



# COVID-19 response in Africa bulletin

Situation and response in the WHO African Region

*COVID-19 transition progress*

Issue 12 | November 2023



World Health  
Organization

African Region

With the pandemic no longer a public health emergency of international concern, the World Health Organization is supporting countries to systematically integrate COVID-19 vaccination into routine immunization and primary health care (PHC) services. Here in Tanzania, WHO supported the Arusha region to integrate COVID-19 into routine immunization and other PHC services across seven councils– @WHO AFRO

## COVID-19 epidemiological situation and response in Africa November 2023

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# Foreword

Dear reader,

“It is therefore with great hope that I declare COVID-19 over as a global health emergency.... The worst thing any country could do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that COVID-19 is nothing to worry about. This virus is here to stay. It is killing, and it is still changing. The risk remains of new variants emerging that cause new surges in cases and deaths”, said the Director-General as he lifted the public health emergency of international concern status on 5 May 2023.

Indeed, while the world is recovering from the effects of the COVID-19 pandemic, we are still observing new cases, albeit with a steady decline. I am happy to report that there is currently no country in our Region that is in a situation of concern. As our Region recovers, it is also faced with new threats such as Ebola, cholera, diphtheria, and several humanitarian crises that continue to challenge our fragile health systems.

We are transitioning from responding to COVID-19 as an emergency to its long-term management alongside other infectious diseases. Let us apply the science and lessons we have learnt from the pandemic to guide the transition and as a knowledge base for managing public health threats in the future. In this regard, WHO AFRO commissioned the documentation of WHO’s response to the COVID-19 pandemic in the African Region. A total of 18 countries participated in the exercise. We shall share the findings in the next issue of the bulletin. Additionally, we released the WHO AFRO COVID-19 Strategic Preparedness and Response Plan 2023–2025 in May, to guide the transition process in Member States.

Countries are at different stages of the transition and in this issue, we share some success stories from our Member States. We also highlight the “shadow pandemic” of long COVID-19 that many people are grappling with, with little support from our health care systems. Current data estimates the prevalence of long COVID-19 to be around 43%, globally. This is likely to increase pressure on health systems, with immense implications for quality of life and other social and economic services. We have very little information on this condition in our Region. Investment in more research and developing effective and widely available rehabilitation programmes are desperately needed. I call upon ministries of health, in partnership with research and academic institutions, to conduct research on this condition to establish its magnitude in the Region, including its presentation and risk factors, in order to guide its management.

We continue to monitor the Region’s performance through the transition using 16 key performance indicators and I invite you to look at the performance of your individual countries.

In concluding, I encourage our Member States to guard against complacency during this period as we may experience other waves because the SARS-COV-2 virus continues to evolve, producing new variants whose transmissibility and virulence are unpredictable. I thank all the health workers in the Region who are dedicated to ending the pandemic at all costs.

**Dr Abdou Salam Gueye**  
Regional Emergency Director

# Epidemiological update on the COVID-19 pandemic in the WHO African Region

The epidemiological situation in the Region is currently stable. As of 22 October 2023, the WHO African Region had continued to maintain a relatively stable situation regarding COVID-19, characterized by a low number of cases, deaths and hospitalizations. Cumulatively, the Region has reported over 9.5 million confirmed cases and over 175 000 deaths since the onset of the pandemic.

In the past three months (July–September 2023), the WHO African Region has recorded 7114 new COVID-19 cases and 27 new fatalities across 21 countries. It is noteworthy that no country within the Region is in a situation of concern, although there has been a decline in testing and reporting of cases in the last 15 months.

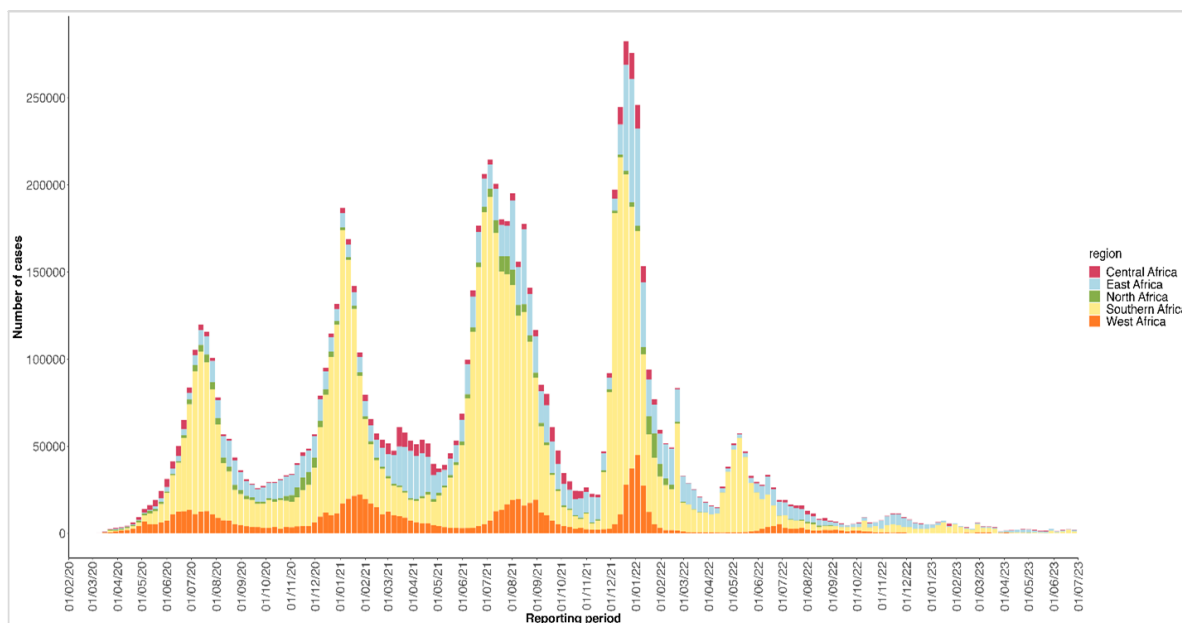


Fig. 1. Weekly trends of COVID-19 cases in the WHO African Region (data as of 22 October 2023; data source: <https://covid19.who.int/>)

## Adherence to the COVID-19 Strategic Preparedness and Response Plan 2023–2025

In line with the COVID-19 Strategic Preparedness and Response Plan for 2023–2025, the WHO African Region has made significant strides in enhancing collaborative surveillance efforts in the Region. New reporting requirements for COVID-19 have been disseminated to countries, emphasizing the need to adopt a standardized reporting template. WHO AFRO conducted orientation webinars with countries to provide comprehensive guidance on implementing the changes effectively. This would ensure a seamless transition to the new reporting requirements. Additionally, a step-by-step guide for hospitals and laboratories was shared with countries.

## Sentinel surveillance and positivity rates

The WHO AFRO influenza laboratory network has been actively engaged in COVID-19 surveillance. Cumulatively, from weeks 1 to 32, a total of 58 124 sentinel surveillance specimens were tested. Of this number, 6083 tested positive for SARS-CoV-2, with the positivity rate ranging from xx to yy in the different subregions.

WHO AFRO remains committed to strengthening its COVID-19 surveillance efforts through the following ongoing initiatives:

- *continuously analysing COVID-19 data to develop critical insights into the epidemiological situation;*
- *supporting countries to integrate COVID-19 surveillance into their existing national systems, particularly through the IDSR and sentinel surveillance mechanisms; and*
- *synthesizing experiences and lessons learnt from COVID-19 surveillance efforts across all African Region countries since the beginning of the pandemic.*

While WHO AFRO remains engaged in enhancing preparedness and response to COVID-19 and future pandemics in the African Region, Member States are encouraged to continue boosting vaccination drives. Vaccination remains a key intervention against severe disease and death due to COVID-19. Countries should integrate COVID-19 vaccination into life-course vaccination programmes and maintain efforts to increase COVID-19 vaccination coverage for all people in high-priority groups. It is important that individuals take a risk-based approach and continue to follow appropriate protective measures to reduce transmission, including distancing, practising good hand and respiratory hygiene, wearing well-fitting masks, and avoiding crowds and poorly ventilated places where possible.

## COVID-19 transition progress

The lifting by WHO of the status of COVID-19 as a public health emergency of international concern on 5 May 2023 signalled the start of a new phase of the global response and recovery. This was followed by an operations review on 30 May, where it was decided that its grading will be changed to a global protracted Grade 3 because Member States still need support from all levels of the Organization during the transition period from acute to long-term management of COVID-19. At different stages of the transition, Member States have made several steps towards recovery from the pandemic, albeit with several challenges. WHO AFRO continues to support its Member States through this period. WHO AFRO developed a regional COVID-19 strategic preparedness and response plan (2023–2025), adapted from the global COVID-19 SPRP. The plan outlines a comprehensive road map for transitioning from the acute phase of the COVID-19 pandemic towards a sustained response and recovery to strategically and sustainably invest in resilient health systems able to respond to emergencies and always maintain essential services. COVID-19 is now an endemic disease in the Region to be managed alongside other respiratory diseases. This is the opportune moment to invest and sustain the gains made during the pandemic response, and to apply the lessons learnt from this pandemic to increase the resilience of our health systems against future epidemics, pandemics, and other shocks.

**In this issue, we highlight efforts by Member States to transition COVID-19 management into routine health care systems.**

## Learning from experience: documentation of the WHO response to the COVID-19 pandemic in Africa

The WHO African Region experiences over 100 public health emergencies annually. WHO AFRO seeks to learn from the COVID-19 pandemic response to shape the Secretariat's work and provide effective support to countries to be better prepared for future shocks. WHO spent significant resources and time to support governments to respond to the pandemic. Through an external firm employing a systematic process, WHO AFRO is documenting the experiences and achievements the Region has garnered from the response. Documenting what worked and what did not work during the response provides an evidence base for future responses and prevents the repetition of unproductive or counterproductive measures and loss of valuable time through reinventing the wheel.

WHO is now focused on guiding countries through the integration process. Here, an AFRO staff is giving guidance on the integration of COVID-19 vaccination into routine immunization programmes at Isiwu PHC.



It is hoped that the review will provide pragmatic recommendations that will improve WHO AFRO's prevention of, preparedness for, detection of, response to and recovery from health emergencies. The documentation exercise will also provide plausible recommendations to countries to help them build resilient health systems. The findings of the review will be published in the next issue of the bulletin.

## Post COVID-19 conditions in the WHO African Region: a call to action

**In October 2021, post-COVID-19 condition (PCC) was defined by a Delphi methodology as that which occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually three months from the onset of COVID-19, with symptoms that last for at least two months and cannot be explained by an alternative diagnosis.**

Frequently reported symptoms include fatigue, shortness of breath and cognitive dysfunction, although over 200 symptoms have been reported which could be new or persistent. In children and adolescents, using the same approach, in 2023, post-COVID-19 condition has been defined as confirmed or probable SARS-CoV-2 infection, with symptoms initially occurring within three months of acute COVID-19 infection and lasting at least two months.

The global prevalence of PCC is unknown as there is a dearth of information on this emerging sequel to COVID-19 disease. However, in 2021, the Institute for Health Metrics and Evaluation (IHME) estimated that about 3.92 billion people were infected with the SARS-CoV-2 virus, with nearly 22 million experiencing persistent symptoms. In Africa, by the end of 2022, only 12 countries were uploading clinical data on COVID-19 and PCC to the WHO global clinical platform for COVID-19, making estimation of the situation difficult.

There are numerous unanswered questions on PCC and while efforts are ongoing to understand this sequela, the call for action to support data sharing in a consistent and reliable fashion to enable researchers to conduct studies which could provide answers has been met with silence. To further strengthen support for people with PCC, WHO has established the 3R's: recognition, research, and rehabilitation for PCC.

Some countries, including Zambia and Ghana, have set up “Post-COVID-19 clinics”, but the resources to sustain and provide clinical care for these patients remain scarce. With the integration of the COVID-19 clinical care pathway into routine health services, the need to identify and support PCC cannot be overemphasized.

*To this end, the WHO COVID-19 EMST seeks to establish the burden and clinical presentation of post-COVID-19 condition in the WHO African Region and calls on Member States to join this initiative to conduct surveillance and studies to fill this knowledge gap.*

## Have we reached herd immunity for COVID-19 in the African Region?

***“Herd immunity,” also known as “population immunity” or “community immunity”, occurs when a significant proportion of the population is immune to the disease either through vaccination or immunity from a previous infection. This means that the risk of spread from person to person decreases, and those who may not be able to get vaccinated (such as infants and immunocompromised people) are indirectly protected.***

People who are not immune can still get the disease, but the risk is substantially reduced when it is not spreading frequently in the population. The proportion of the population that should be immune to achieve herd immunity varies with each disease. For example, herd immunity for measles would be achieved when 95% of the population was vaccinated (or immune), while the remaining 5% would be protected by the reduced transmission. Achieving herd immunity with safe and effective vaccines makes diseases rarer and saves lives. WHO supports achieving herd immunity through vaccination and not by allowing the disease to propagate in the population.

SARS-CoV-2 (the virus that causes COVID-19) is a highly virulent virus that spreads rapidly from person to person. Multiple vaccines were authorized and introduced at the end of 2020, with a global roll-out in early 2021. All authorized vaccines are safe and initiate an immune response against COVID-19. Seroprevalence estimates have varied, but most people globally have some antibodies to COVID-19, either from vaccination, natural infection, or both. Studies have suggested that seroprevalence estimates in the African Region are high, with 65% (56.3–73%) of the population having been exposed by September 2021. Today, we can assume that this number is substantially higher<sup>1</sup>.

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<sup>1</sup>Lewis HC, Ware H, Whelan M, UNITY Studies Collaborator Group, et al. SARS-CoV-2 infection in Africa: a systematic review and meta-analysis of standardized seroprevalence studies, from January 2020 to December 2021. *BMJ Global Health*. 2022;7:e008793.

*Vaccine-induced immunity following measles vaccination is durable or long-lived. However, SARS-CoV-2 mutates continually into new variants. When a person is infected, viral particles attach to their cells and continue to replicate or copy themselves. Sometimes, the virus makes a mistake and then copies that mistake. Variants have many mutations (almost like a new virus) and have been observed to be more transmissible. As the virus changes, immunity naturally decreases over time. To combat new variants, some vaccines based on the original SARS-CoV-2 are now offered in a bivalent form that contains messenger RNA encoding for both the ancestral strain and the Omicron subvariant BA.1 or BA.4/BA.5. A new monovalent vaccine targeting XBB.1.5 was recently approved and is offered in some countries.*



Neither infection nor vaccination appears to induce durable immunity against COVID-19. Immunity wanes quickly with both vaccination and infection, suggesting that the virus will continue to cause repeated waves. With repeat infections common, traditional herd immunity is an elusive goal currently. Nevertheless, vaccines continue to be one of the best and safest ways to protect ourselves against COVID-19. COVID-19 vaccine coverage is far too low in the African Region, with only 40% of the population having received one or more doses (as of 1 October 2023). Authorized vaccines continue to work, protecting us and our loved ones against severe death, despite a fast-evolving virus and new variants. COVID-19 vaccination also paves the way for vaccination across the life course, particularly adult vaccination. It is important that we get vaccinated and continue to promote vaccination as a safe way to build immunity to COVID-19.

## **African Region Monitoring Vaccine Effectiveness (AFRO-MoVE) network**

**COVID-19 vaccines have been developed and rolled out across the globe with record speed in response to the pandemic. Understanding the performance of vaccines is essential to help countries plan and prepare vaccine rollout as part of pandemic response measures.**

As novel vaccines against COVID-19 were being rolled out, it was necessary to monitor how effective they are in “real world” conditions, which are different from clinical trial settings. Vaccine effectiveness (VE) studies aim to answer questions on the performance of vaccines, including those not part of clinical trial outcomes, different age groups like pregnant women, and those with comorbidities. To better understand how well COVID-19 vaccines are working in the African Region, WHO and partners launched the African Region Monitoring Vaccine Effectiveness (AFRO-MoVE) network in 2021. The AFRO-MoVE network has three primary objectives: (1) to support the implementation of VE studies in the Region; (2) to create a technical network of experts and institutions to support the VE studies; and (3) to establish a platform for pooled data from different countries using standardized protocols to determine regional estimates.

***Building on influenza and other disease surveillance systems and VE experience in other regions, two protocols were rapidly developed and published by WHO and the Unity/Pandemic Special Studies initiative. These VE study protocols have been adapted in at least nine countries in the Region. Using similar methods, definitions and standards, it is possible to compare and pool results to understand true variations between communities and vaccines.***

Viral evolution of SARS-CoV-2 has been observed and may lead to changes in disease patterns and severity, as well as changes in vaccine effectiveness. For these reasons, it is also critical to monitor vaccine effectiveness in a setting with changing variants.

The AFRO-MoVE network has successfully brought together investigators from across the African Region to share ideas and work together. The network therefore contributes to national and regional preparedness and response capacities for COVID-19 and future public health emergencies.

## COVID-19 transition readiness assessment in the WHO African Region

In the African Region, several countries were integrating some COVID-19 response activities, including vaccination prior to the declaration of the end of COVID-19 as a PHEIC. This was being done on an ad hoc and unplanned basis. To ensure a successful transition, there is an important need to understand the health systems capacity across all Member States to manage the transition.

To generate insights on country-level preparedness and capacity to integrate COVID-19 into routine health services and to assess the countries' strengths, weaknesses, threats, and opportunities for COVID-19 transition, the WHO AFRO COVID-19 EMST in July 2023, conducted a rapid assessment of the readiness of Member States to integrate COVID-19 response activities into routine health services. The assessment includes the completion of a quantitative tool by countries.

In addition, missions were conducted in four countries (Botswana, Guinea, Gambia and United Republic of Tanzania) to generate information on their readiness to mainstream COVID-19 response activities.

***The assessment revealed changes in countries' capacity to prepare for, prevent, detect and respond to public health emergencies, including COVID-19. It was found that countries are poised for the integration, with established structures in some countries to oversee the process. There is a strong willingness among partners to continue to support MoH during the integration process. Member States are counting on the support of AFRO to help them develop transition plans to guide the integration process.***

From the SWOT analysis, Member States are still grappling with the perennial health system challenges of underfunding, dearth of critical human resources for health, and poor data management infrastructure among others. These challenges have the potential to undo the positive changes so far observed during the COVID-19 response, and ultimately increase the vulnerability of health systems to shocks.

The integration of COVID-19 response activities is an opportunity to build the health systems of Member States. Using a systems lens, efforts should be made to concurrently strengthen the various WHO HSS building blocks. In addition, Member States should be prepared to re-engineer what they do, who does what, and how. This is critical in building resilient and responsive health systems that can effectively manage public health emergencies while simultaneously continuing to provide essential health services to the population.





*WHO AFRO COVID-19 EMST in July 2023 conducted a rapid assessment of the readiness of Member States (Botswana and Guinea) to integrate COVID-19 response activities into routine health services /@WHO AFRO*

## Liberia's efforts in integrating COVID-19 vaccines into routine immunization

**Since the first case of COVID-19 was announced in March 2020, the Government of Liberia immediately partnered with various stakeholders, including the World Health Organization (WHO), to enhance coordination and later to support vaccine uptake.**

The country's approach involved robust planning while employing fixed/static sites, temporary outreach, and mobile vaccination services. The WHO country office also ensured the execution of bi-monthly meetings between field teams and addressed implementation issues promptly. All these efforts made Liberia one of the three countries in Africa with the highest COVID-19 vaccination coverage rates (81% as of December 2022). Following the declassification of COVID-19 as a public health emergency of international concern in May 2023, and the change in priority target groups, WHO, with funding from USAID, extended comprehensive support to 14 of the 15 counties for integration of COVID-19 vaccines into routine immunization and primary health care services, starting in July 2023. Liberia is one of the countries which commenced the process with microplanning.

The country's integration strategy is aligned with the new global strategy and SAGE recommendations, and with the global move on immunization under "The Big Catch-up" global campaign, where the Ministry of Health, with support from WHO and other partners, is striving to get routine immunization back on track.

Liberia's strategy had several initiatives, which included expanding the cold chain system; providing integration tools such as ledgers and microplanning booklets to health facilities; offering logistical support for vaccine transportation to and within counties; supplying printers, cartridges and generators for on-site printing of vaccination certificates; and paying stipends to vaccinators.

Over the past three months, Member States have made significant efforts to integrate COVID-19 activities into routine health services. Here is an illustration of the integration of COVID-19 vaccines into routine immunization in Liberia/@WHO AFRO



Through these coordinated efforts and the support provided by WHO, Liberia made significant progress. By December 2022, a total of 4 474 600 eligible people had received at least one COVID-19 vaccine. Of those, 3 749 044 people were fully vaccinated, representing 81% of the total population. The seven counties with WHO presence achieved coverage rates of 90% and above. Currently, with the ongoing integration, it is anticipated that over 80% of the target population will be reached. Through strategic planning, enhanced coordination and comprehensive support, Liberia achieved a remarkable vaccination coverage rate, and now integration, according to Adolphus Clarke, Expanded Programme on Immunization Manager in Liberia's Ministry of Health.

***“In the face of the COVID-19 pandemic, Liberia's success in introducing new vaccines and recently integrating COVID-19 vaccination into routine immunization reflects a nation that rises above its challenges to secure a brighter future for its people. Thanks go to our health partners, including WHO, that have always supported us through and through,”***  
***says Hon Dr Wilhelmina Jallah, Liberia's Minister of Health.***

## **Bridging the gap: Interfaith leaders drive success in Zimbabwe's COVID-19 response**

### **Context/challenge**

The COVID-19 pandemic in Zimbabwe, as elsewhere, was characterized by widespread misinformation. This miscommunication had not only been a risk to public health but also a significant contributor to the low vaccine uptake and unsafe funeral practices observed within communities. The public was bombarded with information from often unreliable sources, aggravating an already complex emotional situation. Beyond the physical and psychological consequences of misinformation, confusion triggered actions based on fear. Fear has been a palpable sensation in Zimbabwe throughout this pandemic, and it was often amplified when trusted authorities promoted inconsistent opinions. In a remarkable demonstration of unity, Zimbabwe's interfaith leaders, from Christian churches to traditional healers, played a pivotal role in combating the COVID-19 pandemic by addressing the challenge of misinformation. Supported by WHO, the Ministry of Health and Child Care (MoHCC), and other organizations, these leaders successfully bridged the gap between health facilities and communities, debunked misinformation, and promoted vaccine acceptance, reaching millions of Zimbabweans.

## Interventions implemented with support from WHO

To counter these issues, WHO, in collaboration with the Zimbabwe Council of Churches (ZCC), the Zimbabwe National Traditional Healers Association (ZINATHA), and other partners, launched a ground-breaking project that brought together 260 interfaith leaders from all 10 provinces. These leaders were trained to handle COVID-19, mental health, and psychosocial support-related issues, fostering resilience and coping strategies within communities while also reducing stigma and discrimination related to the pandemic.

The project included a series of training and briefing sessions that began in August 2021. In just three months, these sessions reached over 7 million people, spreading crucial information about COVID-19 vaccines and safe funeral management. The initiative saw a significant increase in vaccine uptake, with churches even transforming into vaccination centres. Furthermore, the mental health and psychosocial support component of the project benefited over 40 000 individuals.

As the project progressed, its focus broadened, training 200 ZCC members in mental health first aid in January 2022 and sensitizing 120 interfaith leaders on immunization and outbreaks by June. By August, 60 ZINATHA health champions had received training, and by September, a refresher training course was conducted for the initial 200 participants, extending their reach to about 155 866 individuals.

## Results achieved because of WHO's intervention

The success of this initiative was not limited to the COVID-19 response. The trained faith leaders also identified and addressed other community problems exacerbated by the pandemic, such as gender-based violence, child abuse, substance abuse and unemployment. Their efforts resulted in a multisectoral response that engaged relevant authorities to tackle these societal issues.

***These leaders have also provided psychosocial support to over 100 000 people and referred over 10 000 individuals to health facilities, thus strengthening the linkages between religious leaders and the health system.***

***A few highlights of the project's impact include the reintegration of school dropouts into the education system, the adoption of modern screening tools by traditional healers, and the identification of health issues that were wrongly attributed to spiritual causes, such as high blood pressure.***

***Supported by WHO, the MoHCC and other organizations, interfaith leaders successfully bridged the gap between health facilities and communities.***

Additionally, interfaith leaders who received training cascaded their knowledge to other religious leaders, creating community health WhatsApp groups that continue to share health information even after the end of the project's funding.

This collaborative approach underscores the importance of the active involvement of interfaith leaders in health initiatives. As trusted information sources, they have debunked myths and misconceptions about the vaccine; promoted vaccine acceptance, reaching millions of Zimbabweans; and facilitated a cost-effective way to reach communities with vital health information. The project has shown that networking and collaboration between religious and traditional healers and health systems are crucial.



*L-R: Traditional healer (holding shovel) engaging gold panners at a site in Chipinge (Manicaland Province), and awareness session in Zvishavane, Midlands Province /@WHO Zimbabwe*

## Support to Member States over the past four months

### Coordination

With the lifting of the PHEIC in May, the COVID-19 IMST was dissolved at the end of June and replaced with an emergency management support team (EMST) that is structured according to the new global architecture for managing public health emergencies, outlined in the SPRP. The EMST supports countries to manage the transition.

The COVID-19 EMST is coordinating the documentation of the WHO response to the COVID-19 pandemic in 18 countries. The process, which started in July, is now being finalized. Regarding research, 15 research concepts have been developed, with over 50% of them completed and published, while the rest are near completion. Communication between the EMST and WHO country offices has been facilitated by compilation of the names and contact information of all country focal points for easy reach.

Also, close monitoring and collaboration with country offices have led to a significant improvement in donor reporting. Out of 28 overdue reports during the period, 17 (61%) were submitted. Coordination of response activities has enlisted the support of other WHO AFRO clusters, including in the development of the regional COVID-19 SPRP 2023–2025 and the coordination of the documentation of the WHO response to COVID-19 in the Region. Some members of the EMST have been co-opted into other clusters to enhance the transition of COVID-19 activities into existing programmes.

### Information management

The information management team of the AFRO COVID-19 EMST, in collaboration with WCO incident management teams (IMTs), developed 16 new KPIs to support the COVID-19 transition in countries. Data has been collected from May to September. In this bulletin issue, a summary of the regional performance is presented. The list of the new KPIs is available in the SPRP 2023–2025.

A Power BI dashboard was developed to monitor the transition process. The dashboard can be accessed [here](#). Other ongoing activities include the collection and analysis of performance data on the transition; finalization of a monitoring and evaluation framework; and finalization of a compendium of best practices. The COVID-19 IMST launched a monthly bulletin in April 2022 to inform stakeholders of ongoing COVID-19 response activities in the Region, including WHO's contribution to the response. The frequency of the bulletin has now changed to a quarterly production. Eleven issues of the bulletin have been produced and they can be accessed [here](#).

*The COVID-19 EMST has been providing technical support to Member States through guidance on how to draw up transition plans based on the country context/@WHO AFRO*



## Safe and scalable care

The EMST is supporting Member States in the adaptation of the WHO AFRO SPRP towards transitioning from acute response to longer-term COVID-19 disease management.

To inform the SPRP priorities, the EMST conducted a COVID-19 transition readiness assessment in the Region. The assessment included a checklist that was completed by nearly 80% of Member States. Missions to four countries (Botswana, Gambia, Guinea and United Republic of Tanzania) were also conducted to generate qualitative insights on country-level readiness to mainstream COVID-19 response activities.

Member States are expected to adapt the regional SPRP. Gambia and Mauritius have already initiated efforts to develop their transition plans, and they have been supported by the EMST (safe and scalable care component).

The Global SPRP (2023–2025) recommends that Member States adapt the SPRP during the transition from acute response to longer-term COVID-19 disease management. WHO AFRO prepared an adapted version of the Global SPRP, which Member States are using as a guide to fit their unique context and priorities. Gambia and Mauritius are the first two countries to approach the EMST for technical support. Other countries are preparing to develop their plans soon and the EMST is providing guidance on the process.

Both Gambia and Mauritius used country-level resources to fund the development of their transition plans while the COVID-19 EMST provided technical support. The process includes key informant interviews to understand the perspectives of stakeholders to inform the transition priorities. Workshops to develop the COVID-19 integration priorities were held with participants from the ministries of health and other government sectors, as well as from development partners and the private sector.

The following lessons were learnt during the past three months: (1) the process for developing a COVID-19 transition plan is an all-inclusive one; and (2) the participation of stakeholders (ministries of health and other sectors as well as development partners including NGOs/CSOs) is critical for country-ownership and, ultimately, the funding and implementation fidelity of integration priorities. Regarding infection prevention and control measures, the team has been supporting countries to develop national IPC action plans through workshops. During these workshops, national situation analyses are conducted and gaps in IPC programmes are identified and translated into key strategic interventions.

IPC plays a crucial role in preventing outbreaks and health care-associated infections. Accordingly, there is a recognized need for dedicated financial and human resources and continuous technical and financial support to ensure sustainable IPC programmes in countries.

## Community protection – risk communication and community engagement subcomponent (RCCE)

With the declaration of the end of COVID-19 as a public health emergency of international concern (PHEIC) by the Director-General, and the adoption of the Global Strategic Preparedness and Response Plan (SPRP) 2023–2025 by the WHO Regional Office for Africa (AFRO) under the leadership of the Regional Emergency Manager (REM), the RCCE team, in collaboration with the vaccines in emergencies and other subcomponents, proceeded to co-develop and co-implement the community protection component's emergency management support team (EMST) transition workplan for June–September 2023. Following approval of the SPRP by the Regional Emergency Manager (REM), the RCCE subcomponent of the community protection component began to transition its investments into the existing clusters, units and programmes at the AFRO level to strengthen preparedness and response efforts, and overall health systems in the Region.

With support from the Vaccine-Preventable Diseases (VPD) Unit in the Universal Health Coverage/Communicable and Noncommunicable Diseases (UCN) Cluster and the Emergency Management Preparedness (EMP) unit in the Emergency Preparedness and Response (EPR) Cluster, RCCE team members from the Regional Office and hubs (Dakar and Nairobi) advanced the development and/or implementation of the workplan for the SPRP community protection component in the long-term management of COVID-19, with a focus on demand generation with the vaccines for emergencies. The team also developed costed regional RCCE integration workplans with the Emergency Management Preparedness (EMP) Unit, a costed country support workplan on the SURGE flagship programme with the Emergency Management Response (EMR) unit, both in the Emergency Preparedness and Response (EPR) Cluster; and a costed workplan with the Health Promotion and Social Determinants (HPD) Unit within the Universal Health Coverage/Healthier Populations (UHP) Cluster.

With the finalization and adoption by Member States of the document “Strengthening community protection and resilience: regional strategy for community engagement (2023–2030) in the WHO African Region” at the recently concluded Seventy-third session of the Regional Committee (RC73), the team at the Regional Office has provided orientation to hub and WCO RCCE focal points from the West and Central African subregions (WCAR) and the East and Southern African subregion (ESAR) on the AFRO SPRP, with a focus on the community protection component. This was done to support Member States in adopting the strategy to inform country-specific and community-led strategic plans in the Region.

***For the past three months, the team engaged with the management of the respective units and clusters in strengthening the RCCE work from a multidimensional perspective, ranging from policy development and proposed implementation to preparedness, response, and resource mobilization through an established multi- and inter-cluster collaboration.***

This approach further informed the need for evidence-based and data-driven integrated, cross-cutting collaboration and resource sharing among relevant stakeholders and clusters in emergencies amid resource constraints.



## Vaccination

Vaccination remains a key intervention for controlling the transmission of the COVID-19 virus and reducing the risk of the emergence of new variants that can cause surges in cases and deaths. Currently, countries have shifted from implementation of mass vaccination campaigns, which were mainly used to rapidly increase coverage at the peak of the pandemic, to providing COVID-19 vaccination services through existing routine primary health care services.

The WHO AFRO vaccination team has continued to support Member States during this transition period through in-person missions to countries and remotely. These missions have been geared towards developing national COVID-19 vaccination plans and guidelines. Countries supported during the reporting period include Gambia, Malawi, Namibia, Zambia, United Republic of Tanzania, Sao Tome and Principe, Cameroon, and Lesotho.

The team also disseminated the WHO/UNICEF guidance on the integration of COVID-19 vaccination into primary health care services to all WHO Member States at the Regional EPI managers' meetings attended by WHO staff, UNICEF staff and national EPI programme managers and other partners from each of the countries. To date, 38 countries have reportedly started the integration of COVID-19 vaccination – fully (along all health system building blocks) or partially (across some health system building blocks) – into other primary health care services (Figure 2).

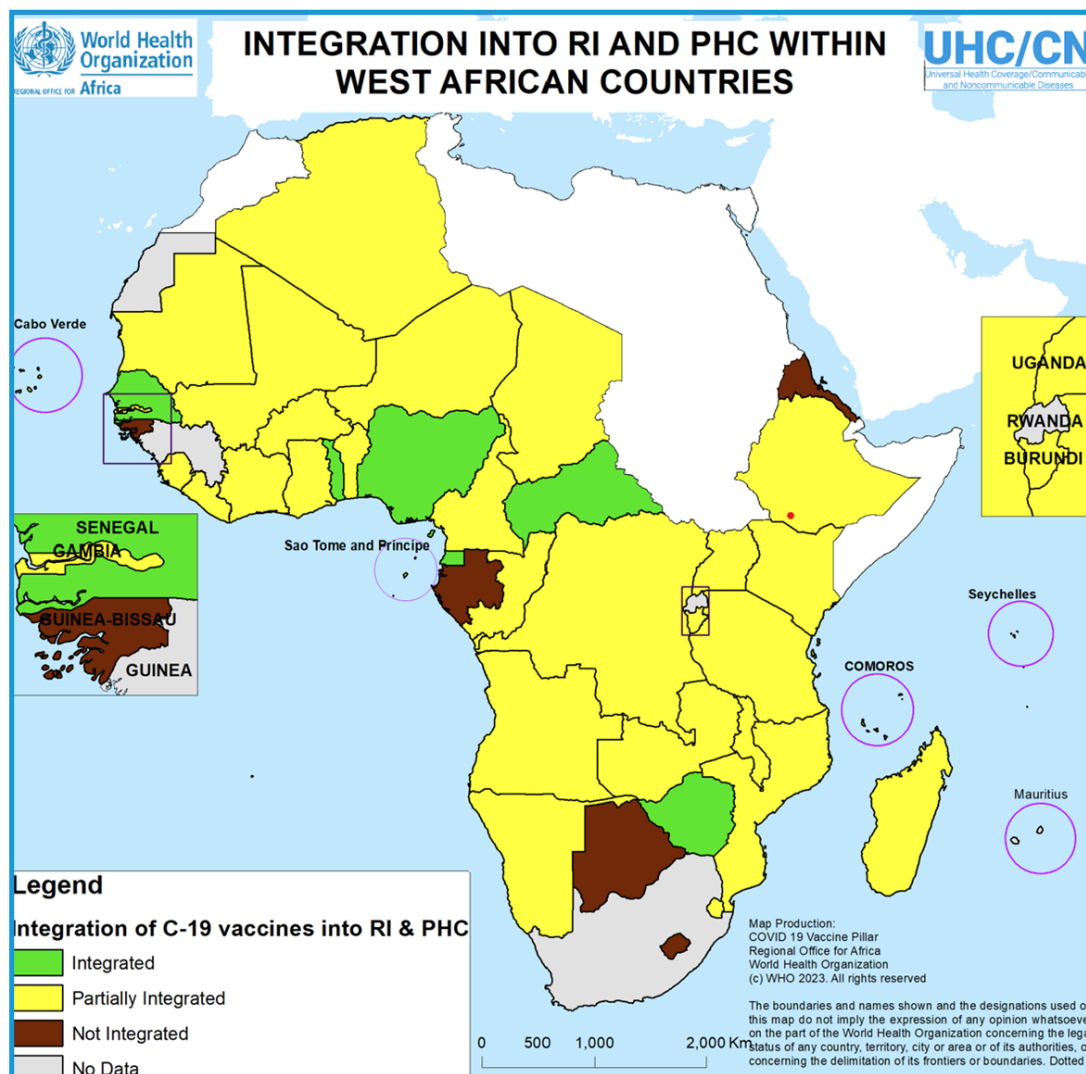
Countries were equally supported to integrate COVID-19 vaccination into routine immunization services, including periodic intensification of routine immunization (PIRI) and reactive campaigns against other vaccine-preventable diseases such as polio and cholera. COVID-19 vaccination was integrated into cholera and polio vaccination campaigns.

As a result:

- **Primary series COVID-19 vaccination coverage increased from 30% to 31.1% for the period 1 July–17 September 2023. The population that received one dose increased from 36.2% to 37.2%.**
- **The proportion of health workers who completed the primary series in 23 countries increased from 46% to 48%.**
- **The proportion of older persons who completed the primary series in 23 countries increased from 49% to 52%.**
- **Thirty-eight countries are already integrating COVID-19 vaccination into existing routine immunization and primary health care services.**

In the next quarter, to ensure that countries integrate COVID-19 vaccination sustainably into routine immunization and other PHC services, WHO AFRO will continue to prioritize and support the following activities:

- implement COVID-19 vaccination integration plans in all countries;
- guide countries in developing and implementing national integration plans;
- conduct integration readiness assessments and coordinate partner support; and
- sustain demand and community engagement for COVID-19 vaccination and routine immunization services.



*Fig. 2. Status of integration of COVID-19 vaccination in the African Region*

## Regional and Member State performance against response indicators from June to September 2023

Key performance indicators (KPIs) were revised to align with the prevailing situation and make them fit for purpose. To support the COVID-19 transition in countries, the information management team of the AFRO COVID-19 EMST in collaboration with WCO IMTs developed 16 new KPIs. Data have been collected from May to September. In the previous issue of the quarterly bulletin, results as of May 2023 were presented. This issue provides updates from June to September 2023.

From June to August 2023, KPI reporting decreased. Completeness of reporting dropped from 98% in June to 74% in September (Figure 3). There was a significant decline in timeliness during the reporting period (Figure 4). The downsizing of the manpower dedicated to COVID-19 after the termination of the PHEIC affected KPI data collection and reporting. However, the regional performance score was 74% in June, 78% in July, and 79% in August and September with 31, 23, 19 and 25 countries, respectively, attaining a score of at least 70% (Figure 6).



Despite the waning pandemic and the downsizing of the manpower, countries of the WHO African Region performed well in emergency coordination at WCOs from June to September 2023. Over 70% of countries of the Region have established all key HEPR functions (coordination, collaborative surveillance, community protection, safe and scalable care, and access to counter measures) that are to be covered by the country to support the transition to long-term management of COVID-19 (Figure 5). The development of transition plans is ongoing in some countries. During the reporting period, seven additional countries reported having a transition plan: Angola, Liberia, Mozambique, Rwanda, Sierra Leone, South Sudan and United Republic of Tanzania (Figure 5), bringing the total to 25.

The transition requires a comprehensive integration of COVID-19 into routine disease surveillance programmes for continued management. From June to September, countries continued to integrate COVID-19 surveillance into routine infectious disease surveillance systems under the regional Integrated Disease Surveillance and Response (IDSR) strategy. About 65% of countries reporting data shared COVID-19 related data through IDSR (Figure 5). During the reporting period, with a slight increase in cases in the Region, genomic surveillance has also increased. From June to September, about 60% of countries reporting data shared SARS-CoV-2 genomic sequencing (Figure 5). Since COVID-19 is still classified at Grade 3, enough stocks of SARS CoV-2 diagnostics such as antigen RDT and PCR reagents should be available in Member States. From June to September, about 68–75% of reporting countries reported availability of at least 70% of the required minimum stocks of SARS-CoV-2 diagnostics (Figure 5). However, some countries are still struggling with the availability of reagents. In Angola, for example, genomic sequencing equipment was installed but the country never had reagents to perform sequencing locally. The country sends samples to South Africa for sequencing.

Vaccination remains a key intervention against severe disease and death from COVID-19. Vaccination hesitancy is an ongoing challenge in the Region and there is need to intensify efforts to generate demand for vaccination. From June to September, the Region did not perform well in communicating appropriate messages to populations. The percentage of countries that developed and rolled out appropriate messages for the current COVID-19 phase decreased from 83% in June to 59% in September. Consequently, the percentage of doses administered over received declined from 41% in June to 39% in August, before a slight increase in September. The percentage of countries in which at least 70% of the general population have completed the primary vaccination series remained the same: Rwanda, Seychelles, Liberia and Mauritius (Figure 5). In fact, since May, priority activities have shifted to COVID-19 vaccine integration into routine immunization and very little to risk communication and demand generation. During the reporting period, the percentage of countries that have integrated COVID-19 vaccination into routine immunization services increased from 68% to 88%. (Figure 5) In the WHO African Region, almost all the countries have lifted COVID-19 control measures related to international travel (Figure 5).

Efforts to improve infection prevention and control during the transition period in Africa are still ongoing. Around 80% of countries reported having an active IPC operational action plan that follows WHO guidelines (Figure 5). Linkage to care for COVID-19 cases ensures timely treatment and reduces the chances of developing severe disease and death. To this end, 81–95% of countries have integrated COVID-19 clinical care pathways into primary health care systems (Figure 5). Managing COVID-19 as an ongoing concern requires stable oxygen supplies in intensive care units. From 90% in June to 92% in September, countries reported being able to produce oxygen locally (Figure 5). Essential services are gradually recovering in countries. In June and September, 2/22 and 2/21 countries respectively reported a comparable number of outpatient consultations in the pre-COVID-19 period (2019) (Figure 5), and 3/26 and 4/19 countries reported a comparable number of facility-based deliveries in 2019 (Figure 5). The KPIs are depicted in the figures below.

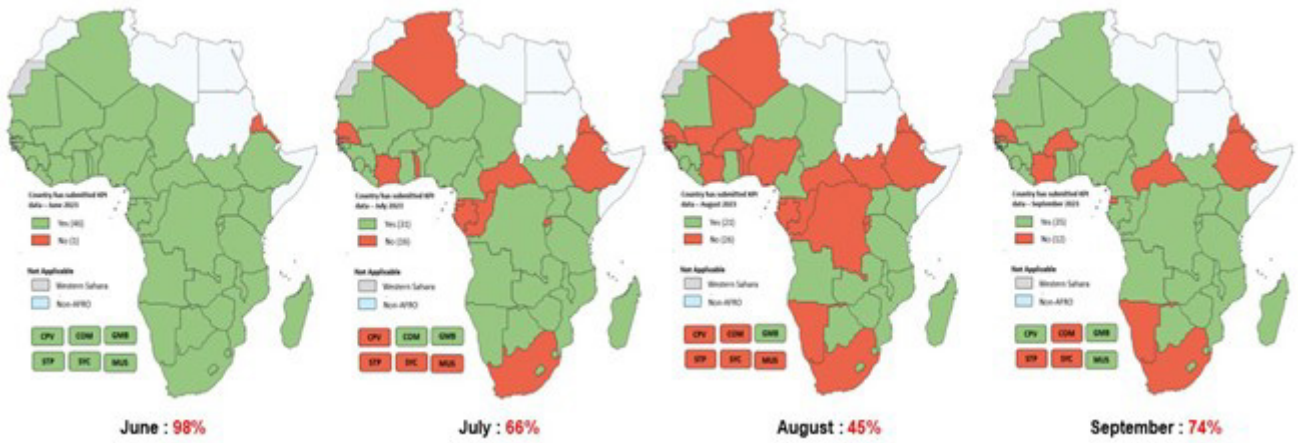


Fig. 3. KPI data completeness from June to September 2023

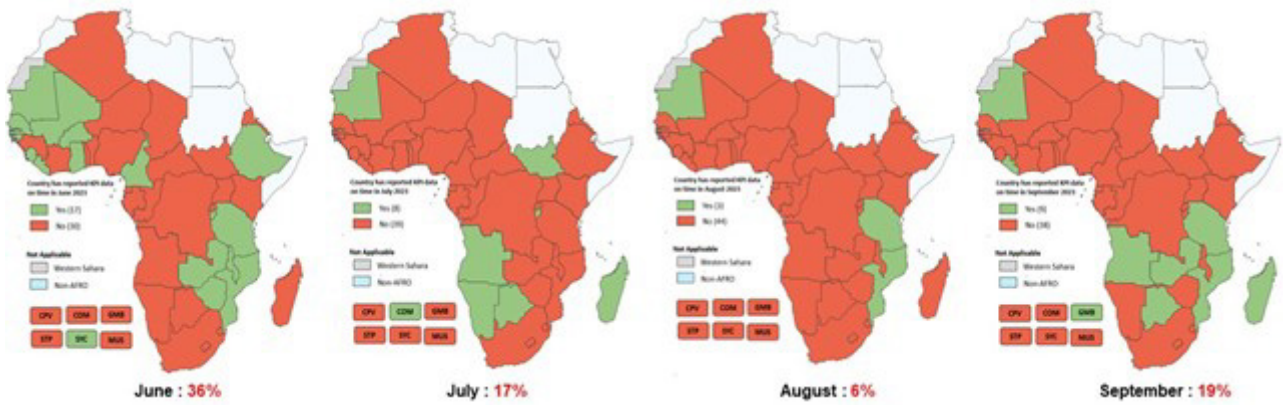


Fig. 4. KPI data timeliness from June to September 2023

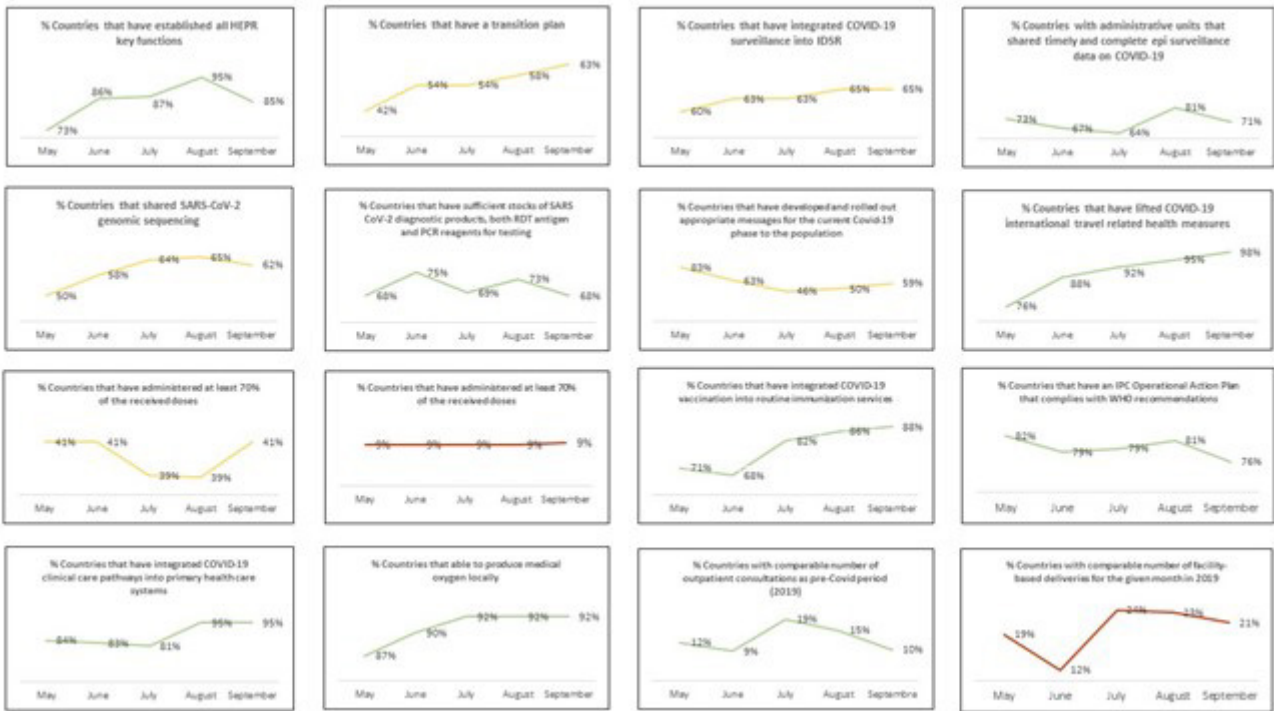


Fig. 5. Trend analysis of COVID-19 response KPIs in the WHO African Region

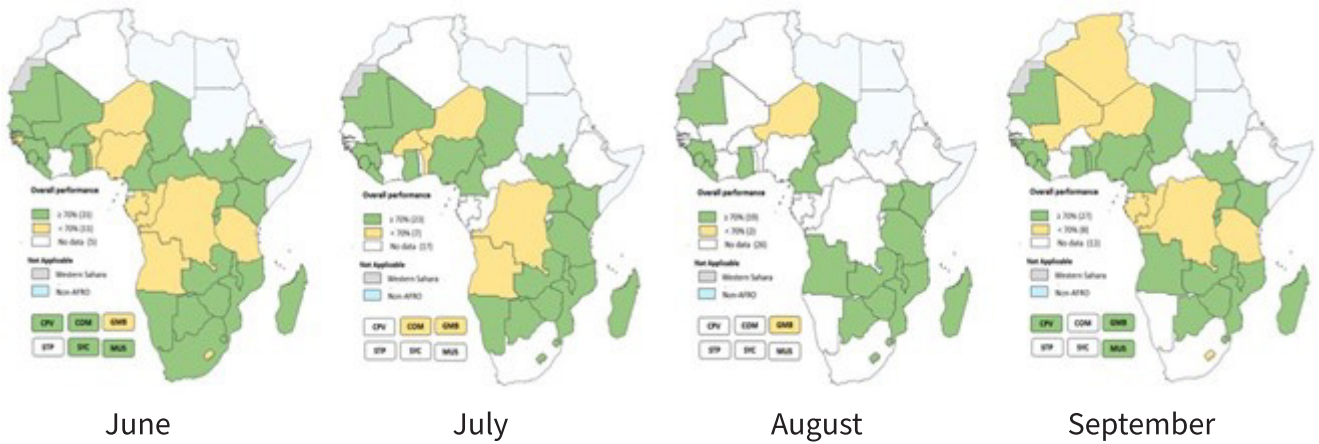


Fig. 6. Overall performance from June to September 2023

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