

COVID-19 RESPONSE

IN THE WORLD HEALTH ORGANIZATION
AFRICAN REGION, FEBRUARY TO JULY, 2020



World Health
Organization

REGIONAL OFFICE FOR **Africa**

COVID-19 Response in the World Health Organization African Region, February to July, 2020

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CONTENTS

| | |
|---|-----------|
| FOREWORD | V |
| 1. COVID-19 EARLY RESPONSE | 1 |
| 2. PARTNERING TO SAVE LIVES | 5 |
| 3. RESPONSE IN ACTION | 11 |
| Using data and case information to control the spread of COVID-19..... | 12 |
| Reducing the risk of importation of COVID-19..... | 13 |
| Improved testing and contact tracing to curb COVID-19..... | 14 |
| Treating COVID-19 patients in Africa..... | 15 |
| Stopping the spread of COVID-19 to health workers and patients..... | 17 |
| Slowing the spread of COVID-19 by engaging communities and at-risk populations..... | 18 |
| Providing essential supplies and personnel to alleviate suffering and save lives..... | 19 |
| Seeking innovative solutions to combat COVID-19..... | 21 |
| Maintaining essential health care services during COVID-19..... | 23 |
| 4. MILESTONES ACHIEVED SINCE THE ONSET OF THE PANDEMIC | 25 |
| 5. THE ROAD AHEAD | 27 |
| FIGURES AND TABLES | 3 |
| Figure 1: Cumulative reported cases in countries of the WHO African Region..... | 3 |
| Figure 2: Cumulative reported cases/deaths per 100 000 population in countries of the WHO African Region..... | 3 |
| Table 1: Financial contributions from partners (as at 31 July 2020)..... | 8 |
| Figure 3: Funding Overview (as at 31 July 2020)..... | 9 |
| Figure 4: Number of countries with COVID-19 testing capacity in AFRO..... | 14 |
| Figure 5: The innovation journey so far..... | 22 |



FOREWORD



Even before the first confirmed case of COVID-19 in the WHO African Region was reported in Algeria on 25 February 2020, we at WHO were working with governments and partners to strengthen readiness and response capacities. This report details the progress made and key achievements in the first six months of the response as well as the priorities and challenges going forward.

Most African countries took swift action early on, and it is largely thanks to these efforts to limit gatherings and strengthen public health capacities, that cases and deaths in Africa have remained lower than in other parts of the world.

I would like to express my sincere appreciation to all the donors and partners who have supported WHO's work in the African Region and contributed to the results shared in this report. The COVID-19 pandemic has highlighted the fact that no one is safe until we are all safe, and it has reaffirmed the importance of international solidarity.

As we publish this report on 1 November 2020, there are now more than 1 318 254 million reported cases of COVID-19 in the WHO African Region and 29 901 people have sadly lost their lives. In the past seven days there were 31 621 new cases and 406 new deaths.

This situation continues to require our urgent collective attention and action. Continued support is needed for countries to empower individuals to play their role and take preventive actions, to ensure continuity of essential services and strengthen health systems, and to facilitate social and economic recovery from this crisis. Accelerated action is also needed on research and development in the African Region, including strengthening regulatory and distribution planning capacity, to ensure that countries are ready once a safe and effective vaccine becomes available.

In these unprecedented and challenging times, we need to work together to leverage opportunities to build back better, to advance universal health coverage and to enhance equity in our societies. By working together with governments, partners and communities, we can save lives, promote health and serve the vulnerable in the fight against COVID-19 and beyond.

A handwritten signature in black ink, appearing to read 'M. Moeti'.

Dr Matshidiso Moeti
WHO Regional Director for Africa
Brazzaville, Republic of Congo

November 2020



1

COVID-19 RESPONSE IN THE WHO AFRICAN REGION

COVID-19 EARLY RESPONSE

1.1 The context

Since the first imported case of COVID-19 was reported in the WHO African Region in February 2020, there have been extensive changes to the socioeconomic fabric of the Region. Communities have been impacted by measures needed to curb the pandemic, including national lockdowns, closures of borders and schools, restrictions on travel, trade and mass gatherings, and the scaling down of economic activities and public services.

“We need leadership. We need partnership. We need science and innovation turned into interventions and services. We need solidarity. Within countries and at the international level. And most importantly, we need people who are informed, knowledgeable, empowered and enabled to take action for themselves and as part of what the Government is trying to do. When this happens, we will succeed, regardless of the virus that threatens us”.

Dr Matshidiso Moeti, WHO Regional Director for Africa

Countries in the WHO African Region have reported 784 827 COVID-19 cases and 13 502 deaths as of 31 July 2020, with local transmission reported in 33 out of 47 countries. As in other regions, the majority of deaths are occurring in older people with pre-existing conditions such as cardiovascular disease, diabetes and chronic respiratory diseases.



“This virus has not only affected our health, but also tested our way of living, societal norms and economies at large. In Africa we quickly felt the impact of the pandemic due to our weak health systems coupled with the highest disease burden in the world”.

His Excellency, Mr Abiy Ahmed Ali, Prime Minister of Ethiopia

The Region faces severe challenges in responding to the COVID-19 pandemic, including the highest rates of HIV/AIDS, tuberculosis (TB) and malaria in the world, as well as poverty and fragile health systems. This is compounded by the presence of millions of internally displaced persons (IDPs), refugees and other groups affected by protracted humanitarian crises in several countries¹, floods, locusts, and other emergencies, including the Ebola outbreak in the Democratic Republic of the Congo, seasonal peaks of malaria, measles epidemics, cholera, and malnutrition.

¹: Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Mali, Niger, Nigeria, South Sudan

FIGURE 1: CUMULATIVE REPORTED CASES IN COUNTRIES OF THE WHO AFRICAN REGION

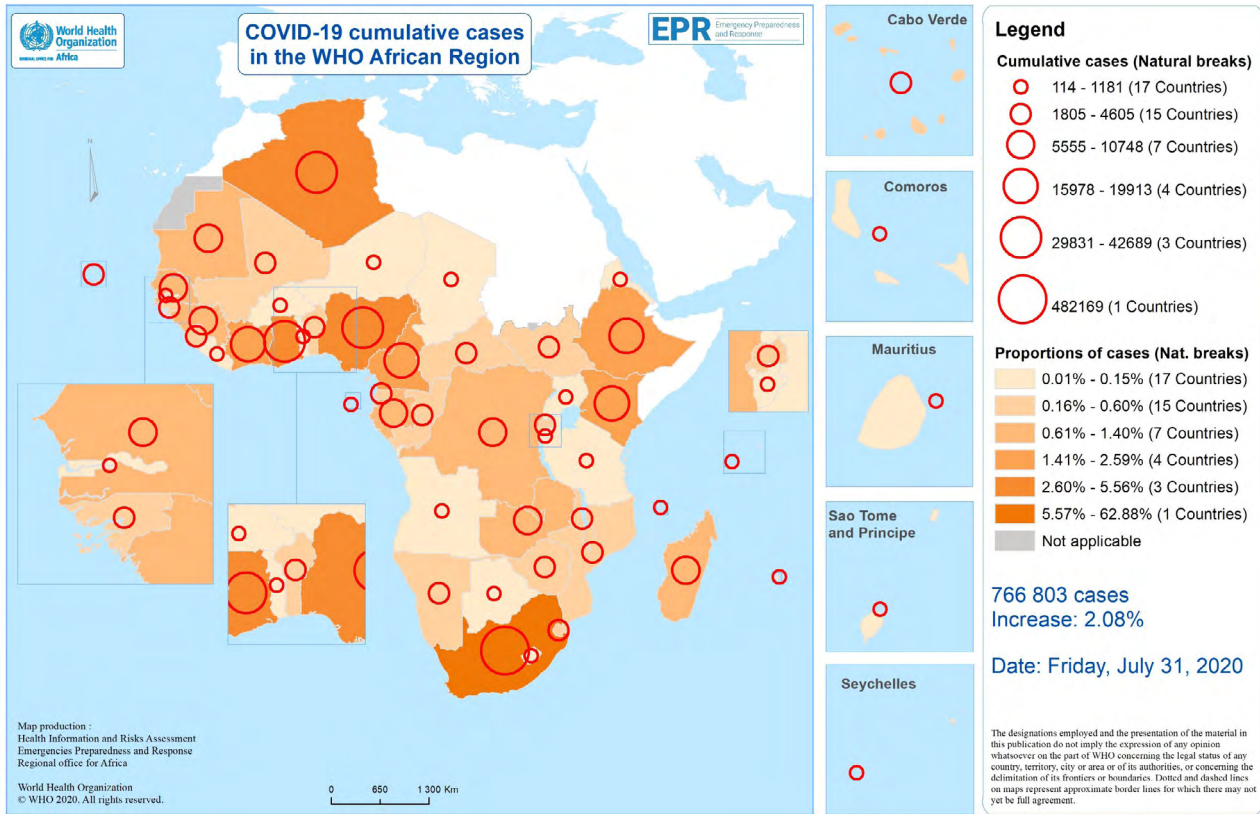
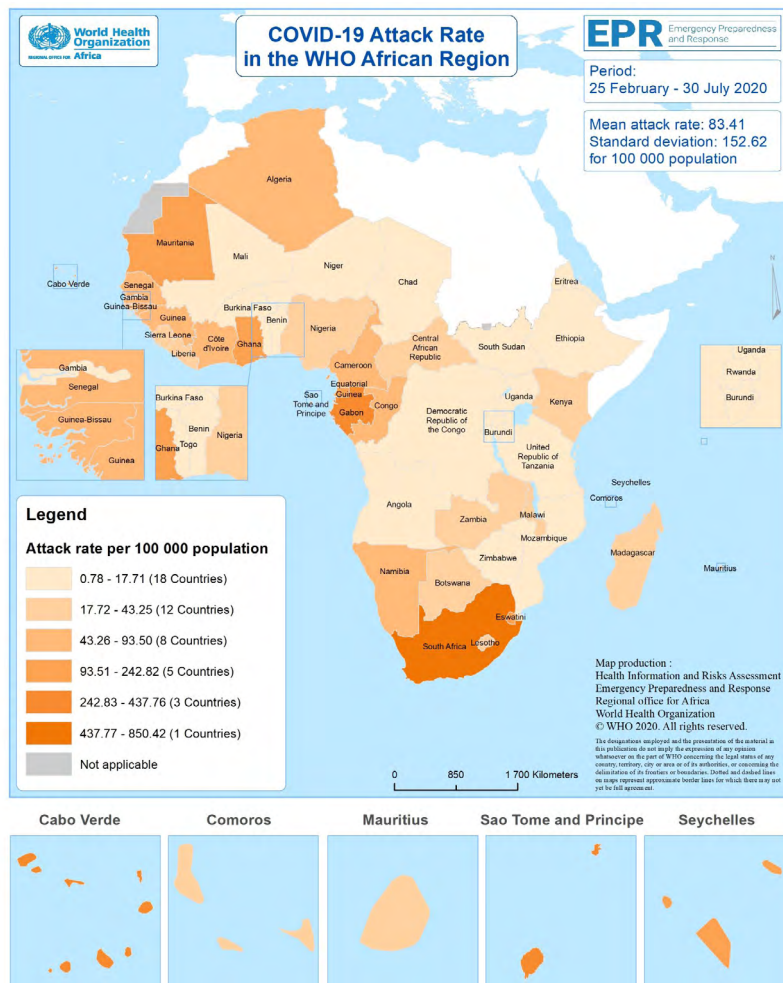


FIGURE 2: CUMULATIVE REPORTED CASES/DEATHS PER 100 000 POPULATION IN COUNTRIES OF THE WHO AFRICAN REGION



Despite the challenges, there are several reasons for optimism as we look back at the response of Member States, WHO and partners to COVID-19 in the WHO African Region during the first six months of the pandemic. WHO's support to countries at regional, national, and subnational levels has been underpinned by a comprehensive Strategic Preparedness and Response Plan (SPRP)

developed in February 2020. Countries' response capacities have been strengthened to contain and suppress the COVID-19 outbreak in the Region. Challenges and lessons learned have informed our strategy going forward, as we continue to rely on the much appreciated solidarity of our partners to effectively and rapidly support Member States to combat COVID-19.



2

COVID-19 RESPONSE IN THE WHO AFRICAN REGION

PARTNERING TO SAVE LIVES

“The COVID -19 pandemic is a test of global solidarity and global leadership. The virus thrives on division but is thwarted when we unite”.

-Dr Tedros Ghebreyesus, WHO Director-General

Since the onset of the pandemic, WHO’s leadership and coordination role with UN agencies, the African Union (AU) and the regional economic communities (RECs), the UN Economic Commission for Africa (UNECA), the Organization of African First Ladies for Development (OAFLAD) and other partners has been strengthened both at regional and country levels to ensure coherence, alignment and complementarity of actions. We have activated a COVID-19 incident management system which provides operational and technical support to countries in all aspects of readiness and response, and established coordination hubs in Dakar and Nairobi.

Following initial readiness assessments in February 2020 which yielded an overall regional readiness status of 66%, all countries were supported to develop costed COVID-19 national emergency preparedness and response plans, which serve as a basis for national resource mobilization efforts. By March, the regional readiness status had improved to 77% and to 80% by June. Much progress has been made, particularly in capital cities where the virus first entered countries. At the district level, the readiness score is generally below 80%, with more work needed to strengthen infection prevention and control and clinical care capacities.



The WHO Regional Office for Africa has worked closely with over 100 partners on outbreak preparedness and response in the Region. Following emergency partner coordination meetings in Nairobi and Dakar in February, a joint regional partners' preparedness and response plan [[LINK](#)] was developed, covering all countries in the WHO African Region. National capacities and critical gaps were mapped and re-assessed to enable targeted and tailored support to countries.

WHO AFRO has actively participated in weekly coordination meetings with health partners, including the Africa Task Force for Coronavirus (AFTCOR), an Africa-wide collaboration for COVID-19, as well as with Emergency Medical Teams, the African Partner Outbreak Response Alliance (APORA), and the deans of African medical faculties. Biweekly regional coordination meetings have also been held with key donors.

From the onset of the COVID-19 pandemic, our Member States have shown strong political leadership and commitment. In most countries, the overall response has included a proactive all-of-government approach led by Heads of State, which has helped to slow down the spread of the virus and provided protection for the most vulnerable members of the population. Since the declaration of the pandemic, WHO country offices have worked closely with all 47 Member States of the African Region to provide technical leadership and serve as the main source of credible information to guide national responses.

Our response has been greatly facilitated by the financial solidarity of over 40 donors, for which we are extremely grateful. We are particularly appreciative of donors who gave fully flexible funding, as it enabled us to be agile and strategic in our efforts to rapidly establish coordination

and operational mechanisms, scale up country preparedness and response measures and support programme management and administration, as well as reporting and monitoring systems, thus maximizing the efficiency and effectiveness of our response.

We are also extremely thankful to all the partners who have made in-kind contributions of equipment that was essential to the early response efforts, including personal protective equipment (PPE), testing kits, motorcycles, computer tablets, etc.

In collaboration with national governments, the World Food Programme (WFP), the AU, Africa CDC, and the Jack Ma Foundation, WHO organized “Solidarity Flights”, which delivered one million face masks, gloves and other items of PPE for treating 30 000 patients, 400 ventilators, 20 000 laboratory test kits per country and other essential medical supplies to 52 African countries as part of the initial response.

Countries have since raised resources domestically or through partner engagement to procure essential supplies.

In Focus

Enhanced WHO–Africa CDC coordination in the fight against COVID–19

WHO AFRO and the Africa CDC have enhanced collaboration on key joint priorities, in a concerted effort to align response capacities and measures to combat COVID–19 in the Region.

An Africa COVID–19 taskforce steering committee was established, co-chaired by the WHO Regional Director for Africa and the Director of Africa CDC.

Seven bilateral working groups were also set up, based on the key prevention and response pillars, with weekly active engagement to enable the exchange of information and development of joint products.

In Focus

WHO, WFP and AU deliver critical supplies as COVID–19 accelerates in West and Central Africa

Brazzaville, 16 April 2020

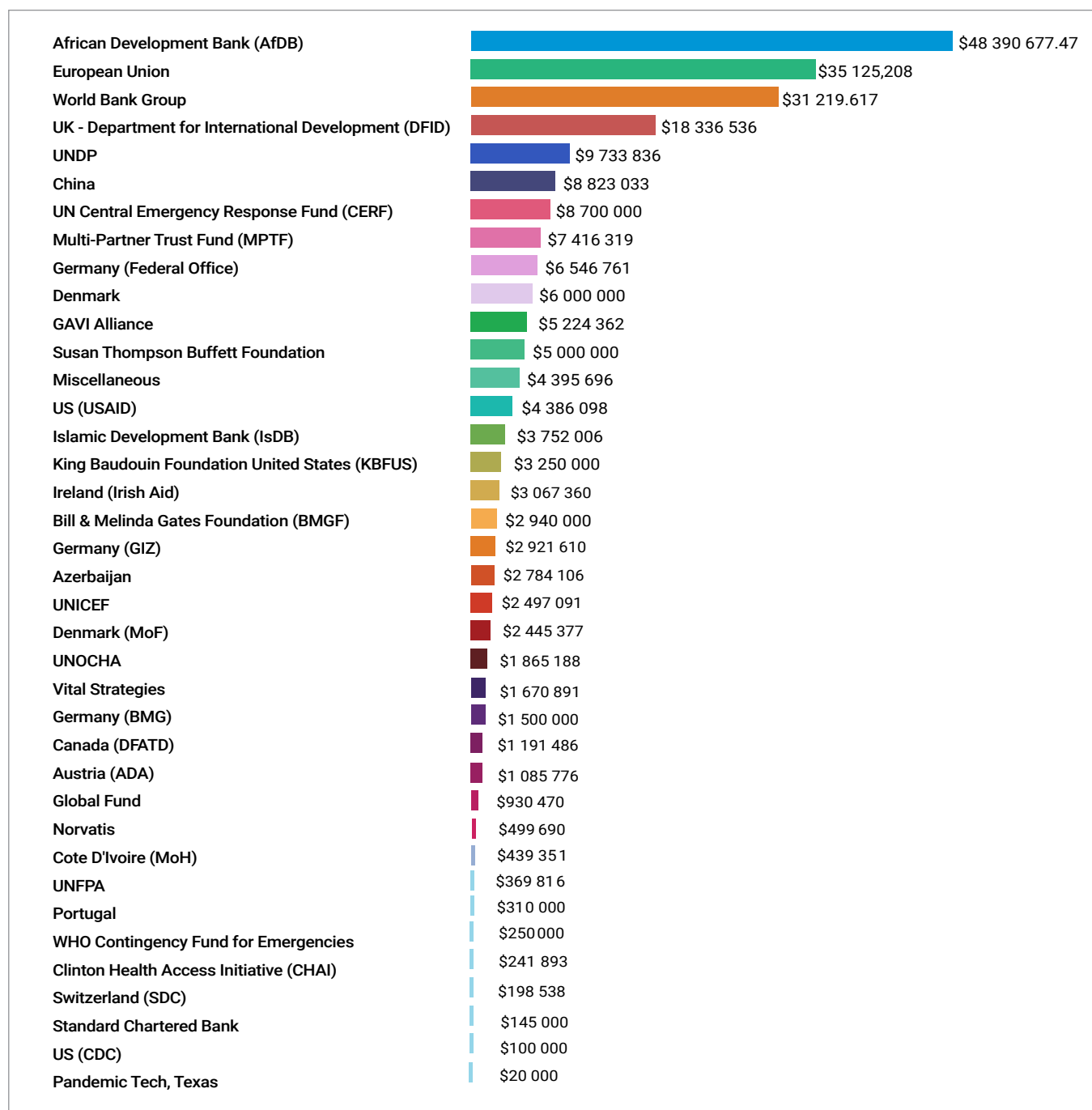
“For countries to ramp up testing, tracing and treatment capacity, they need supplies and solidarity. There is enough personal protective equipment in this shipment to allow health workers from across Africa to treat 30 000 patients without putting themselves at risk. This equipment will keep them safe and let them focus on saving lives,” said Dr. Moeti. “These cargo flights demonstrate the power of international cooperation and collective action.”

<https://www.afro.who.int/news/who-wfp-and-au-deliver-critical-supplies-covid-19-accelerates-west-and-central-africa>



TABLE 1: FINANCIAL CONTRIBUTIONS FROM PARTNERS

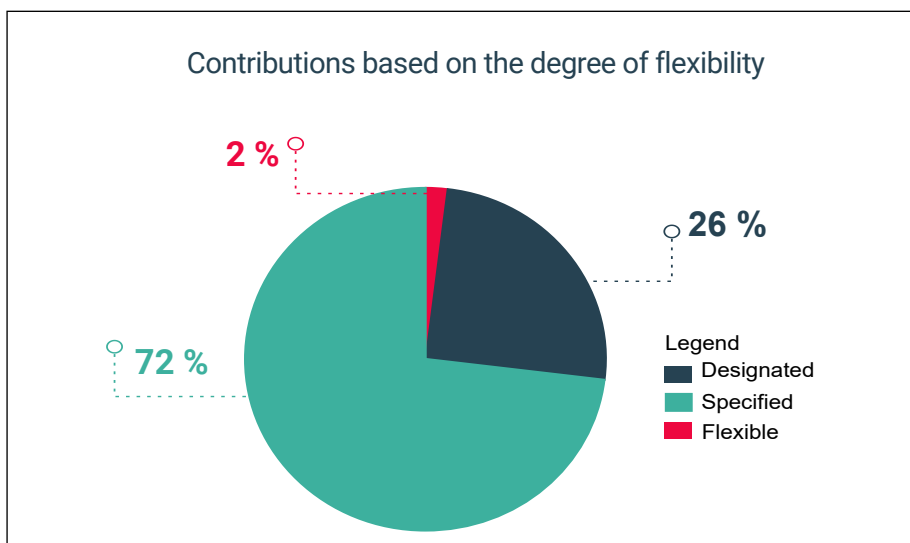
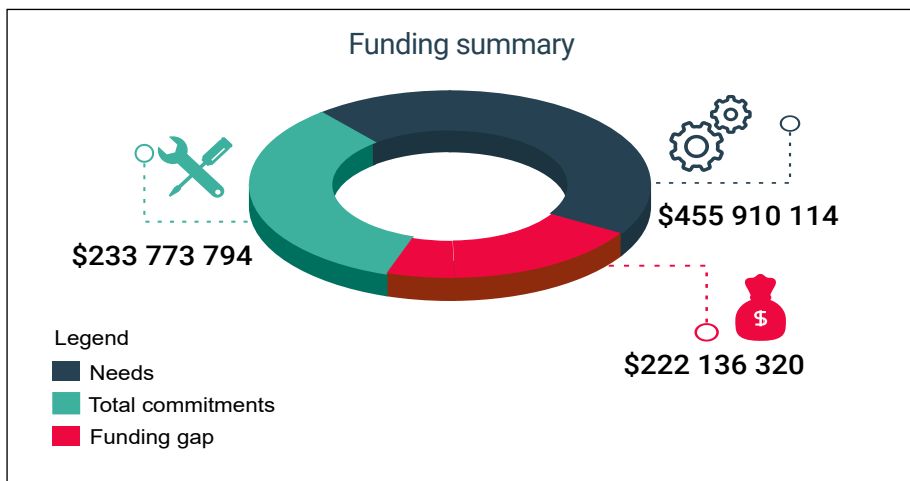
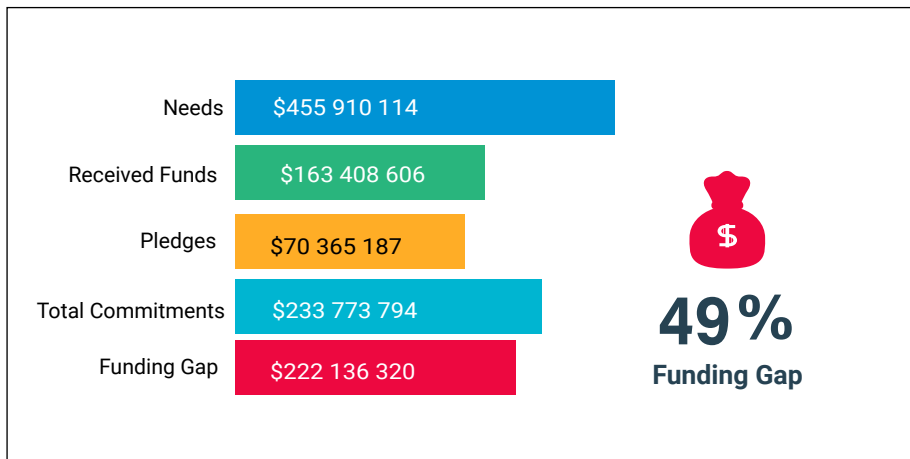
(as at 31 July 2020)



The COVID-19 pandemic has demonstrated that international solidarity is required to save lives and overcome the devastating socioeconomic impacts of this virus. Since February 2020, progress has been achieved in key areas of the response, with rapid scaling-up of public health measures including case finding, testing, contact tracing, isolation and quarantine. However, much more remains to

be done. Given that only half of the funding needs for the COVID-19 response have been covered thus far, we call on our partners to continue to show solidarity and provide fully flexible funds and where possible, donate the necessary response commodities to address the significant funding gap (49% as at 31 July 2020) in the COVID-19 response in the African Region.

FIGURE 3: FUNDING OVERVIEW (as at 31 July 2020)



RESPONSE IN ACTION

Goal: To ensure that ALL countries in the WHO African Region rapidly establish and sustain the response capacities and capabilities required at national and subnational levels to contain the spread of COVID-19 and mitigate its impact.



3

COVID-19 RESPONSE IN THE WHO AFRICAN REGION

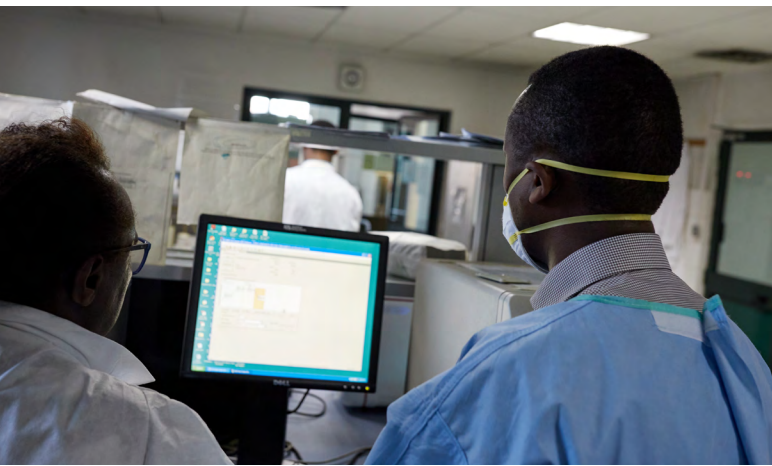
RESPONSE IN ACTION

“WHO finds there are critical gaps in readiness for countries across the continent. We need urgently to prioritize strengthening the capacities for countries to investigate alerts, treat patients in isolation facilities and improve infection, prevention and control in health facilities and in communities.”

–Dr Matshidiso Moeti, WHO Regional Director for Africa

The World Health Organization declared the COVID-19 outbreak a public health emergency of international concern on 30 January 2020. As early as January 2020, WHO AFRO divided countries into three priority groups, using criteria such as high international traffic to and from affected countries. The first cases in the Region were reported from Priority 1 classified countries. As part of the global WHO response, [[LINK](#)], WHO AFRO developed a Regional Strategic Preparedness and Response Plan (SPRP) in February 2020 and updated it in May 2020 [[LINK](#)]. The plan is designed to support countries in the implementation of a common preparedness and response strategy to interrupt and contain the transmission of COVID-19 in the Region.

These strategies are based on gaps identified through self-assessments conducted by Member States with support from WHO and partners, as well as key priorities to meet the strategic objectives. They are focused on building capacity and operational support in strategic areas of engagement centred around coordination and support, scaling up country preparedness and response operations, continuity of essential health services, research and innovation, and communication. WHO has led efforts by involving a wide array of partners to provide countries with authoritative, real-time, and evidence-based information on the evolving epidemiology and risks of COVID-19; expedite access to essential supplies, medicines and equipment; deliver technical guidance and expertise; and disseminate best practices in all 47 countries in the WHO African Region.



USING DATA AND CASE INFORMATION TO CONTROL THE SPREAD OF COVID-19

Throughout the COVID-19 response, WHO has worked closely with countries to strengthen COVID-19 surveillance capacities. This means rapidly finding, testing, isolating and managing suspected cases, identifying and quarantining close contacts of confirmed cases, and monitoring disease trends over time.

WHO's regular, detailed, epidemiological analysis of the regional data has provided a deeper understanding of the dynamics of the outbreak, and informed public health actions and critical decision-making. The use of epidemiological data and analysis has guided the response in countries, including early lockdowns, border closures, quarantining of new arrivals and other containment measures to prevent importation of cases, which helped flatten the curve and created a window of opportunity to further strengthen capacities.

WHO developed digital technologies for rapid reporting, contact tracing and data management and analysis, which were disseminated to all Member States with accompanying user guides. These included a COVID-19 data collection and analysis tool, new data management tools used by 26 countries to boost their contact tracing, and outbreak data management tools rolled out to countries, such as AVADAR-GIS, [LINK] GO.Data, [LINK], EWARS [LINK] and Outbreak Toolkit [LINK].

An interactive geographic information system (GIS) dashboard for WHO in the African Region was also developed to visualize up-to-date COVID-19 outbreak data and information for the Region's 47 countries, including a snapshot of the situation on the African continent and worldwide.

Over 900 epidemiologists, surveillance staff and public health officers from ministries of health, partner organizations and WHO country offices were trained on topics including COVID-19 surveillance in the context of integrated disease surveillance and response (IDSR), implementation of contact tracing for COVID-19, and the COVID-19 alert management system. [LINK]

As the pandemic continues to spread through the Region, it is imperative that countries provide better, timely and more accurate COVID-19 outbreak data in line with the International Health Regulations (IHR 2005), to enhance the response, guide the implementation of targeted control measures, and regulate the safe resumption of economic and social activities.

In Focus

Bolstering COVID-19 surveillance in Lagos

31 July 2020 Brazzaville

Lagos, Nigeria, one of the African countries with a high number of COVID-19 cases, is strengthening disease surveillance to help stem the spread of the virus.

Dr Wesley Salifu, 27, a surveillance assistant in Lagos, takes a canoe to a riverine community in the Ibeju Lekki area of Lagos. He is one of the 16 WHO consultants helping to find COVID-19 cases in health facilities in the State. Hundreds of health facilities are located far away from the Lagos metropolis. Dr Salifu visits at least six hospitals daily. To get to some far-flung communities, Dr Salifu is forced to take a rickety canoe or use a motorbike.

<https://www.afro.who.int/photo-story/bolstering-covid-19-surveillance-lagos>

REDUCING THE RISK OF IMPORTATION OF COVID-19

Since the onset of the pandemic, a total of 26 countries in the WHO African Region implemented partial or nationwide lockdowns, while 44 countries closed their borders. Of these, 39 countries continued to allow cargo, humanitarian and emergency flights.

Despite these restrictions, the movement of goods and people continued within and even between countries. As COVID-19 spread across borders in the Region and countries began to ease lockdowns and restrictions on movement and transportation, WHO and partners, including the International Organization for Migration (IOM), and the international Civil Aviation Organization (ICAO), among others, continued to work closely to strengthen the detection and management of suspected COVID-19 cases at points of entry (PoEs).

WHO developed and disseminated guidance on the management of public health events at international airports and seaports, [LINK]. enhancing response capacities at ground crossings, [LINK] operational considerations for managing COVID-19 cases in aviation, [LINK] and operational considerations for managing COVID-19 cases or outbreaks on board ships. [LINK]. As part of WHO's obligations under the IHR (2005), a dashboard for tracking international travel restrictions and other public

health and social measures was developed to monitor additional measures (IHR, Article 43) being implemented by countries. [LINK].



National personnel were trained on PoE screening, isolation and management of ill travellers, and provided with medical equipment and electronic tools developed by WHO, for reporting traveller information at PoEs. Countries received support to put in place rapid health assessment/isolation facilities, and to manage ill travellers and transport them safely to designated health facilities.

Despite the progress achieved in COVID-19 preparedness and response at PoEs, a number of countries continue to use paper-based reporting forms to collect passenger information, which makes it difficult to tally, analyse and feed the data into national decision-making systems. This has caused delays, increasing the risks of exposure to the virus. Other challenges include shortages of appropriate infrastructure and resources to manage suspected cases; porous borders and secondary and tertiary crossings between countries which are often used by travellers to bypass official PoEs; inadequate implementation of COVID-19 preventive measures, especially physical distancing at PoEs; and a shortage of staff and funding for PoEs.

In Focus

Sierra Leone set to reopen airport to passenger flights

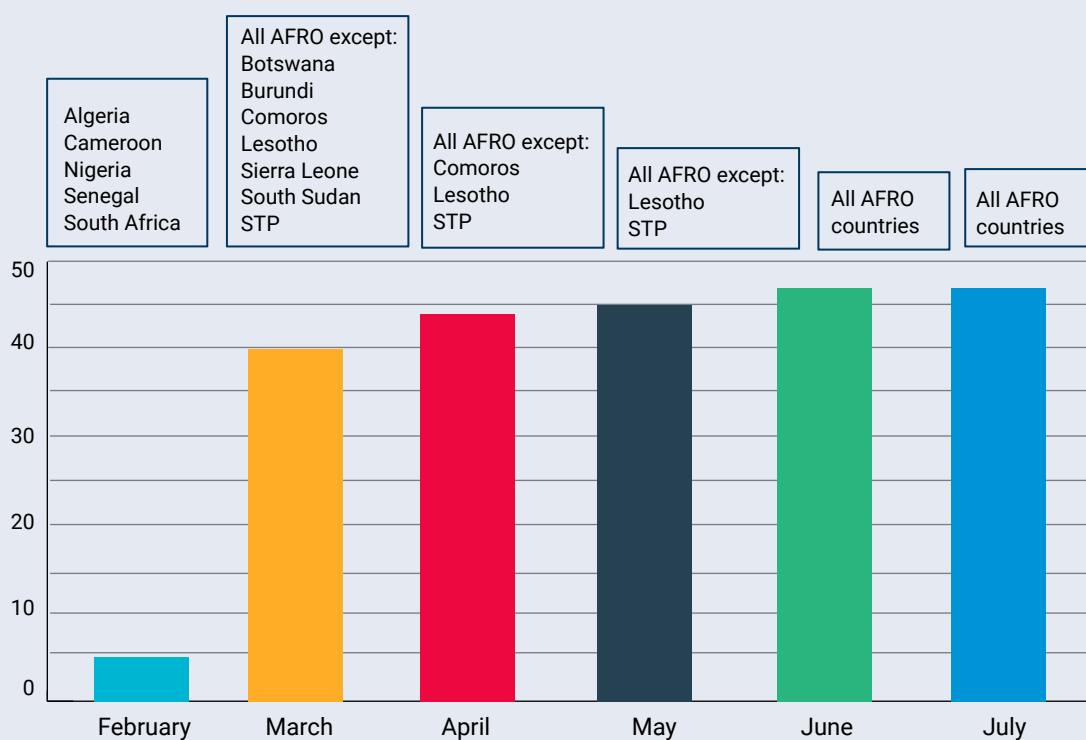
21 July 2020

Sierra Leone's International Airport will reopen to commercial flights effective 22 July 2020, exactly four months after it was closed to all international passenger flights due to the COVID-19 pandemic. Some of the initial measures before closure of the airport included travel restrictions and mandatory quarantining of passengers arriving into the country. These measures helped to delay importation of the virus until 31 March when Sierra Leone reported its first positive COVID-19 case.

<https://www.afro.who.int/news/sierra-leone-ready-reopen-airport-passenger-flights>

IMPROVED TESTING AND CONTACT TRACING TO CURB COVID-19

FIGURE 4: NUMBER OF COUNTRIES WITH COVID-19 TESTING CAPACITY IN AFRO



In February 2020, only five laboratories (in Algeria, Cameroon, Nigeria, Senegal and South Africa) had capacity to diagnose COVID-19. With assistance from WHO, the Africa CDC and other partners, countries strengthened their laboratory capacity, and presently, all 47 countries in the WHO African Region are able to diagnose the virus.

More than 9 million polymerase chain reaction (PCR) tests have been performed since the onset of the pandemic, and over 2.2 million test kits – including 1.9 million sample collection kits and 3 million lab reagents have been delivered to countries by a WHO-led consortium.

A COVID-19 platform for laboratory practitioners in the WHO African and Eastern Mediterranean Regions has been launched and an external quality assurance programme established to monitor countries' capacity to accurately test for the virus.

With the technical support of WHO, the Region has also established the Genome Sequencing Laboratory Network for COVID-19 and Emerging Pathogens and mapped sequencing laboratories to their designated subregions as a vital tool for diagnosis and understanding the spread and control of the COVID-19 pandemic and emerging pathogens. WHO has provided technical support to almost every country in the Region.

Before travel restrictions were put in place, a small subset of countries (Botswana, Chad, Comoros, Equatorial Guinea, Ethiopia, Mauritania, Rwanda, Sao Tome and Principe, United Republic of Tanzania and Zimbabwe) benefited from on-site technical support. Subsequently, technical support to scale up laboratory capacity and put in place national testing strategies has been provided not only in-country, but also through virtual trainings and webinars.



In Focus

Pooled sampling boosts Ghana's COVID-19 testing

31 July 2020

Accra

As Ghana has ramped up contact tracing, the number of test samples has also increased. Already at capacity, working round the clock in 12-hour shifts, Noguchi Institute decided to deploy “pooled sampling” to meet demand.

Pooled sampling has not only rapidly scaled up PCR testing capacity, but ultimately uses less testing reagents, and has shortened the results waiting time to two from around six days, helping to clear the backlog of samples for testing that has built up in the laboratories, and relieving overcrowded isolation centres.

<https://www.afro.who.int/news/pooling-samples-boosts-ghanas-covid-19-testing>

Various guidance documents on COVID-19 testing in the Region have been developed and disseminated to countries”[[LINK](#)], including, Technical guidance on laboratory operations for coronavirus disease (COVID-19) testing in the WHO African region,

[[LINK](#)] Interim Guidance on the Use of Antigen and Serological Tests for COVID-19 Response and infographic on “Approaches for decentralization of the laboratory testing for COVID-19 in the African Region”.

TREATING COVID-19 PATIENTS IN AFRICA

COVID-19 has placed a huge stress on already strained health systems in the African Region. The large number of patients requiring critical clinical care has placed a significant burden on staffing levels, availability of equipment, and crucial supplies such as medical oxygen, ventilators and personal protective equipment (PPE). Front-line health workers have very often made the sacrifice of saving lives at the cost of their own. Since the beginning of the outbreak over 14 524 health workers in the Region have been infected with COVID-19. In many countries, women account for a large percentage of the health workforce and have therefore been disproportionately affected, given that in the Region, women are highly represented in the most affected cadres – nurses and midwives. WHO has published extensive technical guidance and rapid scientific briefs on all aspects of clinical care for COVID-19 patients during all phases of the disease. [[LINK](#)]

WHO has procured and delivered 9.6 million PPE materials for a value of US\$ 10.1 million to reduce the risk of workplace exposure for healthcare workers, and supported countries to procure key supplies for treatment. WHO’s support has led to an increase in the number of oxygen plants in the Region from 68 to 101, and the near doubling of the number of oxygen concentrators from 2969 to 5644. The number of COVID-19 designated beds for severely or critically ill COVID-19 patients has increased from 13 702 to 43 785, roughly two thirds of the estimated needs for 1 million cases. As of 31 July, 11 860 medical doctors and 42211 nurses in 37 countries had been trained on COVID-19 case management and infection prevention and control (IPC), including screening, care for the critically ill, and discharge and management of convalescent patients.



Despite these gains, much more needs to be done to help countries provide adequate treatment facilities, trained health workforce in sufficient numbers and appropriate medical supplies to treat COVID-19 patients.

In Focus

Africa gets ready to treat COVID-19 patients

28 February 2020

Brazzaville, 28 February 2020 - Dr Temidayo Fawole may have been at the WHO Regional Office for Africa in Brazzaville this week to attend training on the management and treatment of COVID-19 patients, but home - Nigeria - was never far from her thoughts.

“The emphasis of this training was really on clinical management, and it wasn’t just theoretical but we also worked through scenarios,” explains Fawole. “It included an overview of the entire management of patients, from the transfer of patients from the point of entry, to treatment and even discharge.”

<https://www.afro.who.int/news/africa-gets-ready-treat-covid-19-patients>

STOPPING THE SPREAD OF COVID-19 TO HEALTH WORKERS AND PATIENTS

Infection prevention and control (IPC) is critical to combating COVID-19, by containing the spread of the virus within health care facilities, particularly the transmission of infection to health care workers as well as among patients.

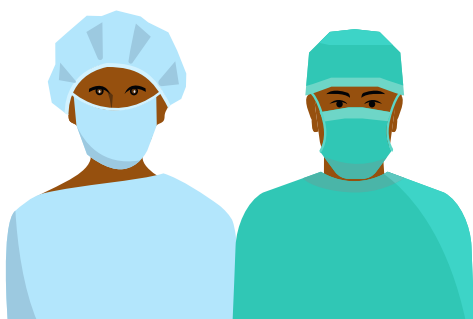
WHO has worked with countries to improve IPC in health facilities and key public gathering areas. We have trained over 54 000 health workers – virtually and face-to-face – in fever-triage strategies, screening measures, and quarantine practices for infected or suspected patients, and deployed IPC experts to countries. 4169 health facilities have also been assessed to bolster infection prevention and control for COVID-19.

WHO has also provided IPC guidelines and protocols [LINK] to countries, including on establishing and implementing IPC measures in refugee and IDPs camps, and urban slums.

In the context of lockdowns and border closures, it has been a challenge to deploy IPC experts to countries and train the large numbers of health care workers needed to overcome the shortage of trained professionals in this area. In a context where IPC programmes are largely non-existent and characterized by soaring shortages of equipment and supplies, additional resources are urgently needed to effectively implement IPC measures.



Safe water, sanitation and waste management and hygiene (WASH) are essential elements that ensure protection against COVID-19 infection. Ensuring evidence-based and consistently applied WASH and waste management practices in communities, homes, schools, market places, and health care facilities is key to improved public health outcomes, particularly during infectious disease outbreaks. Coordination and sustained investments in this area are needed to protect people and communities and to help prevent human-to-human transmission of the SARS-CoV-2 virus that causes COVID-19. [LINK]



WHO trained over 54 000 health workers and assessed 4169 health facilities to bolster infection prevention and control for COVID-19.

In Focus

Over 10 000 health workers in Africa infected with COVID-19

Brazzaville, 23 July 2020

In many African countries, infection prevention and control measures aimed at preventing infections in health facilities are still not fully implemented.

Many health centres were found to lack the infrastructure necessary to implement key infection prevention measures or to prevent overcrowding. Only 7.8% (2213) had isolation capacities and just a third had the capacity to triage patients.

<https://www.afro.who.int/news/over-10-000-health-workers-africa-infected-covid-19>

SLOWING THE SPREAD OF COVID-19 BY ENGAGING COMMUNITIES AND AT-RISK POPULATIONS

One of the important lessons learned during major public health events in the 21st century is that communicating proactively and effectively with populations to promote actions designed to break the chain of transmission is one of the most valuable public health interventions to help save lives and minimize adverse consequences. With COVID-19, a new pathogen that soon became a pandemic, risk communication and community engagement (RCCE) was crucial in alleviating confusion, avoiding misunderstandings, building trust in the response, increasing the probability that health advice was followed, and minimizing and managing rumours that undermined responses and could lead to further spread of the disease. WHO in the African Region has used proactive communication to instigate behaviour change, including weekly regional virtual press conferences on COVID-19, extensive communication through the regional AFRO website, Twitter and Facebook, as well as over 500 media engagements since the beginning of the pandemic.

WHO in the African Region has also partnered with the Africa CDC, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), NGOs and other organizations to coordinate RCCE efforts in countries. We have supported all 47 countries to develop community engagement

strategies, ensured that risk communication packages were disseminated to health facilities, and supported local authorities to produce radio messages, TV spots and set up call centres to inform members of the public about the risks of COVID-19 and how to protect themselves from the virus. Guidance provided included general risk communications guidance [LINK], guidance for physical and social distancing [LINK], as well as for mass gatherings [LINK] and safe practices during Ramadan [LINK]. Between March and July, all countries in the African Region had communicated COVID-19 prevention and preparedness messages to their populations. Over the same period, the proportion of countries that had implemented a community engagement plan rose from 57% to 62%.

Protecting individuals and communities and slowing the transmission of COVID-19 will require the active participation of everyone in preventing infection and transmission. Strong coordination and adequate financial and human resources will be key to implementing effective risk communication and community engagement strategies, particularly at subnational levels. As communities increasingly experience “compliance fatigue”, more work will need to be done to continue to drive home risk perception communication.



In Focus

Kenyan communities taking the lead in curbing COVID-19 spread

2 July 2020

Nairobi—By the time the public health officials reached a Maasai community not far from Nairobi, Julius Oloiboni had already mobilized everyone to protect themselves and others against COVID-19

<https://www.afro.who.int/news/kenyan-communities-taking-lead-curbing-covid-19-spread>

PROVIDING ESSENTIAL SUPPLIES AND PERSONNEL TO ALLEVIATE SUFFERING AND SAVE LIVES

The COVID-19 outbreak has led to an acute shortage of materials, systems, personnel, life-saving medical commodities and equipment needed to respond rapidly to alleviate suffering and reduce loss of life among Africa's populations. International market constraints and travel restrictions imposed by most countries in the wake of the pandemic have severely hampered the supply of essential and potentially life-saving equipment, compounding this already bleak reality.

To respond to the pandemic, WHO in the African Region has set up a dedicated team to work with countries on supply chain management systems and reinforcing logistic capacities at country level. The team supported countries to implement the UN Global Supply Chain system. Known as the COVID-19 Supply Portal, the system consolidates demand in line with needs and priorities in national COVID-19 response plans; coordinates the efforts of partners and countries for the pooled procurement of quality-assured products at affordable prices; and allocates essential supplies based on country capacity, assessment of country vulnerability and the gap between country needs and available supplies. To ensure international transport of supplies in a context of flight restrictions and border closures, WFP established four logistics hubs and organized humanitarian flights to ensure deliveries from international suppliers to recipient countries.

WHO is the principal user of the UN Portal, accounting for more than 71% of overall requests. Forty-one per cent of national orders made through this mechanism were handled by WHO, translating into 355 requests or US\$ 59 million.

WHO is also collaborating with the Africa CDC to strengthen complementarities and avoid duplications between the UN platform and a similar AU platform.

Despite the challenges of limited resources and international movement restrictions, WHO has deployed more than 300 international experts to reinforce the emergency response in countries in the Region, in technical areas including surveillance, coordination, treatment, infection prevention

and control and testing. Furthermore, over 1000 WHO staff from other programmes have been repurposed to support the COVID-19 response at the regional and country levels. Over US\$ 2 million has been spent on the international deployment and repurposing of staff. In addition, funds have been provided to priority countries for local recruitment of staff to fill critical gaps in their response capacity. WHO has also supported countries to coordinate the work of external emergency medical teams deployed to support response efforts in the Region and implemented innovative digital solutions and remote working to overcome challenges posed by international travel restrictions.

WHO has coordinated efforts in this area with platforms including the health agencies from the regional economic communities, as well as health networks including the West African Network for Tuberculosis, AIDS, and Malaria (WANETAM), the Network of National Institutes of Public Health of Portuguese Speaking countries (RINSP), the African Field Epidemiology Network (AFENET), and the International Association of National Public Health Institutes (IANPH). Given the protracted nature of the COVID-19 pandemic, there continues to be an urgent need for increased funding to maintain critical functions.

Since the beginning of the pandemic, WHO has shipped to **47 countries**

2.2 million - Laboratory testing kits including
1.9 million - Sample collection kits and
3 million - Laboratory reagents

2112 - Oxygen concentrators

1 439 750 - Surgical masks

24 200 - N95 masks

386 300 - Gloves

46 779 - Gowns

6930 - Goggles

34 510 - Face shields

In Focus

Reinforcing emergency response against COVID-19 in Africa

7 May 2020

Brazzaville – In an expanded pool of expertise, the World Health Organization (WHO) is supporting several African countries to coordinate the work of external emergency medical teams deployed to support the efforts to contain the spread of the COVID-19 pandemic.

<https://www.afro.who.int/news/reinforcing-emergency-response-against-covid-19-africa>



SEEKING INNOVATIVE SOLUTIONS TO COMBAT COVID-19

With no vaccines or curative treatments for COVID-19, and the pressing need for diagnostic tests that can produce rapid, accurate results at scale in different geographic and resource settings, COVID-19 has generated a demand for innovation and a transformative approach to address the extraordinary challenges posed by the virus.

WHO has developed strategic guidance for countries on COVID-19 research, and supported the development of a standard protocol for the scientific evaluation of traditional remedies in the Region.

African countries can lead the development of local innovations to meet the contextual challenges posed by the COVID-19 pandemic in the Region. In March 2020, WHO hosted the first virtual COVID-19 Hackathon, bringing together 100 leading innovators from across the African Region to pioneer creative local solutions to fill critical gaps in the regional response. Seed funding was then provided to develop and pilot the most promising innovations

in different settings. One of these innovations, NextGenCoviAI, is an integrated digital platform for COVID-19 management, risk factor assessment and diagnosis, which has since been rolled out at Mbarara Regional Referral Hospital in Uganda.

Despite this impetus, research and innovation remain low priorities in many countries, with little or no resources allocated to this important area. This situation leads to a lack of empowered scientific communities to drive research and innovation as part of the response in many countries.

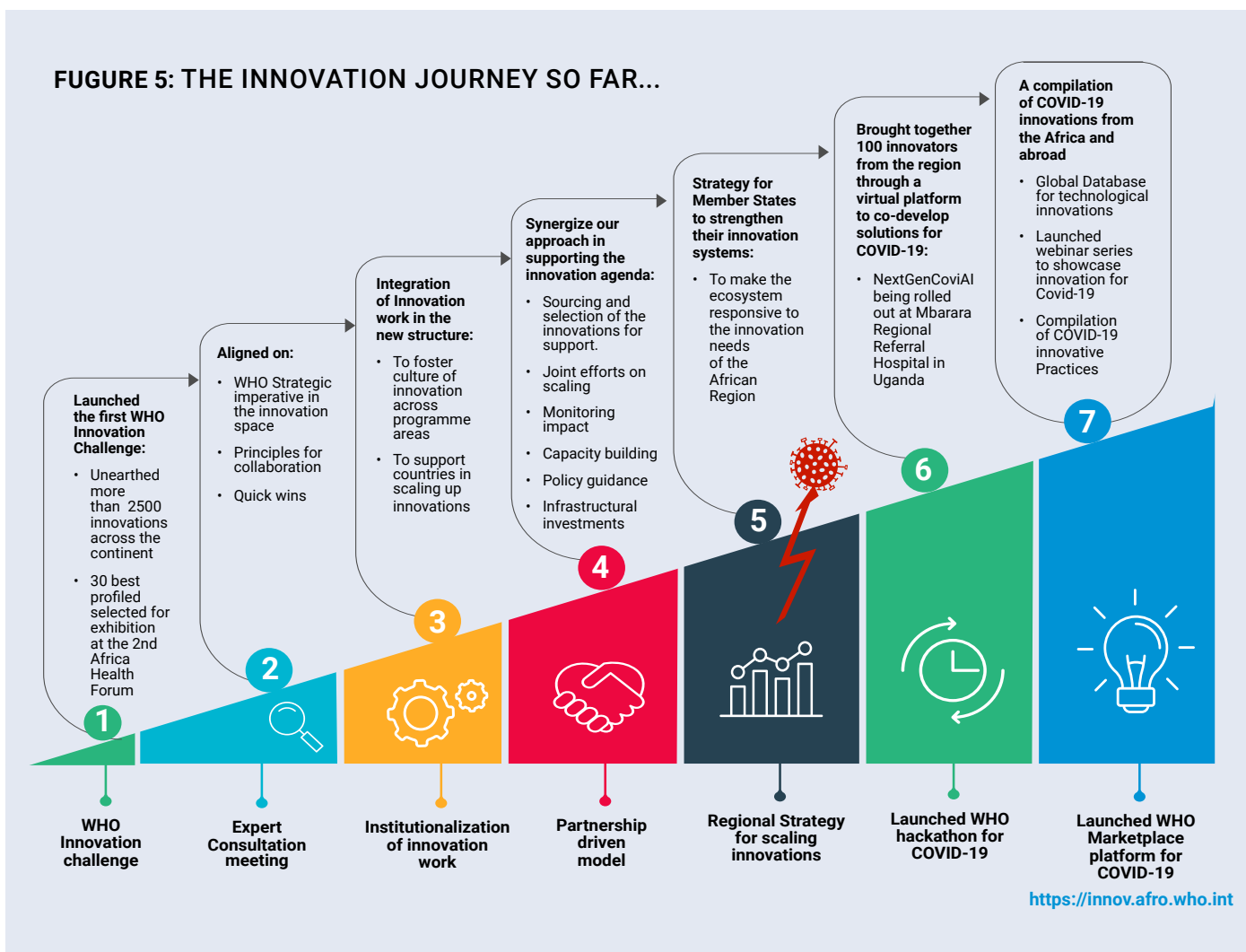
“African countries can set an example in terms of innovation and solutions that are tailored to limited resource settings.”

Dr Moredreck Chibi

WHO Regional Innovation Advisor



FIGURE 5: THE INNOVATION JOURNEY SO FAR...



In Focus

African innovators join the fight against COVID-19

28 May 2020

Brazzaville

All over the African Region, local innovators have moved decisively to address critical gaps in the response to the pandemic, often in contexts where traditional health services are stretched and where a multisectoral approach is therefore especially important.

“Africa presents particular challenges that have always forced us to innovate,” said Osumba. “I believe that our ability as Africans to think outside the box can really pay off in the fight against COVID-19.”

<https://www.afro.who.int/news/african-innovators-join-fight-against-covid-19>

MAINTAINING ESSENTIAL HEALTH CARE SERVICES DURING COVID-19

In addition to the direct mortality caused by COVID-19, efforts by already weak health systems to contain the virus have stretched the health workforce and led to disturbing disruptions in the delivery of other essential health and social services. COVID-19 interventions and public health measures such as lockdowns and repurposing of health facilities and health workforce for COVID-19 case management have exacerbated these disruptions, as has the fear of visiting health facilities expressed by patients.

To guide its support to countries, WHO conducted a rapid assessment in early April and May 2020². Thirty-five per cent of the countries assessed reported the closure of at least one health facility, for reasons which included the designation of the health facility as a COVID-19 centre, contamination of health workers, temporary closure for disinfection, and fear of contamination by health workers operating with limited PPE. A second rapid survey carried out by WHO between May and July 2020³ focused on the impact of COVID-19 on 25 essential health services across the life course. Survey results guided decision-makers in rapidly establishing the extent of service disruptions, defining country mitigation strategies based on identified key challenges and priority needs, and ensuring better targeting of resources and investments. On average, countries reported partial or severe/complete disruptions to 54% of the 25 assessed health services. The most frequently disrupted services included routine immunization services – outreach services (72%) and facility-based services (63%) –, family planning and contraception (67%), antenatal care (67%), and treatment for mental health disorders (67%).

COVID-19 has also had severe consequences in terms of the disruption of food systems. Initial estimates by UNICEF and WFP suggest that acute malnutrition has increased by 19% to 25% across the Region, while overall hospital admissions for severe acute malnutrition have dropped by 5% in relation to the same period in 2019.

WHO and partners issued guidance aimed at protecting infant and young child feeding (IYCF), [LINK] as well as services for the prevention and treatment of wasting, [LINK] and vitamin A supplementation [LINK].

Disruptions were caused by a combination of demand and supply-side factors, which included patients not presenting (81%) and insufficient personal protective equipment for health care workers (77%). Almost three quarters of countries in the Region implemented triaging to identify priorities, and 64% put in place novel supply chain and/or dispensing approaches for medicines to overcome service interruptions. It is worth noting that 53% of the responding countries from the WHO African Region defined the essential health services to be maintained during the COVID-19 pandemic. Governments in the Region also put in place measures to enable the free movement of health workers and ambulances during lockdowns, and worked closely with WHO, other UN agencies and the private sector to ensure the continuity of essential health services during these periods.



² Survey report available, AFRO, collection of data step.

³ Pulse Survey on continuity of essential health services during the COVID-19 pandemic – WHO- Interim report 27 August 2020.



Other compounding factors which affected the continuity of health services in the Region included floods, internal displacements, protracted armed conflicts and other outbreaks of epidemic-prone diseases such as Ebola in the Democratic Republic of the Congo, cholera in Ethiopia, Kenya and Uganda, measles in Angola, Ethiopia, Kenya, Mozambique, South Sudan and Somalia and yellow fever in South Sudan and Uganda.

Throughout the pandemic, WHO has continuously advocated with its Member States to ensure that the continuity of essential health services remains a priority. We have provided support to identify

the health services most affected by the pandemic, as well as training, technical expertise, guidance, and tools for countries to scale up the delivery of essential services in different pandemic scenarios and settings.

The COVID-19 pandemic has severely tested national health systems in the Region, and indeed globally. National authorities will need to enhance and invest in the continuity of essential health services during COVID-19. Further work will be needed to estimate the extent of the impact that service disruptions have had on morbidity and mortality in the WHO African Region.

“Our teams have been working non-stop across the Region to ensure that in addition to supporting the COVID-19 response, we continue essential disease surveillance and plans for the resumption of polio outbreak response once the situation permits”

Dr Pascal Mkanda, Coordinator of WHO Polio Eradication Programme in the African Region

In Focus

Ethiopia vaccinates nearly 15 million children against measles despite COVID-19 challenges

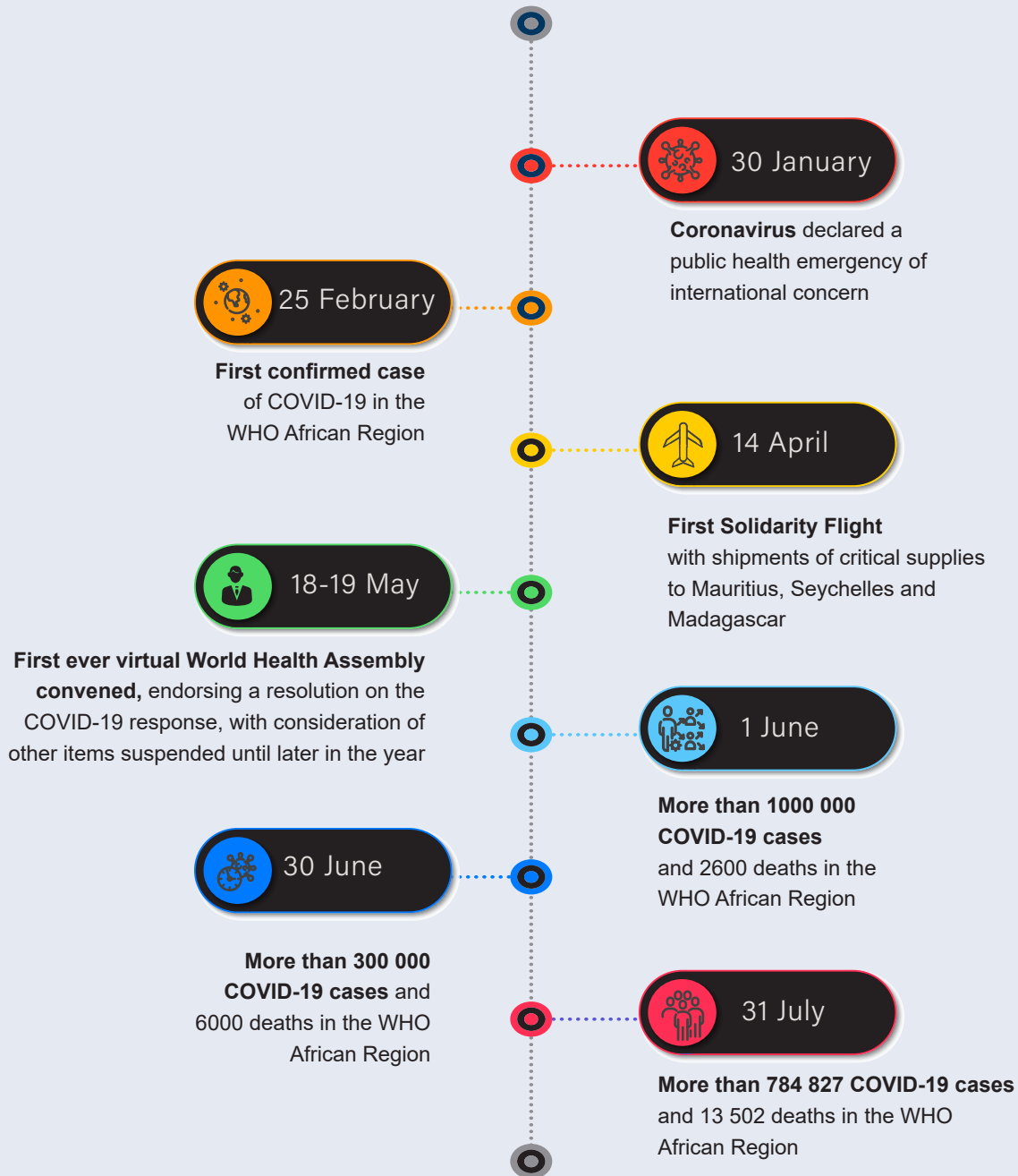
27 July 2020

Addis Ababa – Nearly 15 million children have been vaccinated against measles in Ethiopia in an effort by the health authorities to maintain essential health services, even as they battle to contain the COVID-19 pandemic.

<https://www.afro.who.int/news/ethiopia-vaccinates-nearly-15-million-children-against-measles-despite-covid-19-challenges>

MILESTONES ACHIEVED SINCE THE ONSET OF THE PANDEMIC

2020





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COVID-19 RESPONSE IN THE WHO AFRICAN REGION

THE ROAD AHEAD

“In Africa, curbing COVID-19 is a marathon and not a sprint. With strong commitment and action at all levels, we can achieve our shared goals and make health a reality for all people in the African Region.”

–Dr Matshidiso Moeti, WHO Regional Director for Africa

A great deal has been achieved since the onset of the pandemic in the African Region through collaboration with countries and our partners over the past few months. WHO has actively supported countries to coordinate preparedness and response efforts, and our Member States are now better able to respond to the virus in a range of areas including coordination, surveillance, laboratory capacity, case management and infection prevention and control. An initial readiness assessment conducted in February 2020 showed an overall regional readiness status of 66%. By March, this had improved to 77%, and reached 80% by June.

Despite these encouraging results, the scale of the challenge is huge. A lot more needs to be done, and more speedily, as the pandemic continues to accelerate across the African Region. With the easing of travel and physical distancing restrictions, there are risks that the virus may spread even further into remote areas of the continent. In the absence of proven therapeutic remedies or vaccines, countries need to ramp up their readiness and response measures to slow down transmission, particularly at subnational levels. While mobilizing whole-of-government and whole-of-society efforts to combat the pandemic, governments must also continue to prioritize the continued delivery of essential health services in areas such as immunization, HIV, nutrition, prevention and control of noncommunicable diseases and mental health.

The strong and determined leadership of African Heads of State continues to be vital in prioritizing the socioeconomic impacts of COVID-19 through concerted efforts to save lives and protect livelihoods. The same commitment, skills, expertise, experience and technologies that led to the certification of Africa as being free of wild poliovirus will continue to be leveraged to support the COVID-19 response and to build the resilience of health systems in the Region.

WHO in the African Region will continue to support countries, particularly “hotspot” or high-risk countries by mobilizing surge support and repurposing staff to the most affected countries. We will also mobilize more technical experts on the ground and scale up training to build local response capacity, particularly at the provincial and district level. We will improve the harmonization of response efforts with partners, including by leveraging deployment and logistic arrangements with the Africa CDC, to improve coordination in addressing gaps in human resources and essential supplies of PPE, laboratory test kits and other medical equipment which are still not enough to meet the increasing needs of countries in

the Region. WHO will also accelerate its focus on innovation by continuing to help shape the innovation agenda and facilitating the scale-up of evidence-based, high-impact health innovations to serve African communities, particularly the most vulnerable.

We thank our partners for continuing to fund the response efforts in the African Region, and request that they provide us with much-needed flexible funding to enable us to support low-funded countries and areas of the response, such as points of entry, decentralization of the response, innovation and research.

We also call on our partners not to ignore the many health and socioeconomic inequalities that have been exposed by COVID-19, and to increase funding not only to enable continued efforts in the COVID-19 response, but also to build resilient and inclusive health systems that can address the continent’s critical health needs beyond COVID-19. Without urgent action on this front, the Region risks jeopardizing the successes achieved in the health sector in the past decade.



NOTES



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