

COVID-19

Situation update for the WHO African Region

19 August 2020

External Situation Report 25



REGIONAL OFFICE FOR

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COVID-19

WHO AFRICAN REGION

External Situation Report 25

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak in the WHO African Region has continued to slow down, as seen in the past two weeks. Since our last [External Situation Report 24](#) issued on 12 August 2020, a total of 56 508 new confirmed COVID-19 cases and 2 071 new deaths were reported from 45 countries between 12 and 18 August 2020, resulting into a cumulative total of 962 290 confirmed COVID-19 cases with 19 225 deaths. This is a 25% decrease in cases as compared to 75 326 cases registered during the previous reporting period (5 - 11 August 2020). Although South Africa reported majority of the new cases, 46% (26 035), it also continues to record a remarkable downward trajectory in trend. There was also reduction in incidence cases in some of the previous hotspots countries, including, Nigeria, Ghana, Algeria and Kenya in the past week. While these indicators are encouraging, the figures should be cautiously interpreted as they may be affected by many factors, including the current testing capacity, strategy and delays in reporting.

During this reporting period, the countries that reported the highest percentage increase include; Eritrea, 533% (19 vs 3), Rwanda 464% (406 vs 72), Uganda 164% (290 vs 110), Mali 162% (89 vs 34), Guinea-Bissau 117% (65 vs 30), Lesotho 106% (148 vs 72), Ethiopia 99% (8 547 vs 4 300), Namibia 63% (1 235 vs 759) and Malawi 36% (479 vs 353). At the same time, countries that recorded a decrease in new cases include; Sierra Leone 65% (27 vs 77), South Sudan 58% (17 vs 40), Ghana 56% (1 589 vs 3 592), Madagascar 51% (692 vs 1 422), Congo 47% (105 vs 199), Côte d'Ivoire 45% (303 vs 554), South Africa 42% (26 035 vs 44 791), Cameroon 34% (361 vs 545), Democratic Republic of the Congo 33% (222 vs 321), Gabon 27% (264 vs 360), Kenya 24% (3 211 vs 4 223), Algeria 24% (2 821 vs 3 700) and Nigeria 9% (2 605 vs 2 857).

Mauritius reported two new cases after 22 days of zero reporting. These were returnees who were repatriated from a neighbouring country on the 13 August 2020 and tested positive by PCR on 15 August 2020. The United Republic of Tanzania did not officially submit any report indicating any confirmed case. Ninety-seven new health worker infections were recorded from six countries: Namibia (47), Uganda (11), Mozambique (35), Cameroon (7), Burundi (3), Malawi (2), Sierra Leone (2) and Mauritania (1). Mauritania reported a health worker infection for the first time since the start of the outbreak in the country. Togo retrospectively reported 15 health worker infections. No new country reported any death for the first time during this reporting week.

During this period, 2 071 new COVID-19 related deaths (15% decrease) occurred in 33 countries, with 1 513 (73%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 132 (6.4%) deaths and Algeria with 57 (2.8%) deaths. Other countries that reported new deaths during the reporting period include; Kenya (49), Zimbabwe (37), Ghana (33), Gambia (30), Nigeria (25), Zambia (23), Madagascar (21), Namibia (18), Senegal (18), Democratic Republic of the Congo (18), Congo (17), Eswatini (13), Malawi (11), Angola (10), Lesotho (6), Uganda (6), Cameroon (5), Côte d'Ivoire (5), Guinea-Bissau (4), Cabo Verde (3), Liberia (3), Rwanda (3), Gabon (2), Guinea (2), Mozambique (2), Togo (2), Benin (1), Botswana (1), Burkina Faso (1), Central African Republic (2), Sierra Leone (2), Mali (1) and Chad (1).

As of 18 August 2020, a cumulative total of 962 290 COVID-19 cases have been reported in the region, including 962 289 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 62% (592 144) of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Nigeria (49 895), Ghana (42 993), Algeria (39 025), Ethiopia (32 722), Kenya (30 636), Cameroon (18 624), Côte d'Ivoire (17 150), Madagascar (14 009) and Senegal (12 305). These 10 countries collectively account for 88% (849 503) of all reported cases. Of the 962 290 COVID-19 cases reported, 750 071 (78%) have recovered from across all the 47 countries in the region.

The total number of deaths reported in the region is 19 225, reported in 45 countries, giving an overall case fatality ratio (CFR) of 1.9%. Two countries, including Eritrea and Seychelles have not registered any COVID-19 related deaths since the beginning of the pandemic.

Since the beginning of the outbreak in the region, the majority of the deaths have been reported from: South Africa 64% (12 264), Algeria 7.2% (1 379), Nigeria 5.1% (981), Ethiopia 3.0% (572), Kenya 2.5% (487), Cameroon 2.1% (406), Zambia 1.4% (264), Senegal 1.3% (256), Ghana 1.3% (248), Democratic Republic of the Congo 1.3% (243), and Madagascar 1.0% (173). The top five countries: South Africa, Nigeria, Algeria, Cameroon and Kenya account for 82% (15 683) of the total deaths reported in the region. The highest case fatality ratios have been observed in Chad (7.8%), Liberia (6.4%), Niger (6.0%), Mali (4.7%), Angola (4.6%), Burkina Faso (4.3%) and Algeria (3.5%)

The current figures in the region represent 4.4% of confirmed COVID-19 cases and 2.5% of deaths reported worldwide. South Africa remains the hardest hit country on the African continent and is ranked fifth globally, although with relatively low numbers of deaths. **Table 1** shows the affected countries and their corresponding number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in Figures 1 and 2, respectively. **Figures 2, 3 and 4** show the distribution of cases and deaths with case fatality ratio by reporting date in the most affected country, African region without South Africa, in South Africa, and in the other top six countries.

Health worker infections continue to increase gradually with 38 382 (4.2%) infections reported in 42 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 25 841 (67%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (2 025), Cameroon (780), Kenya (746), Ethiopia (558), Equatorial Guinea (334), Malawi (277), Senegal (271), Guinea-Bissau (268), Democratic Republic of the Congo (256), Guinea (244) and Zimbabwe (238). The other 29 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16% (203/1 277), Niger 16% (184/1 167), Guinea Bissau 13% (268/2 117), Burkina Faso 9.1% (117/1 280) and Sierra Leone 8.9% (174/1 959), have the highest country specific proportion of health worker infections among confirmed cases **Table 1**.

According to available data on age and gender distribution 1.2% (11 771), males (61%) 7 171 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 600 across the same age groups in the African region. The male to female ratio among confirmed cases is 1.6, and the median age is 37 years (range: 0 - 105). The distribution of cases by age and sex is presented in **Figure 4**.

Currently, 33 (70%) countries in the region are experiencing community transmission, 10 (21%) have clusters of cases and four (9%) have sporadic cases of COVID-19. The region continues to observe increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.

As of 18 August 2020, seven African countries in the WHO EMRO Region reported a total of 174 115 confirmed COVID-19 cases: Egypt (96 753), Morocco (44 803), Sudan (12 546), Libya (9 068), Djibouti (5 374), Somalia (3 257), and Tunisia (2 314). Additionally, a total of 7 024 deaths has been recorded from Egypt (5 184), Sudan (808), Morocco (714), Libya (164), Somalia (93), Tunisia (57) and Djibouti (59).

Cumulatively, a total of 1 136 405 confirmed COVID-19 cases 26 304 deaths (case fatality ratio 2.3%) with 859 027 cases that have recovered have been reported in the African continent.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 18 August 2020
(*n* =905 782)

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Worker infections
South Africa	592 144	12 264	485 468	0	2.1	25 841
Nigeria	49 895	981	37 051	0	2.0	2 025
Ghana	42 993	248	40 796	0	0.6	2 065
Algeria	39 025	1 379	27 347	0	3.5	2 300
Ethiopia	32 722	572	12 938	0	1.7	558
Kenya	30 636	487	17 368	0	1.6	746
Cameroon	18 624	406	16 562	0	2.2	780
Côte d'Ivoire	17 150	110	14 183	0	0.6	187
Madagascar	14 009	173	12 767	0	1.2	70
Senegal	12 305	256	7 767	0	2.1	271
Zambia	9 981	264	8 776	0	2.6	115
Democratic Republic of the Congo	9 721	243	8 882	1	2.5	256
Guinea	8 715	52	7 532	0	0.6	244
Gabon	8 270	53	6 404	0	0.6	57
Mauritania	6 789	157	6 051	0	2.3	1
Zimbabwe	5 378	141	4 105	0	2.6	238
Malawi	5 193	163	2 716	0	3.1	277
Equatorial Guinea	4 821	83	2 182	0	1.7	334
Central African Republic	4 679	61	1 755	0	1.3	1
Namibia	4 464	37	2 407	0	0.8	134
Eswatini	3 989	76	2 587	0	1.9	174
Congo	3 850	77	1 628	0	2.0	166
Cabo Verde	3 253	36	2 390	0	1.1	40
Mozambique	2 991	19	1 247	0	0.6	228
Mali	2 666	125	1 990	0	4.7	0
Rwanda	2 577	10	1 683	0	0.4	0
South Sudan	2 494	47	1 290	0	1.9	122
Guinea-Bissau	2 117	33	1 089	0	1.6	268
Gambia	2 116	63	415	0	3.0	142
Benin	2 095	39	1 705	0	1.9	139
Angola	1 966	90	667	0	4.6	1
Sierra Leone	1 959	69	1 529	0	3.5	174
Uganda	1 603	15	1 165	0	0.9	41
Botswana	1 308	3	136	0	0.2	3
Burkina Faso	1 280	55	1 018	0	4.3	117
Liberia	1 277	82	803	0	6.4	203
Niger	1 167	69	1 078	0	5.9	184
Togo	1 154	27	858	0	2.3	65
Chad	970	76	865	0	7.8	75
Lesotho	946	30	423	0	3.2	20
Sao Tome and Principe	885	15	821	0	1.7	40
United Republic of Tanzania	509	21	180	0	4.1	1
Burundi	422	1	341	0	0.2	35
Comoros	405	7	385	0	1.7	0
Mauritius	346	10	334	0	2.9	30
Eritrea	304	0	261	0	0.0	0
Seychelles	127	0	126	0	0.0	0
Total (N=47)	962 290	19 225	750 071	1	2.0	38 768

* Chad and Liberia are implementing community mortality surveillance that could have attributed to high case fatality ratios.

Figure 1. An epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 18 August 2020 (n=962 290)

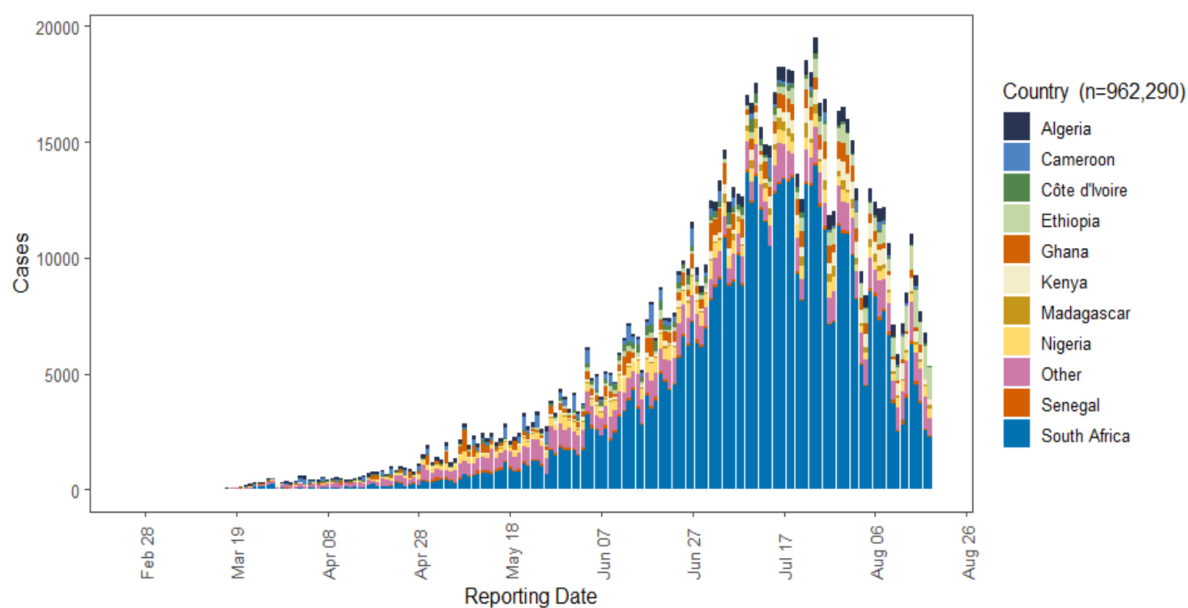


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 18 August 2020 (n=962 290)

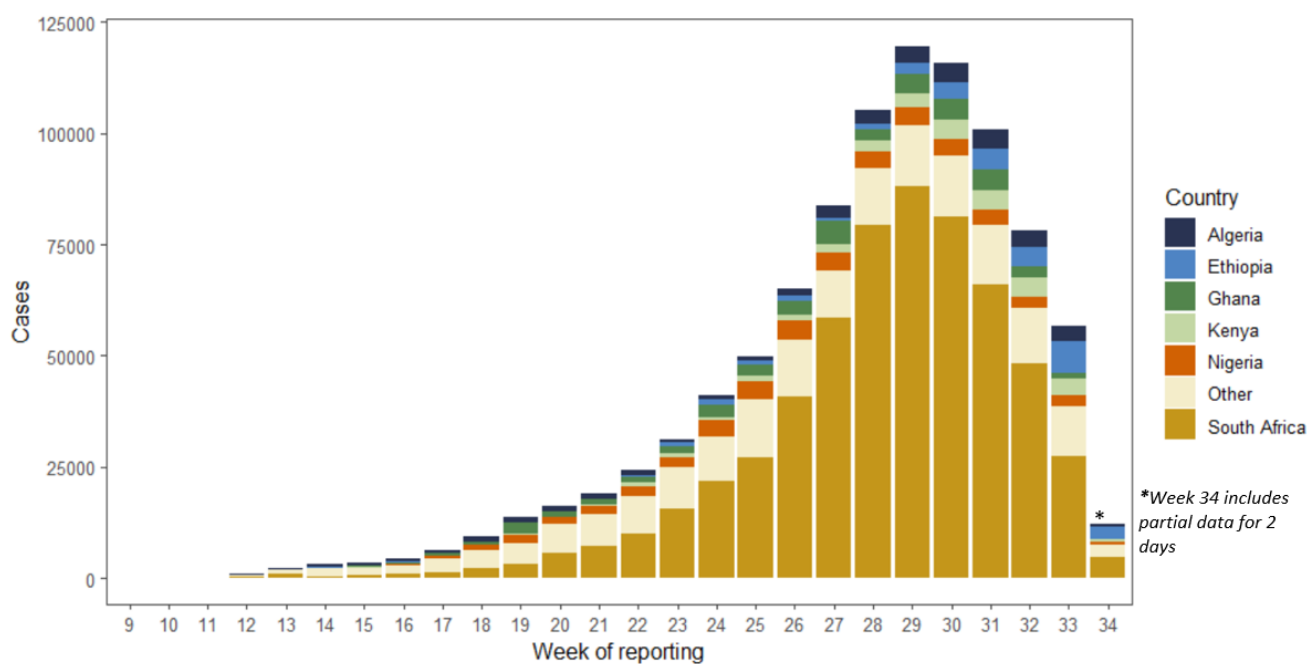


Figure 3. The distribution of confirmed COVID-19 cases in the WHO African Region (with South Africa excluded) by reporting date, 25 February – 18 August 2020 ($n=370\,146$)

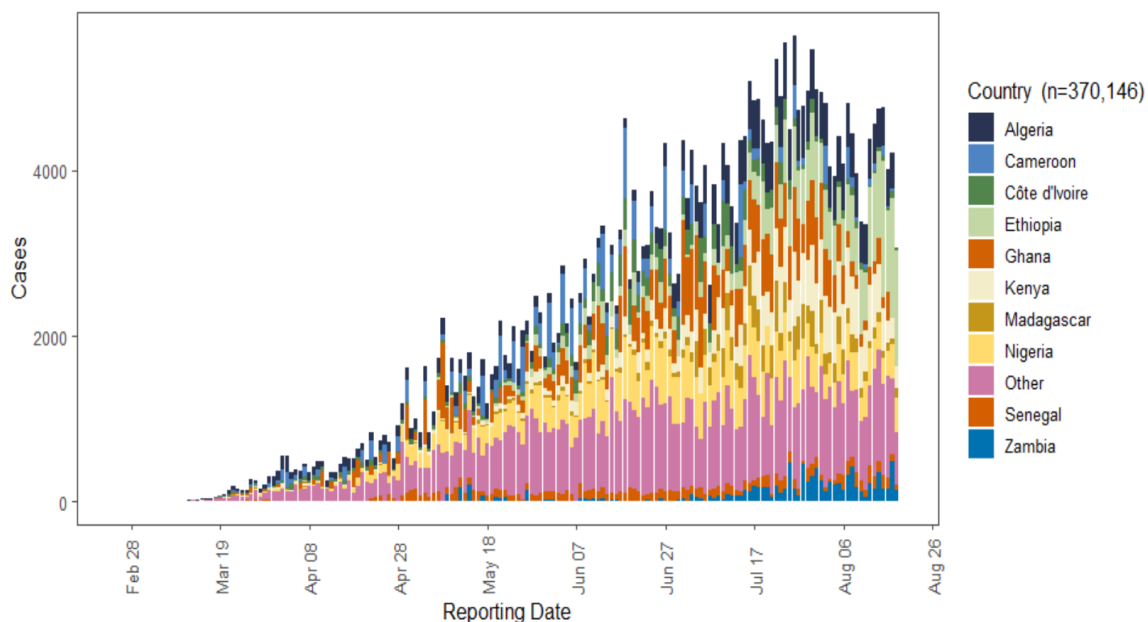


Figure 4. The distribution of confirmed COVID-19 cases and deaths for South Africa by date of notification, 5 March – 18 August 2020 ($n=592\,144$)

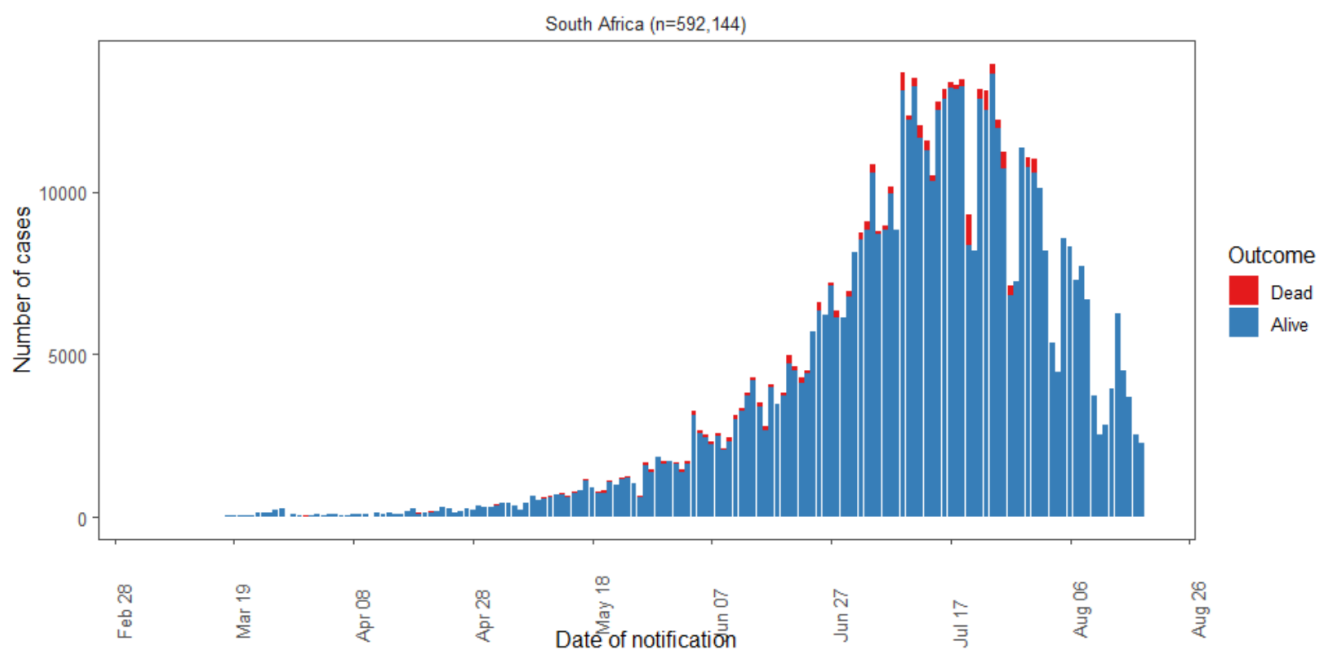


Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Ethiopia, Kenya, and Cameroon, 25 February – 18 August 2020 (n=213 895)

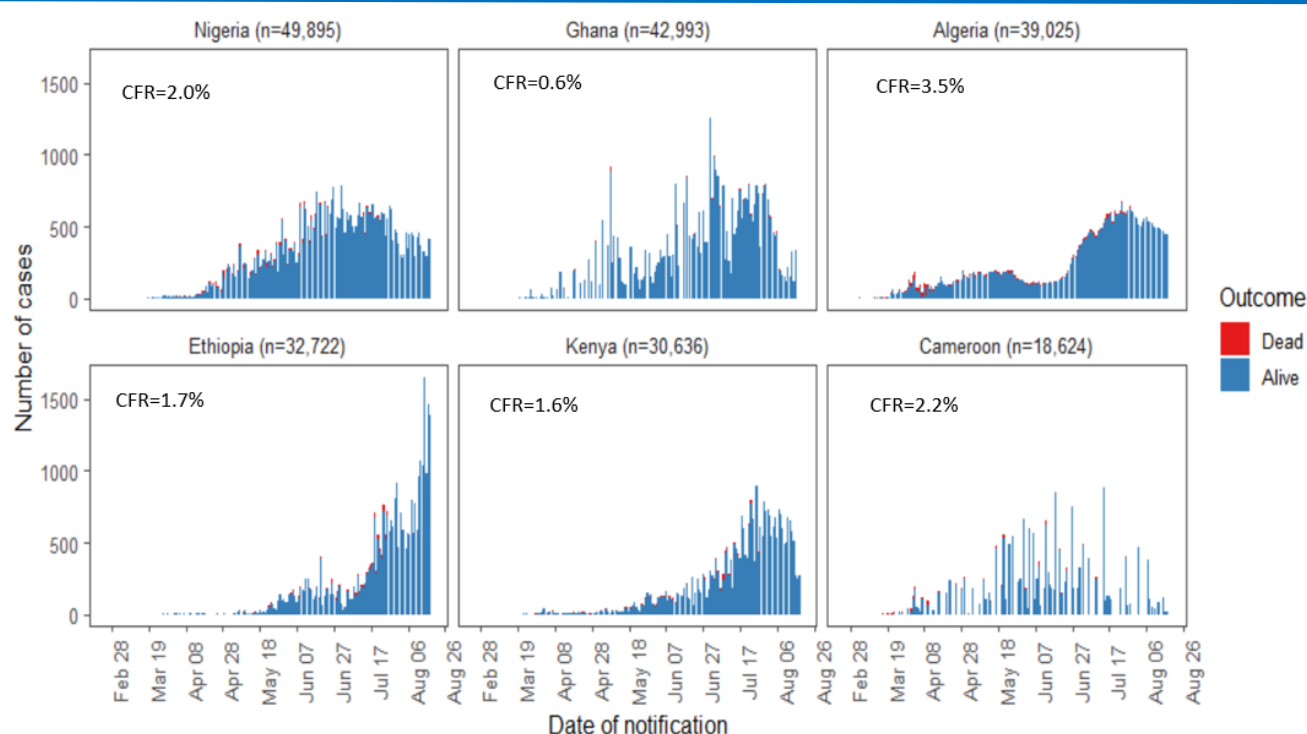
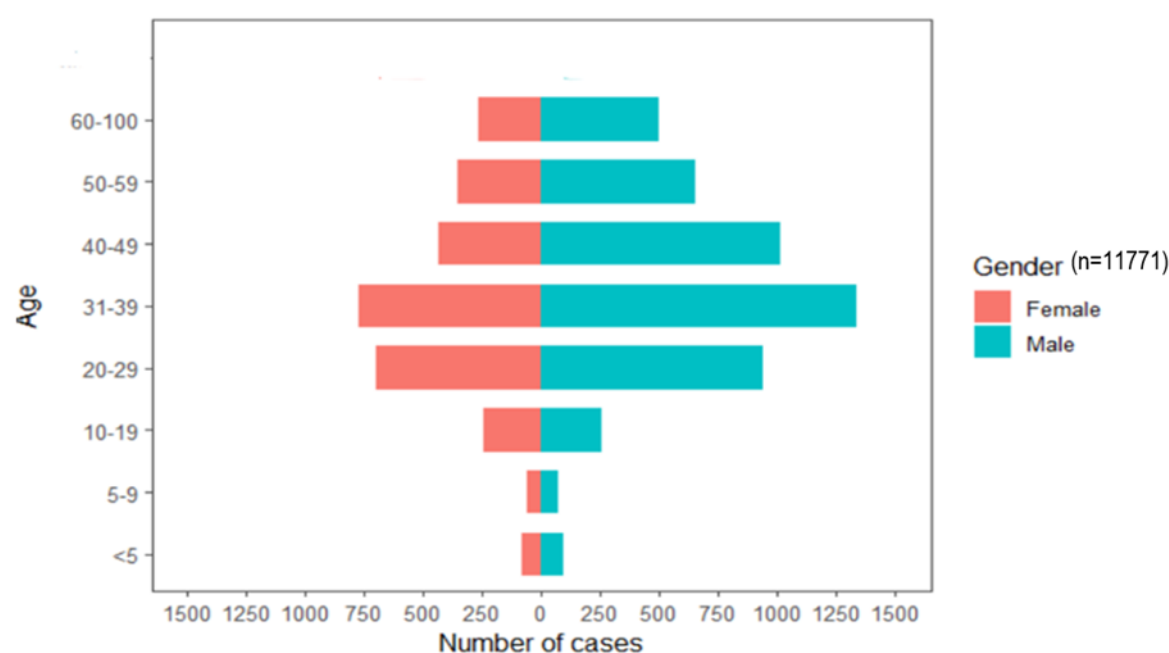


Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 18 August 2020 (n=11 771)



2. Global update

As of 19 August 2020, at 10:38 CET, a total of 21 938 171 confirmed cases, including 775 581 deaths (CFR 3.5%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past weeks.

To date, 215 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (5 393 138), Brazil (3 359 570), India (2 767 273), the Russian Federation (932 493), South Africa (592 144), Peru (541 493), Mexico (525 733), Colombia (476 660), Chile (388 855) and Iran (Islamic Republic of) (347 835).

All affected countries have reported new confirmed cases in the past week. Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

On 11 March 2020, the WHO Director-General characterized the COVID-19 as a pandemic.

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Huanan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

Coordination

- The AFRO IMST team is currently assessing the level of readiness at subnational level in all the 47 countries through WHO Country Offices for completion by Ministries of Health (MOH) and partners.
- The WHO African Regional Office continues to enhance capacity and transfer skills to local experts in all response pillars to ensure sustainable COVID-19 response at country level. All pillars have been recommended to utilize locally available resources at country level for this purpose. Pillar leads are working with country focal points to support with budgeting and accelerating the implementation of allocated funding.
- A cross-pillar meeting was held with Malawi to discuss challenges around shortage of laboratory test kits, limited COVID-19 isolation and treatment facilities and gaps in implementation of/home community-based care.
- Namibia is holding bi-weekly hurdle meetings with 4 pillars; a National Response Plan has been developed and funded (US\$ 45 million); and staff have been repurposed from Ministry of Health and Social Services and partners, namely 3 WHO consultants, 4 regional coordinators, and from the CDC, 21 data entry clerks and UN volunteers.
- Senegal and Niger were supported in the preparation of a COVID-19 response Intra-Action Review.
- In Gambia, ongoing activities to support response strategies included teleconferences with the hub and the WHO country office (WCO), covering surveillance, IPC and RCCE, laboratory and data management. The Dakar Hub will support Senegal and Gambia cross-border activities through REDISSE and KOICA projects.

Surveillance

- In Namibia, there is case search and targeted testing in strategic locations; monitoring of the entry and exit of cargo trucks into the country, with quarantine established at truck ports; a COVID-19 online dashboard has been launched, and staff and volunteers deployed to support regional surveillance.
- Sierra Leone Ministry of Health has strengthened its surveillance, emergency preparedness, resilience and response systems to effectively manage public health events and emergencies, with joint UN support in the implementation of COVID-19 interventions.
- Equatorial Guinea, Gambia, Guinea Bissau and Niger are developing an epidemiological situation analysis and testing strategy for COVID-19 in order to improve case detection, contact identification and tracing and testing strategies at points of entry. In Senegal a review and analysis of epidemiological data from COVID-19 resulted in proposals for improvement.
- A review of the protocol for the organization of transboundary activities took place in Guinea and Togo.
- A cross-border surveillance strategy was implemented in a meeting with electronic certificate and truck monitoring system for EAC and SADC countries; SADC has finalized the corridor trip monitoring system and will soon launch a pilot in Zambia, South Africa, Botswana and Namibia.
- The pilot phase of the EAC system in Uganda, Kenya and Rwanda was concluded with the system found to be effective and preparations are underway for this to be launched for use in all East African Member States. The surveillance pillar continues to provide guidance to countries for data management and expert deployment, contact tracing and the decentralization of contact tracing to districts or sub-national levels.
- The team was developed and is now implementing tools to investigate health worker's infections to ascertain where, how and why, contamination rates are increasing across the region.
- A mechanism for tracking of cases in neighbouring countries in order to report confirmed cases during cross-border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.

Laboratory

- There are 2.4 million laboratory tests, 1.9 million sample collection kits and 2.9 million lab reagents delivered to 47 countries for a total value of ~US\$ 17 million.

- There are bi-weekly meetings with partners including FIND, CHAI and Africa CDC on how to improve engagement to minimize duplication, since most institutions are evaluating antibody tests, the US-CDC is developing Eliza assays and the steering committee for testing strategy group was formed and 2 WHO focal persons were selected to join the African CDC, ASLM, IPD and NICD.
- There was a laboratory technical coordination meeting between Africa CDC and WHO African Regional Office, which guaranteed training of 40 experts for prioritized countries to be conducted by Africa CDC in collaboration with WHO; antigen testing to be prioritized, particularly for countries in Central Africa; the genomics collaboration between Africa CDC and WHO continues, with Africa CDC finalizing the BMGF proposal for approximately US\$ 100 million to support the sequencing network; WHO is to share a list of laboratories enrolled for External Quality Assessment (EQA) with Africa CDC.
- Weekly action plans include mapping lab capacity to include testing strategy; a memo was drafted for the deployment of consultancies for lab logs (remote working) and in-place consultants for hubs in Dakar and Nairobi; facilitation of follow-up of lab items ordered through the UN portal and delivery to countries; and technical support to countries, which needs to be accelerated.
- Countries and laboratories that will assist in the antigen immunochromatographic test kit evaluation developed by Fujirebio were discussed.
- There was active participation in the HOTE review to define the objectives and strategy to deep-dive and support countries appropriately.
- A cross-cutting teleconference was held with all sub-technical pillars to discuss approaches for better analysis of countries' epidemiological situations and capacity for COVID-19 response.
- There was a presentation on the COVID-19 diagnostic labs in Gambia to identify challenges and ongoing follow-up with the Country Focal Point.
- COVID-19 testing strategies were reviewed in Mauritania and Senegal.
- Support was provided by WHO, Africa CDC and WAHO for transport of sample kits for Equatorial Guinea.

Infection Prevention and Control (IPC)

- In Namibia isolation and quarantine facilities have been established; SOPs developed and disseminated; healthcare workers trained in IPC, case management and laboratory protocols and an approved checklist used to assess adherence to IPC measures in health facilities.
- Healthcare worker infection is becoming a challenge across the region and strengthening IPC implementation is critical.
- An in-depth discussion on IPC was held with Zambia and Eswatini, which highlighted actions required, which included support for countries to mobilize partners to support IPC training and mentorship activities, the use of the WHO healthcare worker assessment tools for in-depth analysis of the contributors to healthcare worker infections and channeled issues around PPE to the logistics and procurement pillar.
- Challenges have arisen around the management of burials of COVID-19 cases, with a need for clarification of the infectiousness of a dead body and more community engagement required in burials, which will involve cultural leadership in creating awareness of COVID-19 and engaging with families of deceased while using PPE under the supervision and guidance of responsible healthcare personnel.

Case management

- In Uganda, the Regional Office Case Management Team have interacted with the WCO to provide technical support during level 2 teleconference meetings; a meeting held on 10 August 2020 discussed recent WHO case definition and its implications for testing, quarantine and isolation as well as the psychosocial issues prominent in health workers and reviewed the SOP for management of suspected COVID-19 cases.
- In Guinea-Bissau low oxygen production capacity continues to be addressed.
- Seychelles has completed training health workers at the second isolation centre on practical case management, including critical care of COVID-19 patients.
- A meeting in Tanzania on 11 August 2020 centered on mentorship and training on triage and identification in outpatients' departments and management of critical cases; the country is also expecting 24 oxygen concentrators by 16 August 2020.
- Namibia has received oxygen concentrators, which were handed over to the MOH; patient care is being decentralized and patient care at district level has been strengthened.
- Weekly conference calls and case management meetings continue, with capacity building discussed, as well as the need to harmonize guidelines between Africa CDC and WHO African Regional Office on the use of dexamethasone, since countries do not appear to be using the drug according to WHO Guidelines.

- Cross pillar coordination on case management is prioritizing interventions to reduce mortality, including appropriately engaging risk communication and community engagement to encourage the public to seek care early, discussions on IPC and management and continuity of essential health services for chronic non-communicable diseases.
- Virtual interactive learning sessions have been held on aspects of clinical management of COVID-19, psychosocial support for nursing staff, food and nutrition essentials, case management in Comoros and Equatorial Guinea, the dexamethasone/chloroquine Recovery trial and oxygen therapy policy.
- 70% of countries have adapted their own technical guidance on case management using the WHO Interim Guide.
- Ghana have decentralised much of their case management and have 71 treatment centres and are working to build the Ghana Infectious Disease Centre (public-private partnership); Namibia have decentralized care with district level isolation and treatment centres.

Risk Communication

- The Congo Risk Communication and Community Engagement (RCCE) plan was analyzed and recommendations formulated.
- The Cabo Verde Key Action Plan and social sciences intervention protocol was analyzed and suggestions made for improvement.
- In Mauritania 60 journalists were trained on rumour management.
- Niger held a training session on stigmatization and community engagement.
- A survey held by the RCCE working group resulted in proposals to change to bi-weekly meetings, ensure more engagement of members and countries, more training and capacity building of members on specific areas of RCCE and to strengthen analysis and reporting of community feedback.

Logistics

- Since February 2020, there has been a continuous supply of COVID-19 supplies to 47 countries; PPE 103 million components, with 53.1 million under preparation; 3 086 oxygen concentrators have been shipped recently with another 20 units under procurement.
- Namibia has repurposed WCO and MOH staff; established a stock management tool to track consumption of supplies at all levels and has developed a comprehensive procurement plan.
- A tool to monitor in-country supplies of IPC materials and demand information from UN and Africa CDC supply platforms was agreed on by Regional partners and will be presented to the African Union (AU) and pilot countries during August 2020; the tool will be piloted in Ethiopia and South Sudan, with consideration of a third country from West Africa.
- A COVID-19 supplies forecasting/quantification webinar training was held to build capacity for forecasting and analysis of COVID-19 supplies, which countries are expected to cascade to national and subnational level.
- The Burundi calibration machine was delivered and confirmed as functional.
- The risk of PPE stockout in Uganda was mitigated by logistics prioritizing Ugandan requests for PPE, and the country has confirmed receipt of these supplies.
- PPE, oxygen concentrators and lab supplies were donated by WHO and handed over in Kenya.
- Oxygen concentrators have been, or are to be, delivered to Ethiopia, Nigeria, South Sudan, Tanzania, Ghana, Zimbabwe, Lesotho, Sierra Leone and Guinea Bissau.
- Five ambulances were donated to Sao Tome and Principe, Sierra Leone, Comoros, Benin and Togo using ADB funds.

Emergency Medical Team (EMT)

- The first members of the UK-MED EMT team have arrived in Chad and are in quarantine; formal approval for a similar team in South Sudan is pending MOH approval.
- Operational partners have been re-mobilized after a brainstorming meeting during the mid-term review of the response to COVID-19.
- There has been renewed discussion with WHAO for the implementation of national EMTs.
- There are continued exchanges with Veolia Environment Foundation and the Islamic Development Bank to support countries.

Human Resources

- The surge team deployed to South Africa already has 16 experts on the ground, with another 17 expected to arrive on 19-20 August 2020; this includes 12 epidemiologists, 5 coordination experts, 3 surveillance/data management experts, 6 IPC experts, 5 case management experts, 3 RCCE experts, 1 POE expert, 1 logistician, 2 continuity of essential services experts, 2 procurement officers, 1 HR officer, 1 occupational health and safety officer and 1 project management and monitoring and evaluation expert.
- Since the outbreak started in the region, a total of 300 experts have mobilized in total with 226 deployed to support 44 countries, including 74 experts support the WHO Regional Office in Congo on the ground and remotely.
- A total of 148 experts are currently on ground supporting the COVID-19 response in 36 countries, with 19 areas of expertise covered. Sixty-nine (69) experts have been identified (73%) and their deployment is in process.
- There are 48 experts currently supporting the WHO Regional Office for Africa, with 18 areas of expertise covered (32 (67%) are working remotely since distancing measures are still in force in Brazzaville).

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

WHO continues to monitor IHR measures being implemented by countries in the region:

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.
- A total of 24 countries are implementing lockdown; nationwide lockdown in 13 countries and lockdown in affected areas in 11 countries.
- Eight countries have started a phased easing of the lockdown measures.

6. Conclusion

The COVID-19 outbreak continues to generally slow-down in the WHO African Region, with 19 countries showing reducing incidence cases during the reporting period. South Africa has observed the largest percentage decrease in new cases, in addition to other countries namely Ghana, Algeria, Kenya and Nigeria. This observed decline should be interpreted with caution as many factors could explain this including but not limited to changes in testing capacity and strategy, and reporting delays.

While the number of cases are reducing, the number of daily reported deaths remain relatively high.

Following the resurgence of cases in other countries, stay at home measures and travel restrictions are being re-implemented in the hotspot parts of the country as part of efforts to limit the transmission of the virus.

WHO appeals to the public to observe all the preventive measures and also urges Member States to continue implementation of proven public health and social measures against the ongoing COVID-19 crisis through a multi-sectoral approach, as they work in collaboration with other international agencies and all stakeholders at all levels. Combination of strong leadership, universal health coverage, well-supported health workers and clear public health communications is key in tackling this outbreak.

Annex 1. Global and Regional time line for COVID-19 as of 14 July 2020

