamics such as public perceptions are compiled with aid from mixed and combined social and data gathering methodologies, such as social listening and community feedback, analysed in the context of epidemiologic data. RCCE interventions are designed and delivered in partnership with civil society, the media, NSAs, the community and faith-based organizations.

SPRP 2022 is guided by the understanding that community resilience is critical to end the acute phase of the pandemic. Empowering and enabling communities strengthens resilience to risks and vulnerabilities. Going forward, community and individual capacities must be enhanced to prepare for and respond to this pandemic and other health emergencies. Bringing together and strengthening existing ties between Civil Society Organizations (CSOs) and Non-State Actors (NSAs) and communities of practice at the national and district levels can help to reach more vulnerable and marginalized people.

### Pillar 3: Surveillance, outbreak investigation and calibration of public health and social measures

COVID-19 epidemiology and surveillance systems have continually evolved over the course of the last two years in the Region. Early detection, case investigation, trends monitoring and information dissemination remain essential to guide appropriate response measures in this protracted phase of the pandemic. As countries have continued to improve their capacities for detection of the virus at the subnational level, targeted interventions have been applied in affected communities to detect, monitor and respond to local surges of cases or deaths.

It is important to develop iterative surveillance data collection approaches to corroborate analyses on the pandemic's impact on people, communities and governments. Targeted surveillance of COVID-19 among the most vulnerable, such as health workers, the elderly and persons with pre-existing conditions is critical to guide response measures to protect against severe disease or death. Understanding the epidemiological dynamics of COVID-19 through targeted monitoring in specific settings with possible rapid viral transmission such as schools, prisons and humanitarian crises settings is essential. As the COVID-19 pandemic carries in its third year, triangulated information from several integrated or interoperable surveillance systems remains critical for effective epidemiological monitoring.

SPRP 2022 considers the importance of maintaining resilient surveillance systems for other respiratory illnesses with pandemic potential and encourages augmenting resources to detect multiple viruses through existing national sentinel surveillance systems. This entails concurrently testing cases that meet standard case definitions for multiple diseases, such as influenza, respiratory syncytial virus and COVID-19, enabling countries to monitor trends pertaining to several illnesses using the same resources, while maintaining the surveillance integrity of each disease in the event of an outbreak.

Because there are many unknown factors surrounding the spread of COVID-19 and its variants, it is critical to integrate standalone surveillance for COVID-19 into existing infectious disease surveillance systems. To this end, SPRP 2022 proposes furthering in the African Region the Integrated Disease Surveillance and Response (IDSR) system, the agreed strategy adopted by Member States for surveillance of, and response to, priority communicable diseases. IDSR allows the prompt identification of diseases with epidemic potential using standard case definitions at health facilities and in communities. In this regard, identifying cases of COVID-19 through routine surveillance of influenza-like illness and severe acute respiratory infections and reporting via the weekly and monthly IDSR reports is one of the proposed modalities for integrating COVID-19 into existing systems.

#### Pillar 4: Points of entry, international travel and mass gatherings

In its interpretation of the IHR (2005) and the WHO Emergency Response Framework, SPRP 2022 enhances surveillance actions and training pertaining to points of entry, in particular cross-border regions characterized by constant movement of people and goods. WHO works closely with Member States to strengthen national, regional and global capacities to prevent, detect and respond to outbreaks in compliance with IHR (2005) requirements. WHO's coordination role in the response to public health emergencies of international concern emphasizes collaboration through Member States' ministries of health and other stakeholders. SPRP 2022 specifies the need for a broader understanding of IHR (2005) and parallel processes and roles and responsibilities pertaining to its application.

Health crises strategies implemented before 2022 centred on country and individual risk-based approaches, and led to favourable changes and performance at points of entry and in the context of international travel and mass gatherings. Applied to COVID-19, these strategies, adopted for Ebola Virus Disease, cholera and others have contributed to mitigate the risk of international dissemination of the disease, and have been amply leveraged to allay the damage of the pandemic on African economies by rebooting international travel and trade.

This SPRP 2022 assumes that a risk-based approach to travel will be maintained, which considers disease incidence and notification of new variants and disease dispersal patterns, herd or acquired immunity levels and the capacity of the response in departure and arrival countries. A multisectoral decision-making process is emphasized to ensure country and stakeholder alignment on the measures applied. A risk-based approach with the same considerations is also maintained for mass gatherings.

#### Pillar 5: Laboratories and diagnostics

Countries should adapt their domestic COVID-19 diagnostic capacity to fit epidemiological requirements. Maintaining the laboratory capacity level attained during the pandemic is essential to managing possible resurging waves of the disease and diagnosis of other relevant diseases. SPRP 2022 assumes that countries will use national data platforms to document critical, epidemiological and virological data to create an enabling environment for the detection and assessment of new SARS-CoV-2 variants.

Expanding or forging strategic national surveillance and countrywide strategies is a primary action that should include: (1) a structure for clear coordination, supervision and registration of performed diagnostics and how collaboration with stakeholders is organized; (2) surveillance/testing strategies for different objectives in the different phases of SARS-CoV-2 circulation; (3) country quality assurance processes undertaken through national laboratory systems and national reference laboratories; (4) a communication plan for stakeholders and communities to inform when and why testing for the virus is required; (5) a system to collect diagnostic data from all stakeholders for action; (6) integration of laboratory/surveillance strategy with other aspects of the response; and (7) the capacities that need to be sustained to strengthen IHR (2005) functions. In the event of community transmission of the virus, surge plans should be activated to manage the increase in the volume of samples from suspected cases.

WHO will support access to relevant reference laboratories and protocols and reagents and other supplies through the COVID-19 supply chain system and the Access to COVID-19 Tools Accelerator (ACT-A).

#### Genomic surveillance and sequencing

The volatility of the COVID-19 virus given its propensity to mutate into variants and its potential impact

on human health over an extended period highlights the need to maintain and improve genomic surveillance capacities on the continent. At the time of writing this SPRP 2022, 40 countries were participating in the GISAID Initiative, contributing to the universal understanding of COVID-19 to predict its resurgences, identify hotspots of the transmission of its new variants, and track changes in its spread, intensity and severity and identify their impact on diagnostics, public health measures and medical interventions.

This SPRP enhances the role of the Africa Regional Sequencing Laboratory Network for SARS-CoV-2 and other pathogens to sequence circulating genomes, analyse data and provide technical support for evidence-based sound public health interventions. The surveillance of SARS-CoV-2 variants using genomic surveillance techniques remains critical as the virus remains in circulation with the potential for the emergence of new or recombinant variants, subvariants or sub-lineages. In addition to detecting new variants, enhanced genomic surveillance will help countries monitor the degree of penetration of existing variants. A better understanding of variants may provide countries with critical information to improve response activities, including laboratory testing, case treatment and vaccination.

### **Pillar 6: Infection prevention and control and protection of the health workforce**

IPC programmes and practices are required in health facilities and communities to identify and manage patients with COVID-19. IPC is also a key aspect in breaking transmission chains to and among health personnel, between health personnel and others and in the community. IPC practices help prevent transmission of health care-associated infections during the provision of non-COVID-19 health services.

SPRP 2022 indicates that IPC should be based on a holistic approach to prevent and control the spread of the disease, while enhancing community awareness and encouraging risk-sensitive behaviours such as physical distancing, frequent hand hygiene, respiratory etiquette, mask use as appropriate and ventilation use. Supporting national roadmaps for improvements in water, sanitation and hygiene (WASH), improving WASH in health care facilities and improving health care waste management are essential strategic and long-term plans in this SPRP 2022.

SPRP 2022 takes a pragmatic approach that considers the local environment. For example, in the event of shortages of critical PPE, safe reprocessing methods for used PPE or alternatives are encouraged. A particular focus is placed on protecting health caregivers and all front-line workers from infection.

### **Pillar 7: Case management, clinical operations and therapeutics**

Large increases of patient numbers as witnessed in the initial phase of COVID-19 require robust health service delivery networks at local, subnational and national levels. In all health facilities, medical personnel must be familiar with case definitions and appropriate care pathways, ensuring that patients with, or at the risk of, severe illness are treated and immediately referred. Equally important is the need to safeguard other patients and personnel in the health facility from contagion. High volumes of COVID-19 cases put personnel, facilities and supplies under pressure, requiring smooth communication among supplies and logistics, infection prevention and control and case management personnel. This SPRP advocates for integrated disease management that contemplates preparedness for in-patient treatment for acute cases while also enhancing capacities for home and community care as required.

Critical care is the priority in case management. To enhance preparedness for critical care, countries are encouraged to adopt the use of the WHO Global Clinical Data Platform for COVID-19 that ensures

cross-cutting communication and consultation among health practitioners, who are key to providing on-demand assistance to countries. In this SPRP 2022, , as the coordinating body of partners, WHO has the role of guiding and assisting partners in implementing surveys, building capacity for clinical trials at regional, subregional and country levels. In this SPRP 2022, case management is specifically linked to health technology and logistics to support the construction, implementation and/or rehabilitation of health infrastructure, in particular treatment centres, triage, laboratories and points of entry.

### **Pillar 8: Operational support and logistics, and supply chains**

Led by the Supply Chain Task Force, this pillar responds to the need to assist countries in circumventing medically associated supply chain ruptures and facilitating the identification, certification, sourcing, allocation and delivery of essential supplies where they are most needed. The acute supply shortages witnessed during the pandemic led to the establishment of the COVID-19 supply chain system. While that platform will continue to be active, the new centralized emergency medical supply warehousing being established in central locations across Africa under the auspices of the Regional Office's Emergency Flagship Initiative will greatly enhance the availability and timely distribution of first response necessities. By their very nature, operational support and logistics ensure that all programmatic areas receive adequate, efficient and timely support and supplies. This SPRP recognizes the need to increase capacity among Member States in an array of areas related to health and medical logistics such as safe equipment delivery and maintenance, adequate warehousing, maintenance of adequate supply distribution logs, etc.

To ensure that countries are prepared to face medical emergencies for and beyond COVID-19, SPRP 2022 provides for strategic trainings and assists ministries of health in aspects related to individual or collective procurement through the United Nations Procurement Portal. This pillar also plays a key role in facilitating case management, IPC and vaccination through supply chain management and finding solutions to ensure adequate medical oxygen capacities, among many other roles.

### **Pillar 9: Health system and services continuity**

Disease outbreaks disrupt essential health services for many health conditions. During health emergencies, countries face shutdowns of other health programmes due to staff reassignment, supply chain disruptions, population mobility restrictions, fear of infection at health facilities, etc. Funding from domestic and international contributions also shifts from other programmes as it is prioritized for the emergency. These shifts undermine countries' progress toward UHC, lay bare inequities in access to health care and exacerbate gender-based violence and incidence of unintended pregnancies.

Even in the face of tremendous odds, the response to COVID-19 in most countries in the Region was relatively rapid, because many of them had drawn lessons from previous health emergencies. The initial phase of coordinating the COVID-19 response took lessons from the preparedness for and response for the Ebola virus disease and the Middle East respiratory syndrome, for example; structures previously used for measles and polio vaccination campaigns were adapted for COVID-19 vaccination. Nonetheless, the most recent WHO global pulse survey conducted at the end of 2021 showed service disruptions remained evident two years into the pandemic across all regions and income levels. Major barriers to health service recovery included pre-existing low baseline health system capacities - exacerbated by the pandemic -, and decreased demand for care.

Countries engaged multiple partners to offset the impact of the pandemic on health systems. Creating networks to maintain essential services, health service delivery benefitted from expansion and innovation, such as self-care interventions and telemedicine. Countries also accelerated and provided

resources for the wide-scale adoption of previously recommended multi-month medication dispensing for chronic diseases such as HIV and TB.

One further round of the global pulse survey is envisaged for 2022 and widespread adoption of routine metrics to continuously monitor essential health service provision and utilization and identify and address gaps. Stronger emphasis and more resources will be targeted to support strengthened subnational capacities for preparedness, response and resilience in the context of primary health care (PHC).

In knowledge management, WHO will support efforts to document how COVID-19 investments have helped bridge critical health gaps and identified and helped scale up promising practices for addressing the inequities laid bare by the pandemic.

Efforts must also be expedited towards a structured care pathway for incorporating COVID-19 services in the routine health care system. This means upscaling sustainable capacities at the lowest levels of the national health systems for the prevention, diagnosis and management of COVID-19, including effective screening, therapeutics and vaccination, considering each country's health systems context and seizing existing opportunities to reach populations of interest such as people with comorbidities, pregnant women, caregivers of young children and the elderly.

WHO sees "COVID-19 and related health systems recovery efforts as a once-in-a-generation opportunity for integrated health systems strengthening," and has developed a range of guidance and tools, including the 2022 health systems resilience toolkit,<sup>8</sup> to support countries in their goal to build back better. Countries will be consulted and supported to better tailor and apply these tools to their context and needs to accelerate progress towards UHC and reinforce health security.

## Pillar 10: Vaccination

The issue of shortages of vaccine supplies witnessed during the first years of the crisis was surmounted for SPRP 2022. But despite the administration of 622 million doses among 922 million doses received, equivalent to 67% of the Region's needs, in 42 of the 47 countries in the Region fewer than 40% of the people are vaccinated. The low uptake of COVID-19 vaccines is attributed to various reasons, including:

- Low risk perception that has grown over time, a consequence of the low disease incidence, hospitalization and death from the virus accentuated by the relaxation of public health and social measures such as mask wearing and the waning of advocacy for hand washing and social distancing;
- Continuous misinformation, disinformation and rumours mostly from social media;
- Competing priorities for countries, including having to respond to multiple, simultaneous crises such as those for yellow fever, measles, polio and monkeypox, as well as having to conduct routine immunization campaigns;
- Multiple vaccination campaigns for a plethora of diseases, leading to health worker and community fatigue;
- Waning immunity from COVID-19 in the face of new variants requiring booster shots;
- Modest impact of available COVID-19 vaccines in reducing the virus' transmission, leading to a what-for mentality.

Many countries must invest more aggressively in securing vaccines for high-risk groups, as

<sup>8</sup> <https://www.who.int/publications/i/item/9789240048751>.

recommended by WHO/SAGE.

The trajectory and timing of the end of the COVID-19 pandemic are uncertain, and WHO has laid out possible scenarios on how the pandemic could evolve in 2023. Based on what is currently known, the most likely scenario – base case – is that SARS-CoV-2 will likely continue to evolve but with reduced severity of disease as immunity increases due to hybrid immunity from the combination of vaccination and natural infection. Periodic or episodic spikes in cases and deaths may occur as immunity wanes, which may require periodic vaccine boosting for high-risk populations. In this regard, continued genomic surveillance is key in bespoke variant-specific vaccine development. These considerations have implications for the 2022 COVID-19 vaccination programme and beyond.

Going forward, as the COVID-19 response transitions, WHO, in collaboration with all partners, will work towards expanding and deepening vaccination campaigns, taking a more targeted approach. Support has already increased for the integration of COVID-19 vaccination into the Expanded Programme on Immunization and PHC to increase vaccine coverage of the entire population and high-risk groups, as recommended by the WHO SAGE roadmap for prioritizing the uses of COVID-19 vaccines.<sup>9</sup>

### Pillar 11: Research, innovation and evidence

Research and development for COVID-19 lifesaving tools must continue. A priority is continued investment in second generation vaccines, tests and treatments. Building on existing vaccines that limit severity and prevent death, and developing second generation vaccines that stop or at least lower infection is key. This is particularly important because with each new wave of the virus, more people are left with post-COVID-19 conditions, sometimes called the post COVID-19 syndrome. This not only affects the individuals and families, but also places an extra burden on health systems, the wider economy and society at large.

Mechanisms for surveillance, diagnostic services, contact tracing, community engagement, investments in health workforce, local research, and sequencing can be catalysed for other circulating health threats. SPRP 2022 promotes developing new methods for strengthened animal-human-environment interface surveillance and the physical environment – wastewater -, and integrating COVID-19 into broader respiratory disease preparedness mechanisms such as the sentinel system for influenza preparedness, readiness, prevention and response management.

Aligning countries with sero-epidemiological standardized investigation protocols, such as UNITY studies, which aim at increasing quality evidence-based knowledge for action, is another aspect of innovation under SPRP 2022. In this pillar, cross-cutting issues are explored and tools developed, with special emphasis on exposing countries to state-of-the-art practices. For example, the scarcity of lifesaving medication during the pandemic encouraged countries to address the need for development of national pharmaceutical capacities.

Encouraging research on essential medical supplies and medications has started to bridge the capacity gap. Documentation of best practices and lessons learnt also is of tremendous importance, and in this SPRP 2022 several initiatives are planned in support of evidence-based programming in addition to encouraging science and operations research.

<sup>9</sup><https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Prioritization-2022.1>.



## 7. Strengthening the frontline – conditions for SPRP 2022 implementation

- The tools and mechanisms developed since the beginning of the pandemic must be programmatically and financially sustained and health systems further strengthened at both the global and local levels to protect vulnerable individuals at risk of severe disease and those with occupational exposure to the virus by preventing, diagnosing and treating the disease using the One Health approach.
- Training and capacity building must be undertaken across the spectrum of the health system, with emphasis on case management and IPC, but also on medical oxygen plant maintenance and production, risk communication and community engagement, among others.
- Countries must possess a legal environment in which to respond to health emergencies. It is urgent to improve or draft legislation for the development and acceptance of new technologies in vaccination, multinational EMTs and community advocacy.
- The momentum on health system continuity and strengthening must be maintained towards UHC, advocating for solutions to the root causes of the unequal access to health care, some of which existed prior to COVID-19 but were exacerbated by the pandemic. This will involve identifying, analysing and overcoming the persistent barriers to adequate and affordable health services, such as lack of social protection, poor health coverage in underdeveloped areas, social exclusion and gender inequality. Important steps should be taken toward health equity.
- In humanitarian situations where the Humanitarian Cluster System is in place, as the Health Cluster coordinator, WHO must work with the ministers of health and partners to advocate for pandemic preparedness and ensure that the working budgets include funds for a working emergency operations centre, standardized case management, IPC standard protocols and integrated COVID-19 vaccination for the more vulnerable, with a business continuity contingency plan for its integration with routine immunization. This is particularly important in the current context, where childhood immunization has backtracked by several years.
- Community health workers are on the frontline in the relationship with communities. As such, they must be provided support and training in home care, home-based isolation, community-based surveillance and referrals.
- Establishing a science-based culture is key in improving evidence-based management. To this end, countries are encouraged to take a transparent and dialogic approach to health communications and to invest in science, technology, environment and mathematics education at all levels of the education system.





## 8. Monitoring and evaluation

Based on data analysis and lessons learnt over the past two years of the pandemic, the Regional Office identified key strategic orientations and areas of focus in the support to Member States and partners in responding to the COVID-19 pandemic in 2022. Key performance indicators (KPIs) (Table 1) were developed based on these strategic directions in addition to the most efficient data on results-based response. The KPIs, which cover the response’s 11 pillars, are scheduled for monthly assessment. An outcome evaluation of this SPRP 2022 will be conducted at the end of the period. Further, this SPRP 2022 provides a pathway for enhancing evidence-based policy design, linking data gathering and monitoring with people-centred outcomes for better health.

This document provides a revision of the original KPIs following their monitoring during the first two years of the response. Over time the countries have adopted new policies and strategies to better respond to the pandemic. The significant decline in caseloads at the end of the SPRP 2021 period in January 2022 after the fourth wave of the disease, coupled with guidance from model projections of the pandemic trajectory in the Region for 2022, prompted the design of new strategies and new ways of working.

At the start of 2022, country-specific COVID-19 response plans were designed with the support of WHO and guided by the prevailing state of the pandemic, in addition to future projections based on mathematical models of COVID-19 transmission for 2022. Reflecting closely analysed needs and priorities, each response plan spelt out the activities – and associated budgets – to be undertaken under the 11 response pillars, the source of the early KPIs for SPRP 2022.

From the start, in comparison to 2021, the COVID-19 situation in 2022 was projected to present a lower caseload, fewer hospitalizations and less severe cases, plus relaxation of public health and social measures. Following the mid-year confirmation of these projections, the KPIs were realigned with the prevailing situation. Since the purpose of this SPRP is to end the acute phase of the pandemic and transition countries to a recovery state, the KPIs presented here measure the level of effectiveness and efficiency of the interventions with the aim of improving performance in response and readiness and consequently controlling the pandemic. In this SPRP, the number of KPIs was reduced from 26 to 20 to improve data collection efficiencies.

**Table 1: Key performance indicators for monitoring and evaluation of the plan for COVID-19 in 2022**

	Indicator
KPI 1	Percentage of countries with at least 70% of key response pillar functions filled by dedicated experts at the WCO
KPI 2	Percentage of countries with at least of 70% of recommendations from joint review meetings/learning exercises implemented
KPI 3	Percentage of countries with at least 70% of the allocated funds utilized/encumbered and documented for the critical review period
KPI 4	Percentage of countries with at least 70% implementation of key planned RCCE activities such as

	Indicator
	development, adaptation and rolling out of new messages to the population and engagement of the most vulnerable groups
KPI 5	Percentage of countries with at least 80% of districts (or regions) sharing timely and complete EPI surveillance data on COVID-19
KPI 6	Percentage of countries with at least 90% of monitoring of hospitalization of COVID-19 cases on a visual analogue scale
KPI 7	Percentage of countries with at least 70% of designated points of entry providing access to an appropriate medical service including diagnostic facilities located to allow the prompt assessment and care of ill travellers
KPI 8	Percentage of countries that sequenced specimens of confirmed cases
KPI 9	Percentage of countries that performed at least 5 COVID-19 tests per 10 000 population per week
KPI 10	Percentage of countries with a PCR turnaround time of 48 hours or less
KPI 11	Percentage of countries with 100% of the selected COVID-19 treatment facilities with an IPC score of 75% or higher (using the IPC scorecard)
KPI 12	Percentage of countries with 90% of national performance of personnel protection
KPI 13	Percentage of countries with less than 10% of mortality rate among COVID-19 patients admitted in intensive care units
KPI 14	Percentage of countries with 100% of selected COVID-19 treatment facilities with standard intensive care units required for the management of severe and critical COVID-19 cases
KPI 15	Percentage of countries with a 100% availability of enough equipment and supplies in intensive care units for the treatment of severe and critical COVID-19 cases
KPI 16	Percentage of countries that receive requested quantities of PPE, testing kits or medical equipment in time
KPI 17	Percentage of countries with no change in the number of surviving infants receiving their first dose of measles vaccine compared to 2019
KPI 18	Percentage of countries with at least 70% of vaccine doses administered out of the vaccine doses received
KPI 19	Percentage of countries with at least 70% of the general population fully vaccinated
KPI 20	Percentage of countries with at least 70% of progress in the implementation of activities related to research and innovation such as ongoing documentation of operational activities and publications in peer-reviewed journals

## 9. Resource mobilization and partnerships: the key to an effective response

One of the most difficult aspects in an emergency response is maintaining predictability of funding for longer term preparedness and resilience planning, openness and agility. This includes the ability to engage personnel and resources consistently so that Member States may expect continuity in both the support of the response and for maintaining essential services. To this end, the Regional Office's COVID-19 incident management structure developed an implementation plan to actualize the Region's targeted funding goals based on strengthened country-focused response planning and implementation; that is, countries were encouraged to bid for further funding based on quality spending performance. In its resource mobilization model, WHO worked with an anticipated proportional funds allocation distribution ratio of 20:80 between the Regional Office and WCOs. At the Regional Office level, funding is allocated to support activities either directly meant for the response or for preparedness and resilience, such as for building national EMT capacities and structures. It also covers specialized personnel for capacity building and training, report preparation, data management, logistics, surveillance, laboratories, genomics, programme management and communications, as advocated for by the Emergency Response Framework.

There is an allocation of 80% of all funding to activities at the country level, and it is managed by WCOs according to bespoke response plans. The principal of proportionality is applied to human resource allocation in the countries, and support is provided for the retention of an incident manager and team at all WCOs and for support to the ministries of health for maintaining an active emergency operations centre and appropriate personnel. While this strategy has been essential in the current COVID-19 response, it is also intended to serve countries in the context of future crises.

Experience has shown that partnerships with key national and international actors are important in managing crises, ensuring continuity of health programmes and essential services and engaging with individuals and communities to secure results. SPRP 2022 encourages and seeks partnerships with the private sector, international consortia and agencies in the United Nations family. Partnerships include the Access to COVID-19 Tools Accelerator, the African Field Epidemiology Training Network, the African Union and its Africa Centres for Disease Control and Prevention, Bill & Melinda Gates Foundation, GAVI, the Global Fund, the International Federation of Red Cross and Red Crescent Societies, the Organisation d'Afrique francophone pour le renforcement de systèmes de santé et de la vaccination, the United Nations Children's Fund, the United Nations Economic Commission for Africa, the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees, the International Volunteer Support Organization and the West African College of Surgeons.

To enhance this partnership aspect, SPRP 2022 prioritizes:

- Mapping of operational partners' presence and actions in the Region;
- Regular identification and sharing of information on the operational gaps highlighted by the main response pillars;
- Regular interactions with partners for identifying key issues, challenges and opportunities;
- Ongoing identification of funding opportunities under the resource mobilization subpillar.

Building and maintaining partnerships: (1) serves to strengthen the health system to build resilience; (2) is a localized strategic focus at the local level to engage local actors; (3) engages CSOs in humanitarian settings; (4) engages CSOs to support the African Region's Emergency Preparedness and Response Flagship Initiative; (5) enables continuous identification of partners through the COVID-19 response; and (6) identifies new opportunities, such as in the monkeypox outbreak and for capacity-building.

This performance- and partnership-based resource mobilization model has been welcomed by contributing partners, and several flexible results-based grants were made to the response. Partners contributing to this SPRP 2022 include the African Development Bank, the Canadian International Development Agency, the Federal Republic of Germany through the German Agency for International Cooperation, Norwegian Development Aid, the Swedish International Development Cooperation Agency, the Swiss Agency for Development and Cooperation, the United States of America through the American Rescue Plan Act of 2021 and the United States Centers for Disease Control and Prevention, and UKAID.

This SPRP considers the total budget to be US\$ 342 million, which includes funds carried forward from the last biennium, funds mobilized at the country level and fresh funds distributed via the Regional Office or received from WHO headquarters in the framework of the COVID-19 response for 2022–2023. The mid-year balance was the US\$ 106.2 million currently distributed among the 47 WCOS and the US\$ 22.81 million at the Regional Office for country and Regional support. At the time of writing this report, the total funds that had been received/mobilized in the year represented 25% of the COVID-19 budget for the Regional Office, with 78% of the funds mobilized being distributed equally among the WCOs and implementation rates hovering around the 60% mark by mid-year.



## 10. Moving forward: working with Member States and WCOs to consolidate the response in 2022

The African continent accounts for 3.39% of the 290 million cases of the COVID-19 disease reported globally since the beginning of the pandemic and 4.21% of the 5.45 million deaths, with the WHO African Region accounting for 74% (7.31 million) of the cumulative cases on the continent and 68.2% (156 489) of the cumulative deaths. Despite the likelihood of underreporting and the challenges regarding COVID-19 detection, Africa remains the Region least affected by the pandemic. Nonetheless, with fragile health systems in most countries of the Region, and given the delays in vaccination caused by global inequities, shoring up Africa's health systems to stem the tide of emerging COVID-19 variants of concern and building resilience against future health crises is a daunting task.

With the combined efforts of Member States, WHO and its partners worked in 2021 to scale up the response capacities in most of the countries in the Region, notably in epidemiological surveillance, action coordination, case treatment and laboratory services. With the data generated from the response and lessons from the first two years of the pandemic, in implementing SPRP 2022, the Regional Office commits to engage Member States, partners, and its WCOs in conducting timely and effective critical interventions for responding to and controlling the COVID-19 pandemic, through an open, agile and flexible approach.

As this SPRP 2022 is revised, WHO AFRO in consultation with Member States is launching a COVID-19 pandemic transition framework. Low disease incidence over the past half-year has indicated a need for countries to plan a gradual transition towards long-term surveillance and maintaining capacities for early detection of and preparedness for potential surges. This is important in a predicted scenario of episodic disease occurrence.

With considerable gains in access to medical oxygen, laboratory testing, intensive care units, and improved procurement and logistics systems, more robust health systems pave the way for absorbing COVID-19 into the catalog of episodic pathogens that routinely afflict Africa's people. Of marked importance, following the example of other health crises of regional or even global impact, such as Ebola Virus Disease and Zika, WHO and partners encourage countries to adopt a whole-of-society understanding of disease management, maintaining and consolidating response capacities and enhanced preparedness for future public health emergencies, while ensuring a cautious and phased approach to scaling back protections, while retaining the ability to scale back the response under any worse case scenario.

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