



COVID-19 Response for Africa - monthly bulletin

Situation and Response actions in the African Region

Issue 6



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

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African Region

FOREWORD

Public health surveillance allows for systematic health data collection, analysis, and interpretation, significant for guiding response actions such as those used during the COVID-19 pandemic. Surveillance data estimating the health status and behaviour of individuals and communities is a fundamental building block in programme and policy work, guiding countries towards efficient health systems.

Here at the WHO African Region Office, we use several surveillance methodologies to inform the COVID-19 response and our understanding and programmatic work for other pathogens. Some have been used in past outbreaks, such as active surveillance for clinical settings. But we also adapt methodologies, producing practical digital data packages to accelerate case detection and automate situation reporting, and active surveillance.

For example, countries in our region are encouraged to take part in the Integrated Disease Surveillance and Response (IDSR) initiative, linking epidemiologic and laboratory data in the health system. Nearly all countries have implemented this initiative and are consequently able to better inform decisions in public health management.

Our team at WHO African Region Office (WHO AFRO) is also keenly aware of new trends and tendencies in surveillance, which aggregate methodologies and assist countries in obtaining a comprehensive picture of a pathogen and its incidence, key to prepositioning supplies, health personnel and structures throughout the stages of an outbreak. The pandemic's knock-on effects overwhelmed health systems, interrupted essential health services and fuelled socio-economic disruption, threatening to undermine decades of hard-earned health and economic gains. But it also provided opportunities for countries to build back better, underscoring the need to improve surveillance, diagnostics, and treatment to strengthen primary care and universal health care.

In our response to COVID-19, we have learned that surveillance is essential for planning, implementing, and evaluating public health practice. To discuss the topic, this August we organized a regional meeting on COVID-19 epidemiological surveillance, where we invited Member States and partners to share the experiences and challenges witnessed in detecting and controlling future COVID-19 waves and other public health emergencies of importance.

In this monthly bulletin, we focus on the WHO's strategic work on the ground, looking ahead at critical next steps for rethinking and rebuilding health systems to guide the COVID-19 response in Africa and other health emergencies.



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

1 African region epidemiological update for COVID-19

For the fourth consecutive week, a drop in weekly cases was observed across Africa's sub-regions, even as countries presented lower testing rates. In epidemiological week 33, starting on 15 August, in the 47 Member States belonging to the World Health Organisation (WHO) African Region (WHO AFR), 8,370 new cases were reported, against 16,201 the previous week, representing a 48.3% decrease in the number of cases. The region accounts for 71.3% of cases (8.8 million) in Africa, and 67.5% of deaths (173,203 deaths) - cumulative since the start of the pandemic. Of the new cases, 74.7% were reported from Tunisia (2,532), South Africa (1,287), Algeria (536), Morocco (494), and Burundi (427). 99% of 157 new deaths registered during the reported epidemiological week were in South Africa (84), Tunisia (56), Zimbabwe (4), Libya (1), and Morocco (1), against 98 deaths reported the preceding week, representing a 60.2% week-on-week increase in mortality. Notwithstanding the overall drop in cases, a rise in COVID-19 cases was reported in Equatorial Guinea, Niger, and Zambia, though the figures remain far below resurgence thresholds, as compared to previous waves of the pandemic. The number of deaths and admissions in hospitals and Intensive care units (ICUs) remained low in countries reporting higher caseloads caused by the SARS-CoV-2 Omicron variant.

As of 22 August, since the beginning of the pandemic, 256,420 people have died bearing a 2.1% case fatality ratio (CFR), and 11.5 million (93%) have recovered among a total 12.3 million COVID-19 cases in Africa. The continent accounts for 4.0% of 6.45 million deaths globally attributed to COVID-19, and 2.1% of the 593 million cases of the disease.

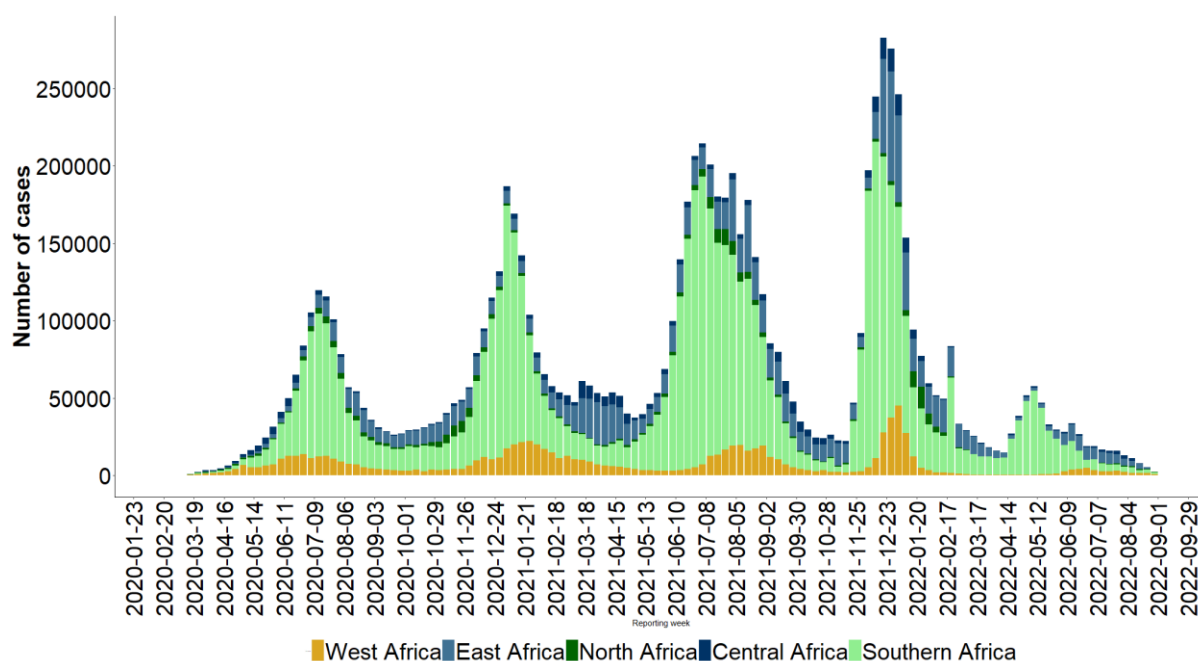


Figure 1 Weekly trend of COVID-19 cases in the WHO African region as of 31 August 2022 (Data source: <https://covid19.who.int/>)

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

Following the Situations of Concern (SOC) assessment for epidemiological week 33 from 15 to 21 August 2022, no country met the classification criteria for resurgence in WHO AFR. However, Gambia, Niger, and Cameroon were on high alert during the reporting period, while Seychelles and Mauritius continue to present high rates of infection, all of which currently possess sufficient national capacities to address more severe cases.

Burundi has procured two vehicles with funds pertaining to the American Rescue Plan Act 2021 (ARPA), a United States government fund. From the same funding source, Liberia recruited an infection prevention and control (IPC) expert to support the implementation of its National IPC Strategy. WHO AFRO supported South Sudan in the selection of an Incident Manager (IM) and a deputy IM for COVID-19. In South Sudan, positive cases aged 60+ with co-morbidities are now referred and hospitalized at the COVID-19 treatment centre.

3 Theme of the month: In depth analysis and improvement of COVID-19 surveillance in Africa

COVID-19 surveillance in the WHO African region: Perspectives from the regional meeting of COVID-19 epidemiologists

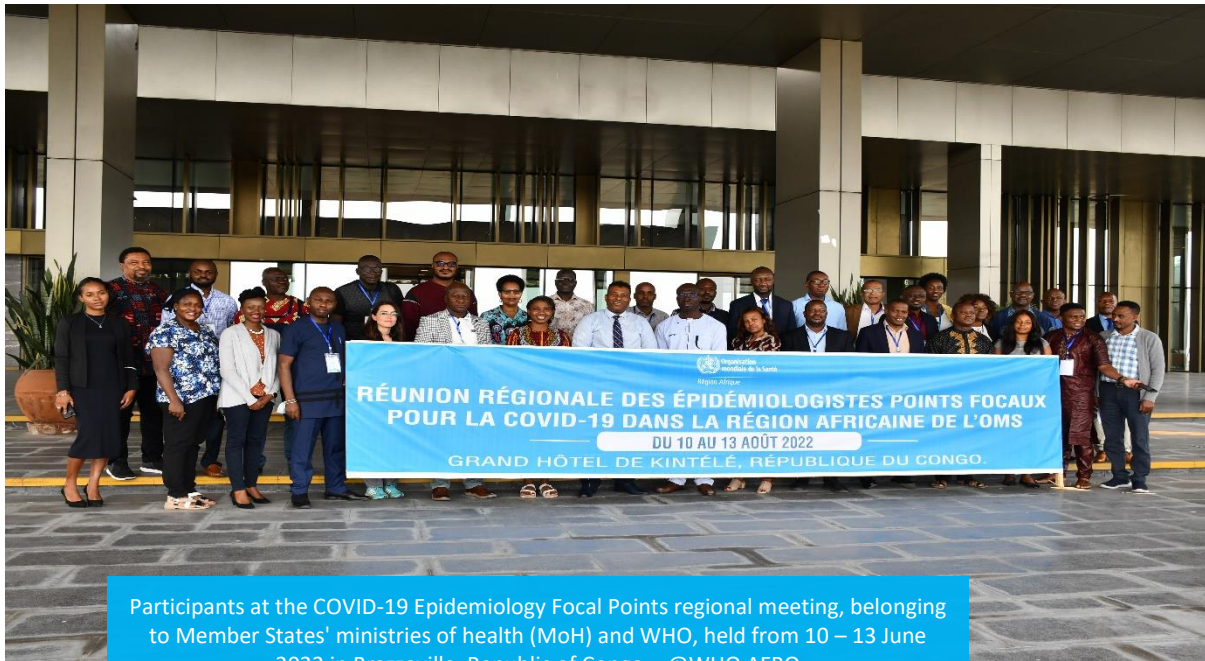
Since the beginning of the COVID-19 pandemic two and half years ago, all African countries have been affected in varying degrees over the course of four distinct waves, affecting 12.3 million persons with 256,537 associated deaths as of 31 August 2022. This accounts for less than one percent of the 1.3 billion population of the continent, though findings from several serosurveys have shown that this is an underestimation of the true burden of the pandemic in the continent.

Since the beginning of this year, the number of cases, deaths, and hospital admissions have continued to decline, amidst a marked reduction in diagnostic testing in many countries. Poor adherence to public health and social measures and lessening of the stringency of public health measures have also been observed. Furthermore, only one-fifth of Africa's population has been vaccinated. Combined, these factors highlight the need to maintain effective surveillance systems to detect the SARS-CoV-2 virus promptly, as well as known or emerging variants. In recent months, WHO AFRO began implementation of several interventions to improve COVID-19 surveillance: scaling up genomic surveillance for SARS-CoV-2 variants, community-based surveillance initiatives, testing, Infection prevention and control, risk communication and vaccination to communities and enhanced surveillance for COVID-19 sequelae in healthcare settings.

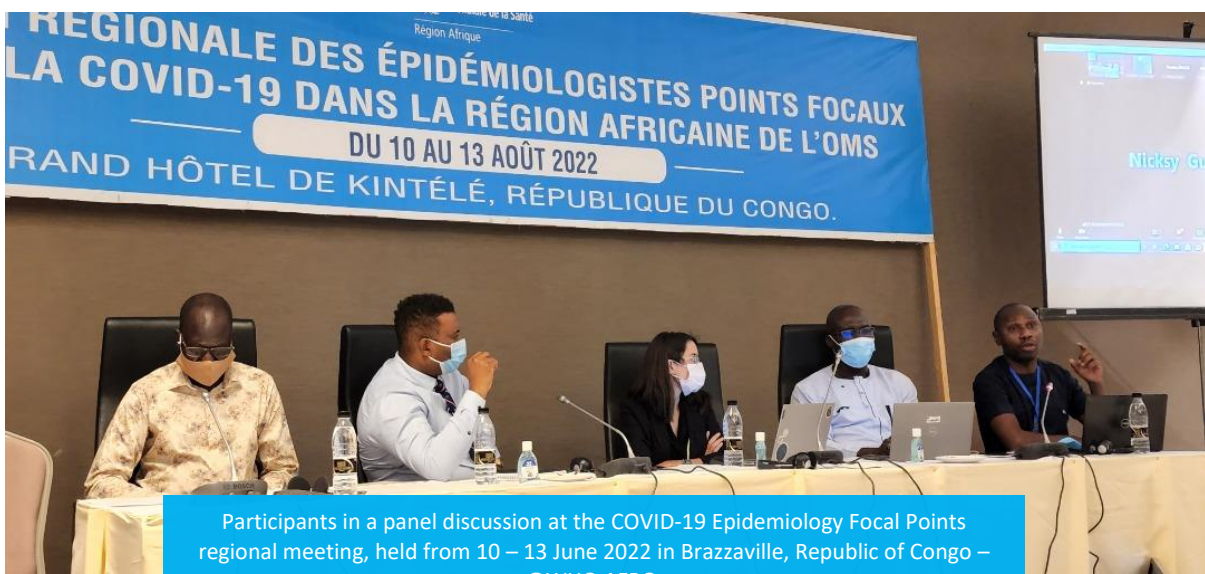
To ensure a common understanding of COVID-19 surveillance priorities for the coming months, a COVID-19 Epidemiology Focal Point regional meeting between ministries of health (MoH) and WHO was held from 10 – 13 August 2022 at WHO AFRO regional headquarters in Brazzaville. Its aim was to discuss COVID-19 surveillance priorities, towards improving surveillance quality and effectiveness in the region for reducing pandemic-induced morbidity and mortality. Specific objectives of the meeting were to:

1. Introduce participants to COVID-19 surveillance initiatives being rolled out in the region and review ongoing surveillance activities in different countries.
2. Familiarize participants with the concepts of effective surveillance of SARS-CoV-2 variants.
3. Listen and understand the main progress, successes and challenges countries face during the COVID-19 pandemic.
4. Collectively discuss and agree upon a set of COVID-19 surveillance priorities for the remainder of the pandemic's third year.

The four-day meeting convened 35 ministries of health (MoH) and WHO Country Office (WCOs) experts from 10 countries in WHO AFR, and from WHO AFRO and WHO headquarters (HQ). Countries in attendance presented either a high burden of COVID-19 infection - South Africa, Ethiopia, Kenya, and Nigeria or have engaged in considerable regional surveillance initiatives implementation - Seychelles, Republic of Congo, the Democratic Republic of the Congo (DRC), Cote d'Ivoire, Liberia, and Uganda.



Participants at the COVID-19 Epidemiology Focal Points regional meeting, belonging to Member States' ministries of health (MoH) and WHO, held from 10 – 13 June 2022 in Brazzaville, Republic of Congo – @WHO AFRO



Participants in a panel discussion at the COVID-19 Epidemiology Focal Points regional meeting, held from 10 – 13 June 2022 in Brazzaville, Republic of Congo – @WHO AFRO.

The regional meeting was organized in sessions of moderated panel discussions led by expert panels from the MoHs, WCOs, WHO AFRO, and WHO HQ. Sessions focused on the following epidemiological themes:

- The current state of COVID-19 surveillance in the WHO African region
- COVID-19 data issues in the WHO African region
- Genomic surveillance in the WHO African region
- Community-Based Interventions (CBI) initiative for COVID-19 in WHO AFR
- Surveillance for COVID-19 in clinical settings in WHO AFR
- Transforming African Surveillance Systems (TASS) Flagship
- The Future of COVID-19 surveillance in WHO AFR



Current state of COVID-19 surveillance in the WHO African region

The session focused on the status of the COVID-19 pandemic globally and in WHO AFR. It set the agenda for the meeting, introducing topics, and touching upon the advent of SARS-CoV-2 variants of concern, political considerations in COVID-19 surveillance and contextualizing COVID-19 surveillance in an environment of lowered risk perception towards the pandemic.



COVID-19 data issues in the WHO African region

One of the main challenges observed throughout the pandemic is the availability of reliable data to inform timely decision-making for pandemic response activities. A panel discussion emphasized the processes, challenges and solutions to better data collection, analysis, interpretation and use in the context of the COVID-19 pandemic. The need for improved interoperable or integrated data systems, iterative human resources (including data managers and information management officers), and more open data-sharing policies was emphasized.



Genomic surveillance in the WHO African region


The emergence of SARS-CoV-2 variants is the single most important factor that has determined the trend of the COVID-19 pandemic. Each wave of resurgence has been driven by the emergence of variants of concern (VOC) more transmissible than the existing dominant variants. To ensure WHO AFRO Member States rapidly detected the emergence of new variants and continuously monitored the existing ones, an initiative was set up in 2020 to improve in-country capacities for genomic surveillance. While some countries embraced the initiative, embracing the technology and expanding capacities, others remain reluctant. The discussion highlighted the evolution of variants of concern (VoC) and their impact on the COVID-19 epidemiology landscape. Further, the recently published global strategy for genomic surveillance was discussed in the context of the African region and the different molecular approaches in use to characterize the evolution of the SARS-CoV-2 virus. Case studies displayed the implementation, achievements, and challenges of genomic surveillance in Nigeria, DRC and South Africa.



Community-Based Interventions Initiative for COVID-19 in the WHO African region


The CBI initiative was designed to address decreasing case detection in affected communities during the surge of cases reported during the Delta wave. The aim is to conduct community-based response activities within a hundred-meter radius of a confirmed COVID-19 case by offering voluntary rapid testing, IPC materials, RCCE and vaccination; offering clinical care to persons who test positive. Currently being implemented in 18 Member States, the initiative has improved case detection, vaccination coverage and availability of IPC material in several communities. Despite the achievements, still in discussion are issues related to CBI's sustainability and expansion. A panel of experts from epidemiology and surveillance, clinical management, risk communication and community engagement (RCCE), vaccination and infection prevention and control (IPC) presented the rationale, status of implementation and achievements in the context of a rapidly changing pandemic. Case studies from DRC and Liberia were presented on achievements, challenges, and best practices of implementing the initiative.

Surveillance for COVID-19 in clinical settings




This session focused on the critical role of COVID-19 surveillance in clinical settings to monitor hospitalization and ICU bed occupancy trends, and the severity profile of cases in clinical settings. As the pandemic evolved in the region, there has been a gradual change in the severity profile of confirmed COVID-19 cases. This was particularly observed with the emergence of the SARS-CoV-2 Omicron variant, which has both a lower proportion of severe cases requiring hospitalization, and mortality. The true impact of health worker infections has been poorly quantified in the region, and questions remain as to the main drivers of infection among this group. More investigation is also required regarding the status of post-COVID-19 conditions, which have been observed to cause long-term mortality after initial infection. Participants in the session highlighted the need for continual monitoring of hospitalizations, ICU bed occupancy and oxygen utilization as proxies for the strain on the existing capacity for pandemic response. Case studies by Kenya, Ethiopia, and Cote d'Ivoire illustrated practical challenges to effective implementation of surveillance in clinical settings.

Transforming African Surveillance Systems (TASS) Flagship



The Transforming African Surveillance Systems (TASS) Flagship is an initiative to improve the quality of implementation of the Integrated Disease Surveillance and Response (IDSR) strategy in WHO AFR Member States. IDSR has been implemented in the WHO African region for about 24 years. However, issues with sustainable financing, high attrition of health workers, dwindling capacities for case investigation and a largely paper-based setup plague its success. Additionally, data processes are often strained during an outbreak, leading to parallel data collection systems. As the pandemic continues to evolve, integration into existing systems is critical. A discussion was held on the practicality of the IDSR system in the context of the COVID-19 pandemic focusing on TASS overview and aims, issues related to effective IDSR data reporting, challenges with effective IDSR implementation, and IDSR as a sustainable infectious disease control strategy for the region, in the context of the changing COVID-19 pandemic landscape.

The Future of COVID-19 surveillance in the WHO African region



The meeting closed with a session on next steps for COVID-19 surveillance in the region, with emphasis on its integration into existing national infectious disease surveillance systems, including sentinel surveillance for influenza and IDSR. The overarching conclusion was the need for close indicator monitoring that measures the impact of COVID-19 on national health systems. The role of surveilling post-COVID-19 conditions and the impact of associated long-term morbidity was also highlighted. A review of the community-based interventions initiative was strongly recommended with the aim of optimizing its delivery. The role of SARS-CoV-2 variant surveillance using genomic surveillance was emphasized to monitor the emergence, spread and circulation of variants. Some of the main points discussed as conclusions and next steps are as follows:

1. **Smarter data and knowledge management systems:** The fragmentation and multiplicity of data repositories as witnessed during the pandemic are demonstrably counterproductive. Multiple vertical surveillance systems, duplication and lack of integration continue to burden the infectious disease surveillance data landscape. It is an imperative to develop a central data and knowledge management platform to host a suite of interconnected or interoperable systems for the management of all existing data for infectious disease surveillance.
2. **Human resource for surveillance:** The COVID-19 pandemic demonstrated the need for well-capacitated disease surveillance personnel in health systems. The multiple roles of epidemiologists, data managers and other personnel involved in infectious disease surveillance in many countries affects the quality of detection, surveillance and response to

disease outbreaks. It is necessary to define what technical staff needs exist in today's world of infectious disease surveillance and adequately prioritize the provision of such needs.

3. **Documentation for the future:** Many innovations have taken place throughout the pandemic, including in the surveillance of the SARS-CoV-2 virus, many of which were novel to the landscape of infectious disease surveillance in the region. These include wastewater surveillance for SARS-CoV-2, integrated approaches for genomic surveillance using sequencing and mutation Polymerase Chain Reaction (PCR), and deployment of iterative data systems using electronic platforms like DHIS and GoData. Knowledge management - including documenting is essential for applying lessons learned in future outbreaks and pandemics. In this vein, clearly defined criteria for identifying best practices needs to be standardized and harmonized across countries.
4. **Strengthening information sharing:** better data and information sharing policies are required to guide open sharing within and between the different stakeholders, including ministries of health and WHO at different levels. This will build trust and offer a more harmonized use of data to inform better decision making for all parties.
5. **WHO collaborating centres:** Establishing stronger more effective working relationships between technical experts in governments and WHO with the collaborating centres for implementation research, data generation and knowledge development is less resource intensive, and promotes strengthened partnerships with our regional institutions, while allowing for transparency and independence of knowledge products.
6. **Advocacy and coordination:** Advocacy on disease surveillance and the use of data is required at various levels, starting from points of regeneration, emphasizing utility and providing feedback on the information generated from the data collected, through to policy makers who determine the type, use and sharing protocols for surveillance data. The various steps for data and information management impact the quality of response and it is necessary to determine the bottlenecks at each point for appropriate solutions.

Country Experience – Comoros

Comoros adopts Community Based Surveillance to keep COVID-19 at bay



A group of attendees of a 50-person CBS workshop for nurses, housewives, entrepreneurs, journalists, students and grandmothers learn about testing as a protective measure against the spread of COVID-19 in Comoros @WHO – Zaina Ruchababisha

Community based surveillance (CBS) has been an effective tool in controlling COVID-19 numbers in Comoros and is used to reinforce the existing national surveillance system. Much like with syndromic surveillance, CBS relies on symptom reporting or referral by volunteers or other community members, to ensure the right assistance is provided in the right place, at the right time. Started in March 2022 in the Ntsoudjini, Ngazidja island, the largest in the Comoros archipelago, 62.3% of tests performed and 78.1% of cases detected in the implementing district have resulted from the new CBS project.

Community based response activities are used to investigate alerts, listing and testing contacts - households, neighbours, workplace, schools, universities -, offering follow up for homebased care and advocacy. When it started, says Zaina Ruchababisha, WHO Community response coordinator in Comoros, engaging communities was not easy, because people did not understand the importance of the activities, due to low COVID-19 incidence in the country. But when the number of new cases started increasing, WHO teams worked closely with the communities in Ngazidja, improving their understanding. ***“It took time”, said Dr Zaina, “...but this month health authorities in the country have asked to extend activities to other islands.”***

Recently appointed, to Dr Saindou Ben Ali Mbae, National director of health services, and epidemiologist, ***“Community-based response initiative had been used successfully in this COVID19 response to strengthen the existing health system and we should continue taking advantage of this opportunity for better preparation and response to future outbreaks.”***

4 Update on pillar response actions

4.1. Coordination

Engaging in analysis and research for better programmatic and policy outcomes has been a key priority throughout the COVID-19 crisis for the WHO in Africa. This month, the COVID-19 Incident Management System thematic pillars contributed joint analysis to the response, and its transition to a possible episodic situation. The collaboration among the different thematic areas – vaccination, surveillance, logistics, laboratories and policy, among others – is reflected in a paper entitled “The COVID-19 response in Africa: looking ahead at critical next steps for rethinking and rebuilding health systems,” which has been submitted for publication. Its central premise is reshaping and managing the COVID-19 response in five steps incremental steps: (i) maintaining and consolidating the response; (ii) expanding – and building on – current capacity; (iii) undertaking continuous learning and reshaping the response against a backdrop of science, data and digital technologies, and research; (iv) reorienting the health system towards primary health care and integrating the response into routine care based on best practice; and (v) building back resilient health systems, accentuated by universal health coverage, to enable an effective response to public health crises, while maintaining optimal essential public health functions and services, and continuity of quality health care programmes.

The 72nd session of the WHO Regional Committee for Africa (RC-72) was held in Lomé, Togo, from 22 to 26 August. A special event on COVID-19 initiated and launched a continental process to identify and address challenges faced by Member States in the face of health crises, with a view towards building timely, stronger and more resilient health systems. This event was organized in collaboration between the emergency preparedness and response and health systems clusters.

4.2. COVID-19 community response initiative

To break COVID-19 transmission chains in communities, 18 countries are so far enrolled in the COVID-19 community response initiative (CBRI). The Initiative entails a comprehensive package of Surveillance, laboratory, RCCE, IPC, and case management at the community level, consequence of community transmission and the high number of non-severe COVID-19 cases in communities. So far in CBRI initiative, 148 932 tests have been performed representing 67.5% of expected tests and 34.8%

of all tests performed in the implementing districts covered by CBRI, with 4 350 cases detected, representing 37.3 % of cases. In addition, infection prevention and control materials have been distributed to 29 936 high-risk contacts, and 884 471 people have received information on COVID-19 risk factors and prevention measures, such as vaccination, hand washing and different case management options.

Challenges	Ongoing Response Actions
Heavy workload given the absence of data managers in some countries to coordinate reporting.	Work with countries to improve prompt reporting on the CBRI.

4.3. Case Management

Despite a decline in COVID-19 cases in the region, WHO has maintained hotspot identification through community surveillance and home care to interrupt transmission and prevent worsening symptoms of the disease. To this end, WHO country offices and Ministries of Health in the East Africa subregion, met this month to discuss strategies to enhance clinical and community surveillance and care for COVID-19 patients, including people with post-COVID conditions.

Establishing National Emergency Medical Teams (EMTs), and ‘Sentinel’ surveillance¹ for clinical data collection for hospitalized and long COVID-19 patients also continued this month. Assessment reports were submitted to countries, with recommendations to kick start activities towards strengthening ICU and critical care capacities in Malawi, South Sudan and Togo – considered critical. Assessments are scheduled in September for Liberia, Guinea Bissau, Ghana, Sierra Leone, DRC, Cameroon, and Mauritania.

During this reporting month, a 12-day Basic Emergency Care (BEC) training in case management for 21 participants took place in the Gambia, in collaboration with the Africa Federation of Emergency Medicine (AFEM). The course was designed to enhance the country's case management capacity. A second 10-day BEC training was held from 16 to 26 August in Dakar Senegal, for 28 health workers from Guinea, Senegal, Benin, Mauritania and Niger, as part of a ‘train-the-trainers’ plan for the region. Eight participants received BEC certification, 13 were awarded provisional training certificates, and seven received full training certification. WHO also supported a critical care training for 31 intensive care unit (ICU) personnel in the Democratic Republic of Congo (DRC), with emphasis on novel therapeutics for COVID-19 treatment. A refresher course on COVID-19 clinical care currently underway for healthcare workers in Cameroon, is introducing a curriculum on the use of COVID-19 therapeutics and monitoring of therapeutics- treated patients.

A regional collaboration with partners on clinical care for post COVID-19 condition is underway with the Kenya Medical Association (KMA) and the Africa Field Epidemiology Network (AFENET) on strengthening clinical surveillance for post-COVID cases. WHO intends to develop a model that will be replicated or adapted in countries to identify and follow up people living with post-COVID conditions in the region. The collaboration is designed to generate information and insight into the region's situation, with a view towards strengthened clinical care for this demographic.

¹ Sentinel surveillance for influenza and COVID-19 is a resource-effective approach to gathering critical information about both viral infections in patients seeking medical attention and meeting influenza surveillance case definitions.

Challenges	Ongoing Response Actions
Limited ICU and critical care capacities in countries.	Support ICU expansion including refurbishment in selected Member States.
Insufficient care for COVID-19 patients, including people with post-COVID conditions.	Strengthen clinical surveillance for COVID and Post COVID Conditions in hospitals.

4.4. Laboratory

In August, intermittent data reporting by countries posed a challenge in obtaining a comprehensive picture of regional testing. A decrease of 27.8% in testing has been observed since the beginning of the year compared to the same period last year. Even so, most countries currently present less than 5% positivity rate, with none presenting a positivity rate of above 10% in the past four weeks. Regarding distribution of antigen detection rapid diagnostic tests (Ag-RDT) to countries, over 1.4 million Ag-RDTs have been distributed to 16 countries from the Accra Stockpile. At least 650 laboratories are enrolled in the upcoming WHO SARS-CoV-2 External Quality Assessment programme, a five-fold increase since March 2020 in the number of participating labs - from the original 43 – capable of undertaking polymerase chain reaction (PCR) testing. In genomic sequencing, about 57 154 sequences have been reported since the beginning of the year, compared to 23 210 for the same period in 2021.

Challenges	Ongoing Response Actions
Limited reporting of testing data by countries continues to be a problem	Structured questionnaire sent to countries to collect additional information on testing.
Delayed approval of country visits by the individual country Ministries of Health	Follow-up virtual calls for countries to be visited to provide technical support

4.5. Points of Entry (PoE)

Analysis from the International Travel Measures (ITM) dashboard reveals that four countries in Africa currently request pre-departure tests, with three requesting tests on arrival. This month, a virtual meeting was held with stakeholders from Algeria, Mali, Niger and Mauritania to guide next steps regarding the integration of the "one health" concept in the development of a five-year cross-border collaboration.

Several bilateral and planning meetings were held during the month regarding enhanced cross border collaborations between countries through information sharing and joint actions towards global health security. Support to countries has been anchored on WHO’s standard tool for assessing PoE, embedded within the International Health Regulations (IHR) 2005.

Challenges	Ongoing Response Actions
Most AFRO countries are lifting international travel measures.	Advise countries to monitor disease trends, with international travel measures remaining commensurate with the public health risk.
Inadequate cross Border Surveillance between countries	The team plans to continue supporting and encouraging cross border surveillance between countries.

4.6. Risk Communication and Community Engagement (RCCE)

In the past month, a series of webinars were held with the 47 countries in the WHO AFR region to discuss practical suggestions for delivering RCCE interventions and setting priorities for the second semester of the year 2022. Involving key stakeholders from all countries, partners from ministries of health and the WCOs guided the webinars.

WHO AFRO has been the first regional office to implement the Innovative Social and Behavioural Insights Initiative (SBI), launched in 2020 by the Director General. In addition to completing the Initiative’s pilot phase in Zambia and Nigeria, 23 WHO AFRO RCCE experts received SBI training to support countries with related activities. During the month of August, workshops in Brazzaville and Pointe -Noire presented and validated the results of the qualitative research to support a Community-Based Response Initiative in Congo. The Republic of Congo’s Minister of Health validated the research, in addition to community engagement action plans to incentivize communities to adhere to best practices in public health.

Collaboration is ongoing between RCCE and the Health Promotion department in Congo to debunk rumours on the connection between Monkeypox and COVID-19. A persistent *Infodemic* on Monkey Pox in the AFRO region requires continued concerted action.

Challenges	Ongoing Response Actions
Low funds utilization and documentation of activities in Countries	Support countries to complete the utilization of CDC funds by 31 of August and submit report by 30 of September.



WHO RCCE team pose for a picture after presenting results of research supporting a Community-Based Response Initiative in Brazzaville-@WHO/Marriane TABI

4.7. Africa Infodemic Response Alliance (AIRA)

In August, AIRA identified several online rumours through its social media listening tool. The rumours ranged from COVID-19 and Monkeypox disinformation, chickenpox exposure/vax being effective against monkeypox, COVID-19 vaccines harming pregnant women/infants, and rumours that the COVID-19 vaccine allegedly causes long-COVID. To provide clarity, mitigate confusion and inaccurate conclusions circulating on social media, AIRA used targeted messaging to address the difference between chickenpox and monkeypox, including how bespoke vaccines address these diseases. Rumours were confronted head-on in highly visible channels and new communication content is currently in design to address fears of possible negative side effects of vaccination during pregnancy and on fertility.

AIRA emphasizes in its messaging the absence of any connection between COVID-19 vaccination and monkeypox cases, a common thread in misinformation narratives. This month AIRA increased communication on monkeypox, given the alarming global rise in cases of the disease, with potential spill over to African countries. During the month, the team finalized video productions on Flu/COVID-19, childhood vaccine and vaccine safety, provided technical support to 23 countries in the WHO African Region, and mentored five *infodemic* management consultants.

Challenges	Ongoing Response Actions
Rumors which alleges that COVID-19 vaccines harm pregnant women/infants	Share simplified statistical evidence of vaccine efficacy which address fears of negative side effects of vaccination during pregnancy and on fertility

4.8. Information Management

Several countries have implemented COVID-19 responses that can be considered best practices that need to be documented and shared with other countries. To support the dissemination of knowledge of such practices widely to enable persons and organizations working in the health sector to avoid the repetition of mistakes, reinventing the wheel, loss of valuable time and improve performance, the information management pillar conducted a webinar on documentation of best practices and lessons learned for representatives from ministries of health and WCOs from 17 countries. Participating countries were requested to submit abstracts on their best practices and lessons learned for future publication. Additionally, two webinars were conducted with WCO data managers on the District Health Information System 2 (DHIS2) for collecting Key Performance Indicator data for the COVID-response. The default system in countries for collecting, managing and analyzing COVID-19 data to guide response interventions, use of the DHIS-2 electronic system began in June. The COVID-19 Strategic Prepared and Response Plan for 2022 was updated, in collaboration among pillars.

Challenges	Ongoing Response Actions
Low level of documentation of best practices and lessons learnt in the COVID-19 response	There are plans to carry out more webinars to cover all countries. To create awareness on the importance of documenting best practices and lessons learned

4.9. Infection Prevention and Control (IPC)

In the context of readiness and response to the COVID-19 crisis, the IPC team in August worked in collaboration with partners such as UNICEF and VSO to strengthen countries' capacities to use the community scorecard. The objective of the collaboration is to improve the prevention of transmission at the level of communities at risk and the effectiveness of the community-based surveillance project.

A regional IPC consultation has been scheduled for the month ahead to collect input from the Member States on the global IPC strategy. Chad, Senegal, Malawi, Burundi, Togo and Mali are in line to receive National IPC action plan development support. Technical guidelines and a training curriculum are in development, responding to significant gaps in human resources and the urgency in establishing sustainable IPC programmes,

An ad hoc technical support field mission was conducted to Guinea, for developing a sustainable programme based on minimum IPC requirements.

Challenges	Ongoing Response Actions
Human resources limitations to coordinate IPC programmes in countries.	IPC team is working on technical guidelines and a training curriculum, which will be used for strengthening IPC teams at the country level.

4.10. Operational Support and Logistics (OSL)

Commissioning and handover were undertaken of the WHO funded Kinshasa University Clinic PSA plant. COVID-19 Ag RDT acquired from the German donation was distributed to 18 countries. WHO AFRO received extra PPE for the AFRO stockpile, and continued COVID-19 supplies procurement, sourcing at least 90% of a \$US 5 million supply fund. The first delivery is expected in September. WHO continued oxygen scale-up in several countries, adding 13 new medical oxygen plants in eight countries to the 18,524 oxygen cylinders provided to 11 countries and 6,921 oxygen concentrators to the 47 countries in the WHO AFRO region. In August, the Moundur (Chad) PSA plant was commissioned, while Bongor awaited commissioning before its handover to the MoH. Additionally, there is ongoing capacity building in oxygen requirements calculation, oxygen resource mapping, and oxygen device maintenance. So far, 225 biomedical engineers and technicians from seven countries have been trained. In the month ahead, the OSL pillar plans to coordinate with the Lab pillar for urgent procurement of Ag RDT. Other upcoming tasks include ensuring WCOs maintain sufficient stocks of critical medical supplies, fast tracking countries' procurement requests in collaboration with the WHO AFRO supply chain focal point and following-up supplies shipment through the UN portal.

Challenges	Ongoing Response Actions
Low order request of Covid-19 essential supplies from UN portal by WCO even after receiving 2nd tranche of USG fund	The team is requesting the recruitment of country focal points who can support, monitor WCO's allocation of funds for COVID-19 supplies.



Commissioning of Duplex PSA plant in Burkina Faso procured by WHO-@WHOAFRO

4.11. Strategic partnerships update

Non-State Actors (NSAs) engagement in the COVID-19 response continued in August through mobilization of Civil Society Organizations (CSOs) in 15 countries, directly targeting communities. WHO AFRO health cluster coordinators of 12 countries in humanitarian settings each identified five CSOs, which can be mobilized to respond to public health emergencies and provide support to hard-to-reach and vulnerable people. A strategic partnership with the private sector also strengthened the WHO network and its capacity for intervention. For example, a collaboration with Veolia Foundation has supported an innovative project to respond to COVID-19 in Republic of Congo. Discussions are in progress with the Private Sector Partnerships in Health of the Swiss Agency for Development and Cooperation (SWISSAID).

4.12. Update on COVID-19 Vaccination

Overall, 22% of the African population are now fully vaccinated (Figure 2) against 62% globally.

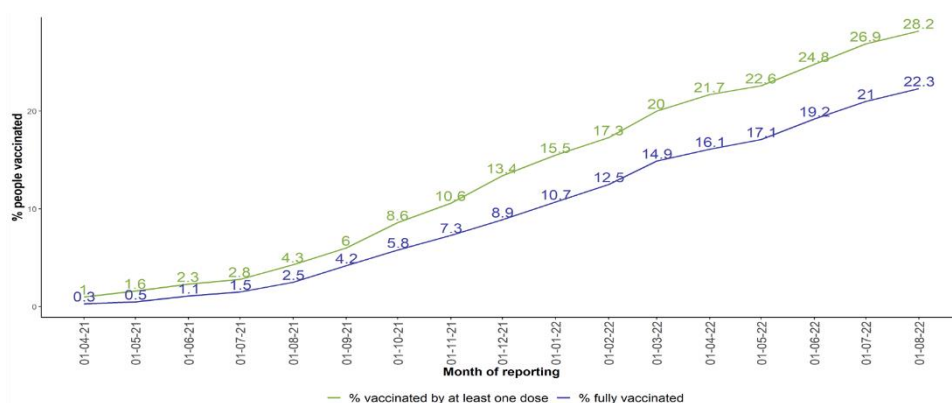


Figure 2: Percentage population vaccinated in Africa by the end of August 2022

Tanzania (16.8%), Cote d’Ivoire (10.3%), Chad (8.8%), Zambia (4.6%) and Djibouti (3.7%) and Rwanda (13.6%) recorded the highest increase in COVID-19 vaccine coverage from 1 July to 14 August 2022. So far, out of the 923,661,970 million COVID-19 vaccine doses delivered to the continent - 62% from COVAX - 626,165,722 million doses have been administered (Figure 3).

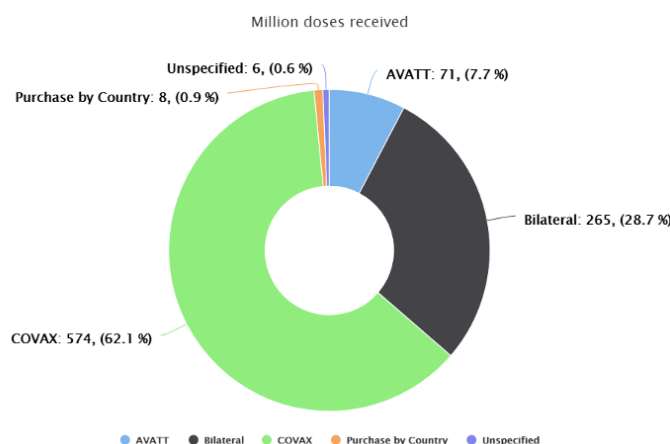


Figure 3: Sources of vaccine

In July 2022, Rwanda became the 3rd country to surpass the 70% target of the total population who have fully completed their primary vaccination series (78%); and joins Mauritius (75%), and Seychelles (76%). 19 of 54 countries have administered less than 50% of doses received (Figure 4).

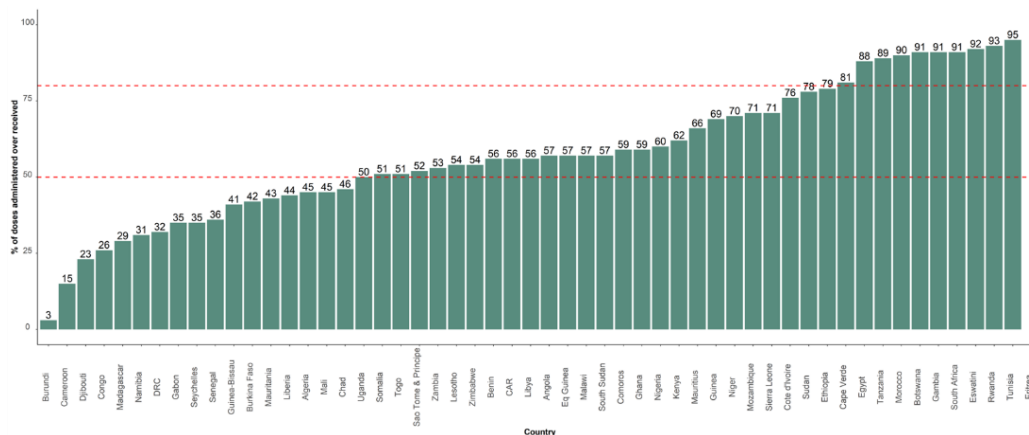


Figure 4: Proportion of doses administered over received

Regarding expired vaccines, 17 million doses of vaccines have expired out of over 474 million received in 35 countries (3.5%). Madagascar (23%), Senegal (25.4%), Algeria (18.8%), Namibia (11.3%) and São Tomé & Príncipe (11%) recorded the highest % of doses that expired (Figure 5).

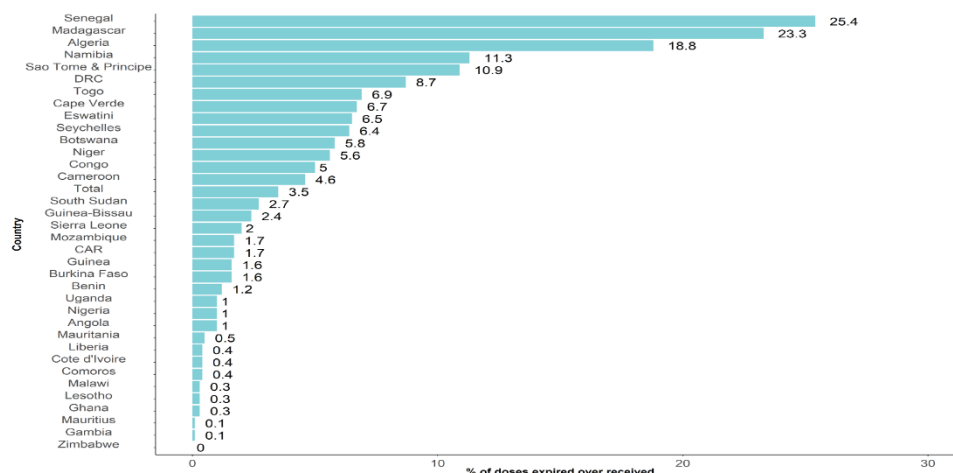


Figure 5: Percentage of doses expired over received

Some of the lessons learnt in vaccination include the involvement of community leaders in vaccination strategy and community leaders' public vaccination, which this month helped boost social mobilization and demystify COVID-19 in countries. In September, the vaccine pillar plans to continue discussions with countries on the possibility of integrating COVID-19 with other interventions, monitor the implementation of the operational plan and address data inconsistencies in the countries' profile dashboard.

Challenges	Ongoing Response Actions
Declining political buy-in for COVID-19 vaccination	Ongoing high-level advocacy to increase political support
Inadequate number of staff and inadequate Country support team for prioritized countries	Recruitment of additional officers



12% of people who have completed the primary vaccination series have received at least one booster dose. (Data from 40 countries)-@WHO AFRO

4.13. Human Resources update

Since the onset of COVID-19, WHO has cumulatively deployed 1,153 experts to 46 countries. There are currently 432 experts on the ground supporting WHO's response, of which 30% are women. In total, 1,286 WHO staff were repurposed to support the COVID-19 response in the WHO African Region.

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

Key Performance Indicator (KPI) reporting levels remained high at 92% over the reporting period, albeit slightly below the 94% level obtained in June. Similarly, timeliness in reporting decreased from 81% in June to 74% in July. This narrative covers 43 reporting countries, excluding Nigeria, Eritrea, Lesotho and Mauritius. (Figure 6)

Even with the changing landscape of the pandemic, countries have maintained a high level of response coordination. There is good coverage of key response pillar functions by dedicated experts at WCOs and MoH to effectively facilitate coordination of the response (Figure 8. KPI 2) Additionally, there was a considerable rise in the level of implementation of recommendations from joint review meetings from 51% in June to 74% in July. (Figure 9. KPI 3) Furthermore, there was greater utilization of funding with majority of countries utilizing more than 50% of allocated funds (Figure 10. KPI 4)

To deconstruct rumours and myths related to COVID-19, risk communication and community engagement (RCCE) activities are essential. For July, the percentage of planned RCCE activities completed increased from 45% in June to 70%. However, activities scheduled in Botswana, Sierra Leone, and Zambia were not completed. (Figure 11. KPI 5)

Real time circulation of information between the peripheral and central levels is crucial for decision making. In July, 37 of 47 – 86% - WHO AFR countries reported prompt surveillance data at the district or regional level (Figure 12. KPI 6), against 80% in June. On the other hand, most of the countries reported monitoring of hospitalization COVID-19 cases. (Figure 13. KPI 7)

Provision of Port Health services is mandated by International Health Regulations. In July, 19 (45%) WHO AFR countries provided medical services and/or diagnostics at PoEs, a decline from 49% in June. (Figure 14. KPI 8)

Genomic sequencing (GS) of specimens of confirmed cases decreased from 70% in June to 47% in July (Figure 15. KPI 9). However, as in June, laboratories are performing efficiently with an average 24 h PCR testing turnaround time. (Figure 16. KPI 10) Testing for COVID-19, as of June, remains low at an average of three tests per 10,000 population per week. (Figure 17. KPI 11)

Infection control is ongoing within WHO AFR. The percentage of selected COVID-19 treatment facilities with an IPC score of 75% or higher - using the IPC scorecard - was 70% and above in 18 (44%) WHO AFR countries. However, the situation in 12 (29%) countries, remained below expectations, with scores below the 75% IPC scorecard threshold. (Figure 18. KPI 12) On the other hand, 13 (70%) countries reported a national performance of personnel protection of 70 and above on a scale of 0 to 100. (Figure 19. KPI13)

Twenty-nine countries in WHO AFR reported ICU admissions for COVID-19, with an average case fatality rate of 14.3%. (Figure 20.KPI 14) In July 21 (50%) countries presented adequate or required ICU standards. (Figure 21. KPI 15) Enough equipment and supplies were available in ICUs for the treatment of severe and critical COVID-19 cases. (Figure 22.KPI 16)

Effective disease management and response depends on supply chain efficiency. The average time between placing an order on the United Nations supply portal and delivery to the WCO was 35 days in July, lower than the 44 days registered for June. The longest days were reported in Cameroun and Republic of Congo. (Figure 23.KPI 17)

Despite some hiccups, COVID-19 vaccination has been ongoing in WHO AFR. The percentage of doses administered out of the number of doses received varied from 2.4% in Burundi to 97% in Gambia. Thirteen (28%) WHO AFR countries achieved 70% and above of the percentage received and administered. (Figure 24.KPI 18) Few countries fully vaccinated 70% of their general population: Rwanda, Seychelles and Mauritius (Figure 25.KPI 19).

To support the pillars and maintain focus on SPRP 2022 delivery, it is key to implement research and to encourage and engage in innovation. Cabo Verde, Cameroon, Namibia, South Sudan, Algeria, Zimbabwe, presented results in this category. (Figure 26.KPI 20)

The overall weighted performance for WHO AFR marginally increased from 72% in June to 73% in July. Overall performance per country, as measured by rate of reporting of listed KPIs, ranged in July from 56% to 89%. Eritrea, Lesotho, Mauritius, and Nigeria were declassified due to poor KPI reporting/performance. 32 of 47 countries performed well, having increased reporting rates. (Figure 27)

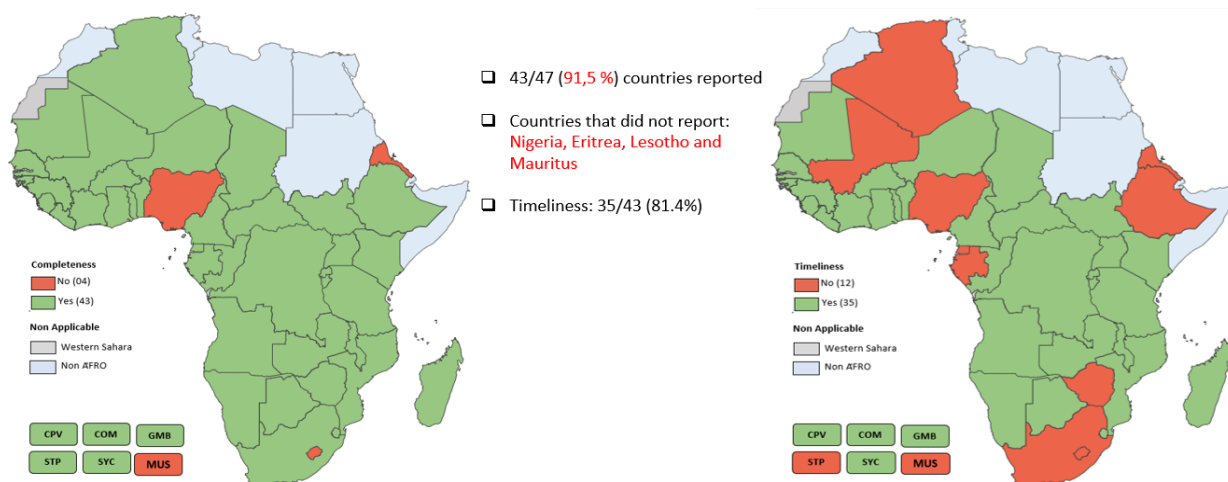


Figure 6: Completeness and timeliness of reporting

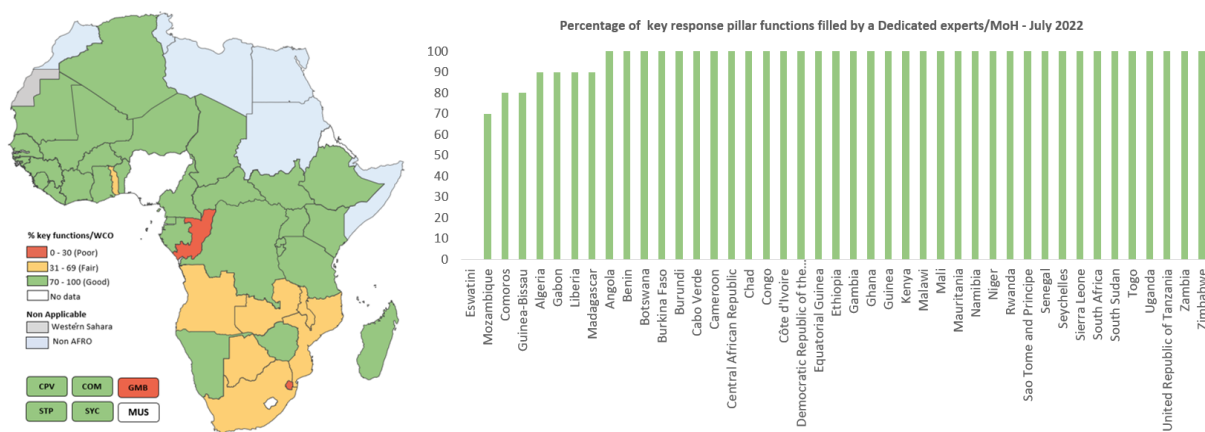


Figure 7. KPI 1: Percentage of key response pillar functions filled by dedicated experts at the WCO

Figure 8. KPI 2: Percentage of key response pillar functions filled by dedicated experts at the MoH

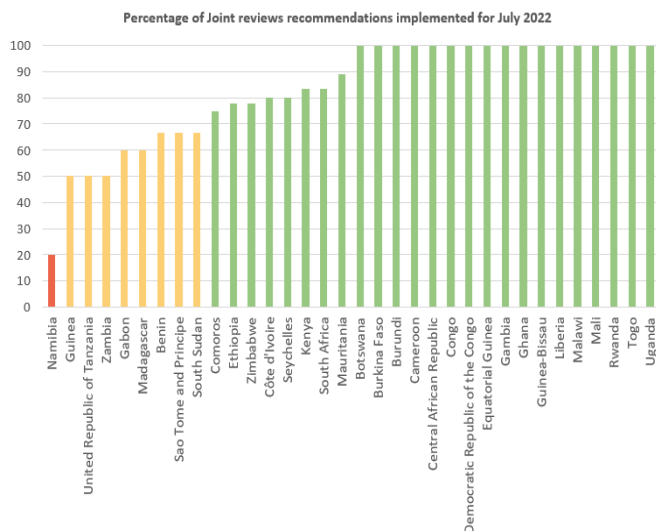


Figure 9. KPI 3: Percentage of joint reviews recommendations implemented for July 2022

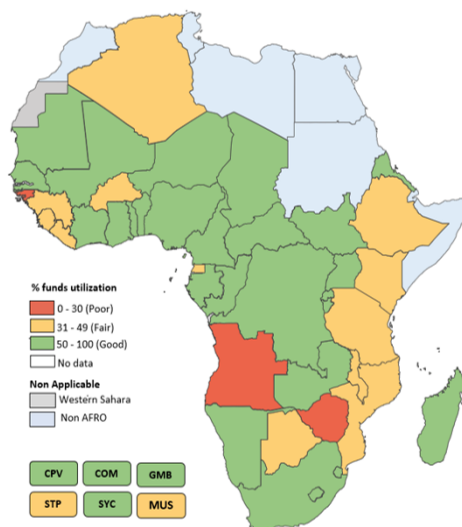


Figure 10. KPI 4: Percentage of allocated fund implemented for July 2022 utilized/encumbered

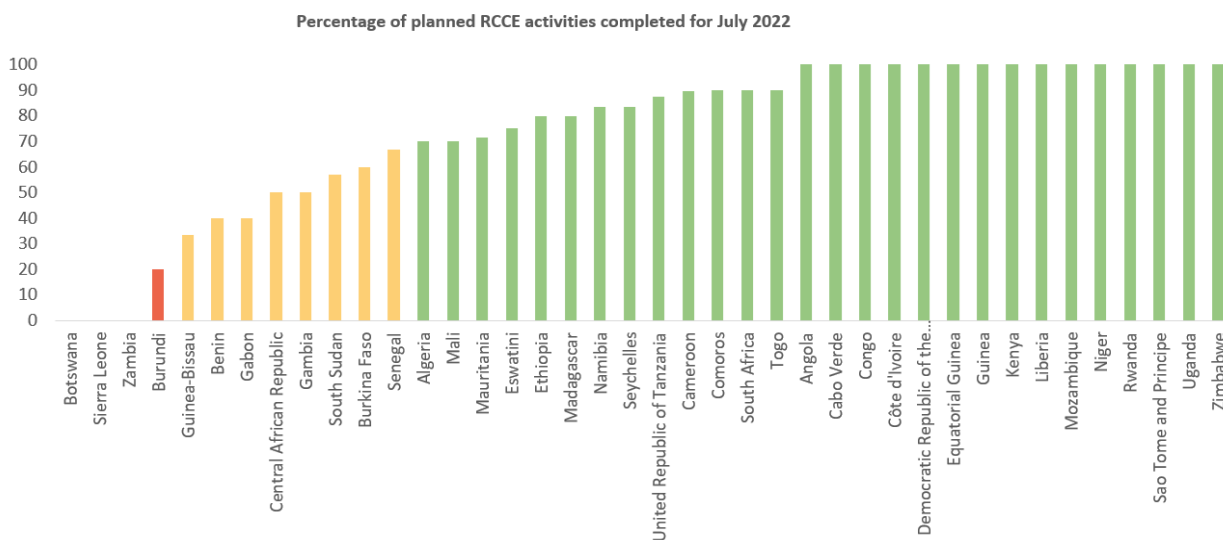


Figure 11. KPI 5: Percentage of implementation of key planned RCCE activities

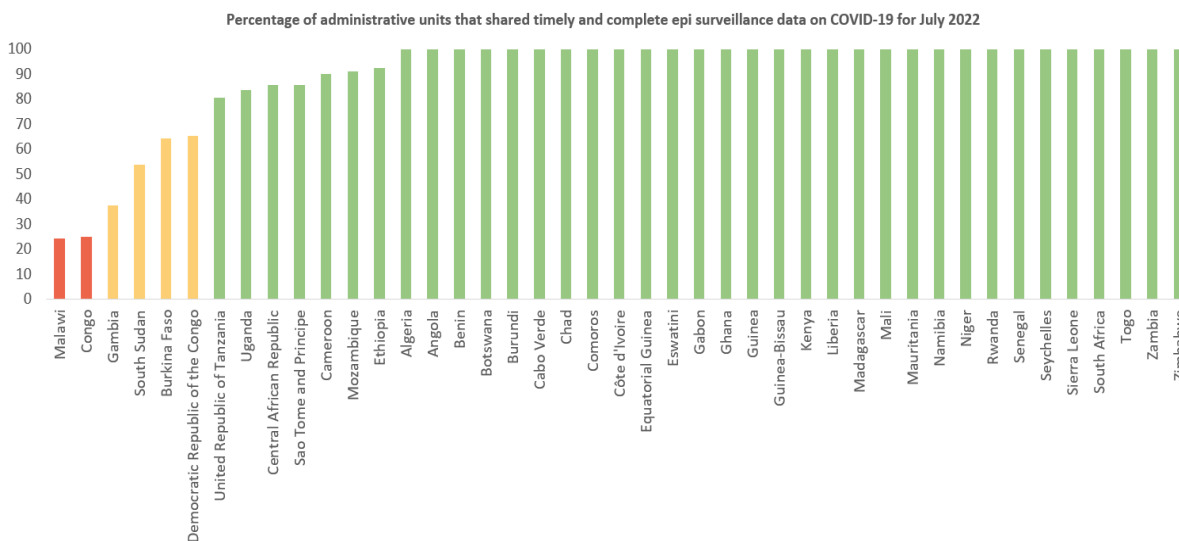


Figure 12. KPI 6: Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19

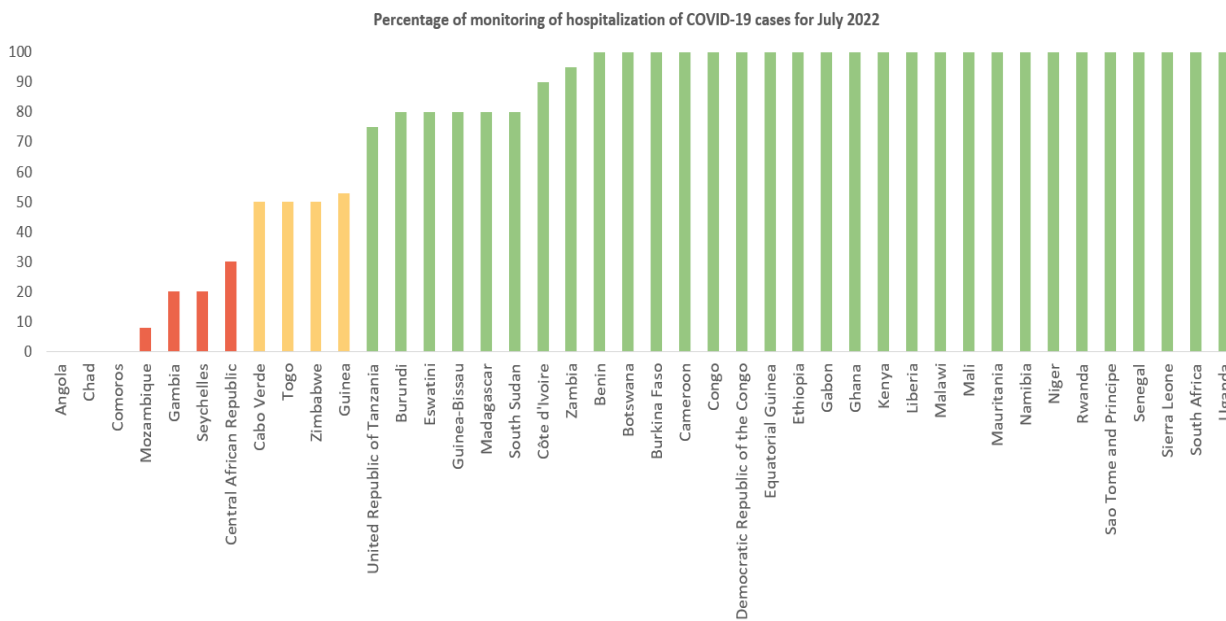


Figure 13. KPI 7: Percentage of monitoring of hospitalization of COVID-19 cases

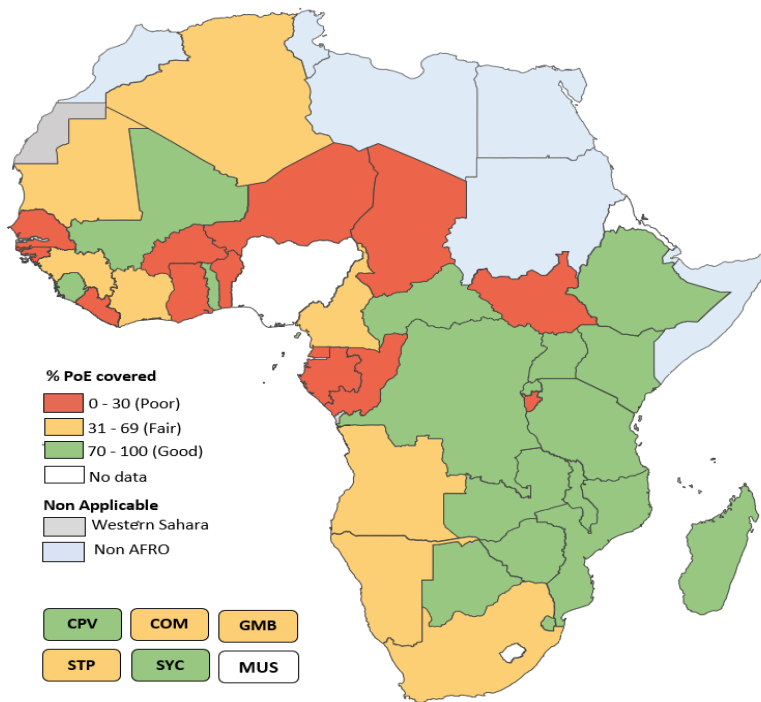


Figure 14. KPI 8: Percentage of designated points of entry that provide access to an appropriate medical service including diagnostic facilities located to allow the prompt assessment and care of ill travelers

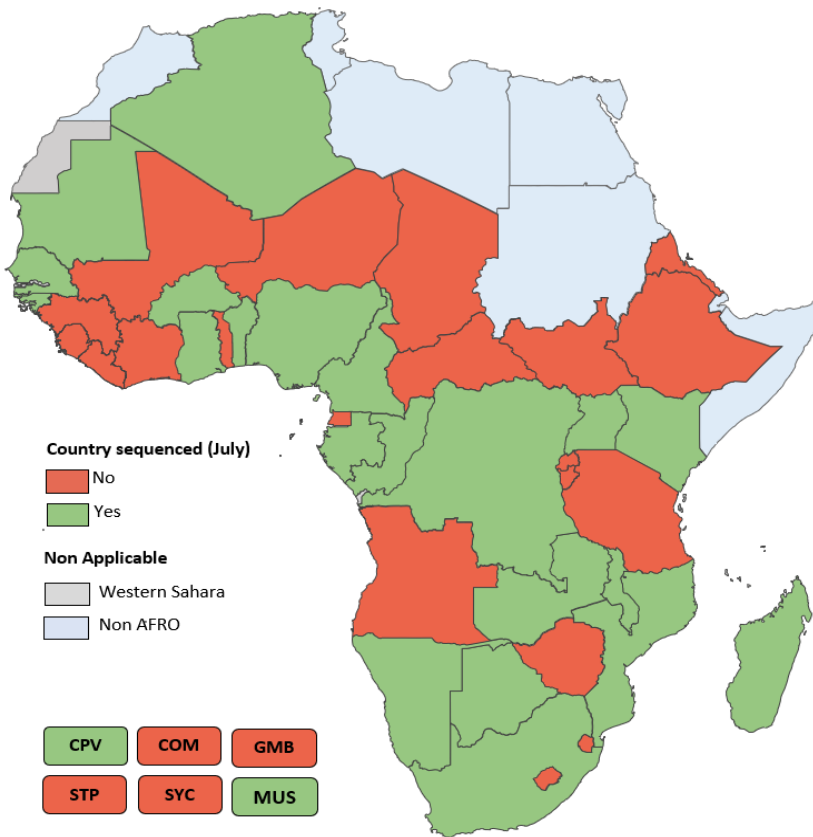


Figure 15. KPI 9: Specimens of confirmed cases sequenced

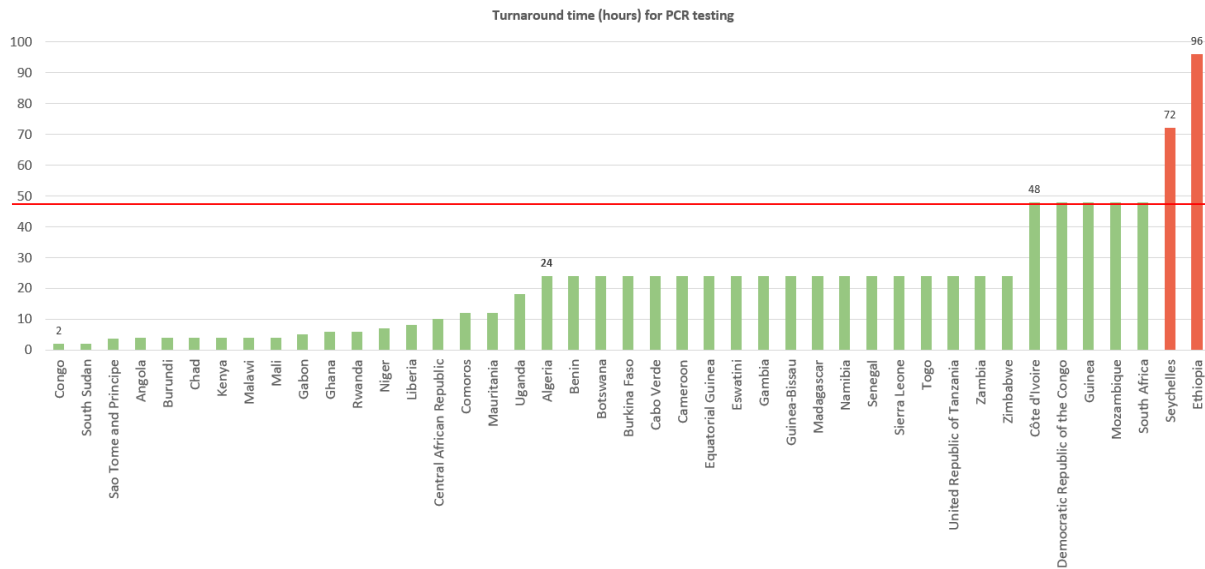


Figure 16. KPI 10: Turnaround time (hours) for PCR testing

- The percentage of countries with COVID-19 tests per 10,000 population (≥ 05) country **decreased** from June (35%) to July (43%)
- The **median** of the tests per 10,000 inhabitants oscillated from April to July **between 3 tests (April, June, July) and 5 tests (May)**
- Seychelles** has 235 tests per 10,000 pop. in July and 254 in June

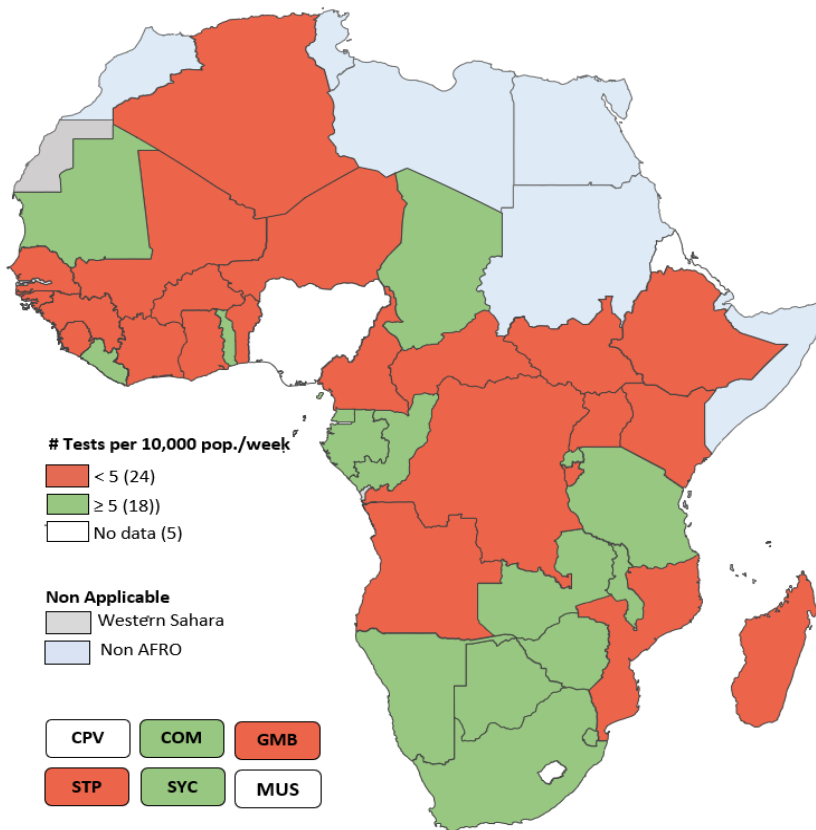


Figure 17. KPI 11: COVID-19 tests per 10,000 population per week

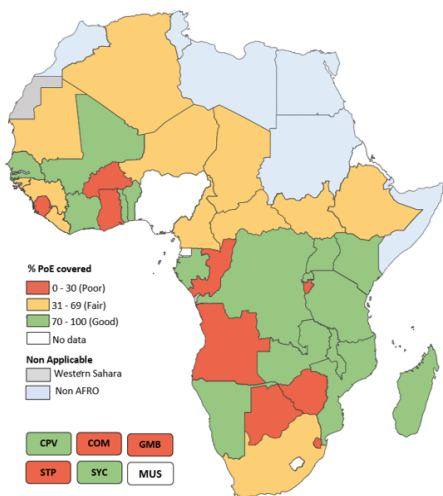


Figure 18. KPI 12: Percentage of COVID-19 treatment facilities with an IPC score of 75% or higher (using the IPC scorecard)

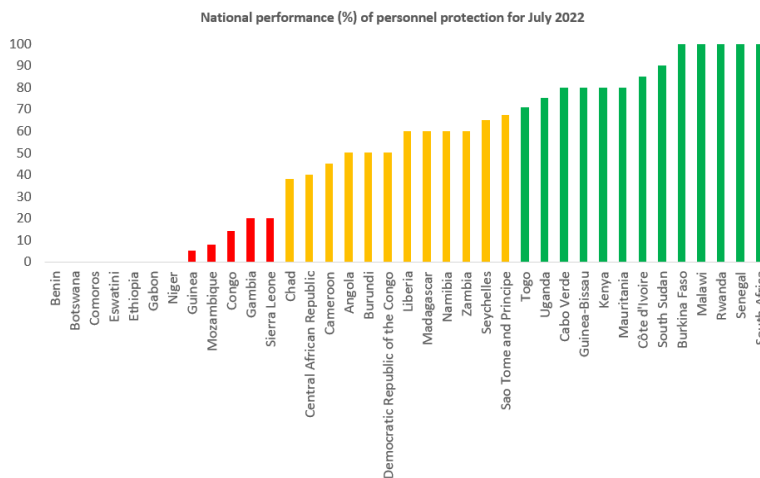


Figure 19. KPI 13: National performance (%) of personnel protection

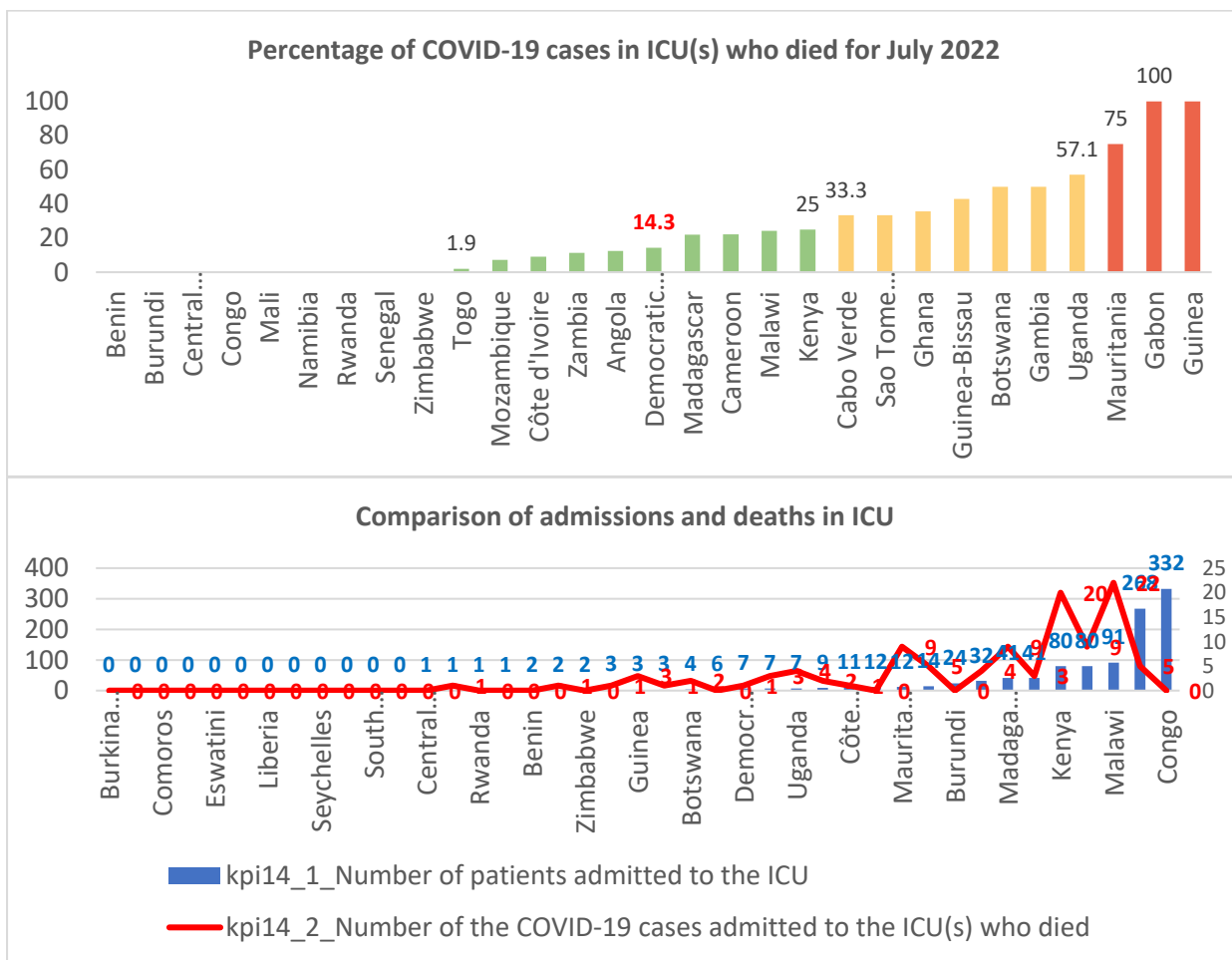


Figure 20. KPI 14: Mortality rate among COVID-19 patients admitted in intensive care units

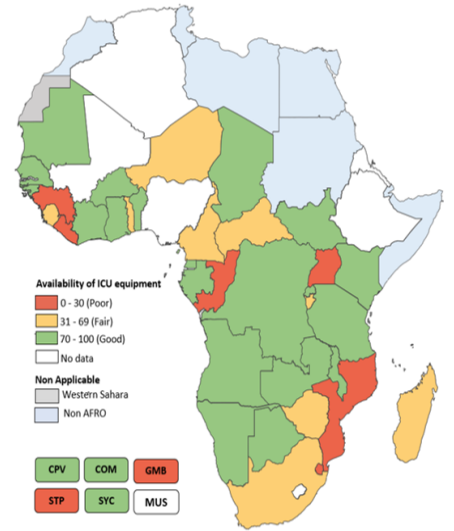
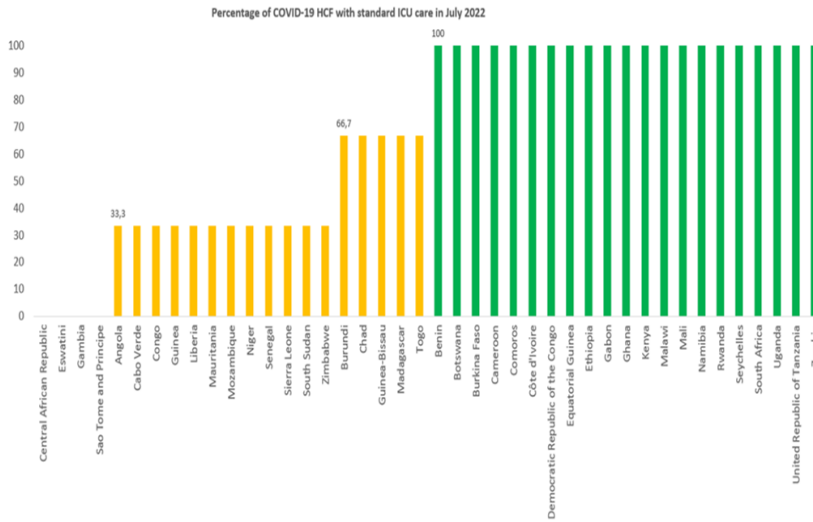


Figure 21. KPI 15: Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical covid-19 cases

Figure 22. KPI 16: Scale (%) of ICUs equipment level for the management of severe and critical COVID-19 cases

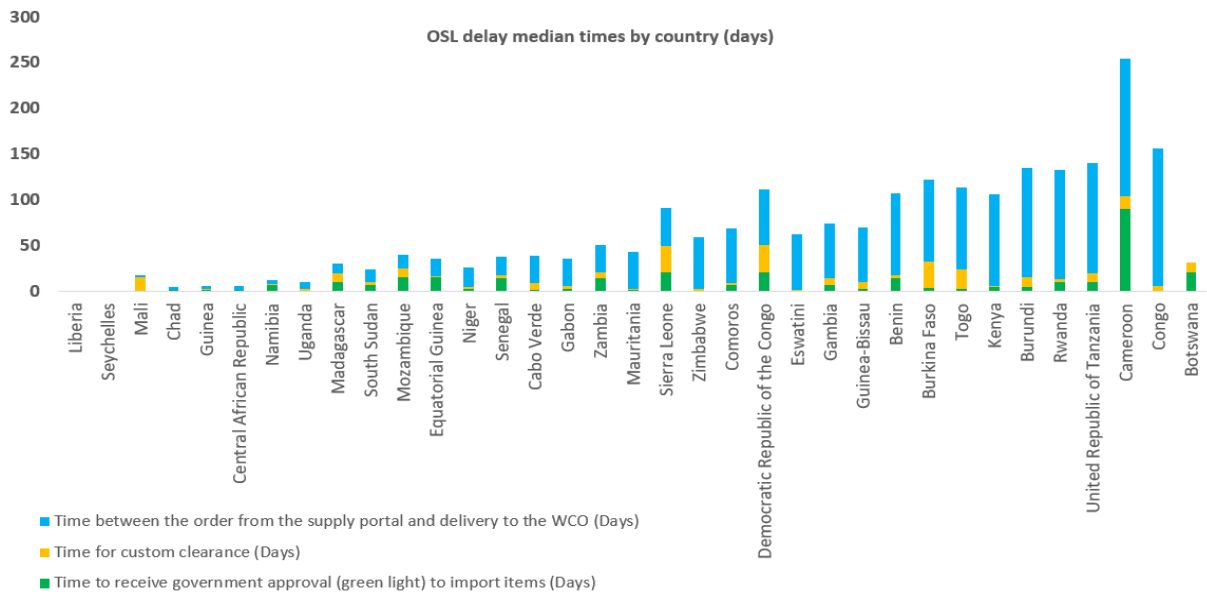


Figure 23. KPI 17: Percentage of countries that timely received requested quantities of PPEs, testing kits or medical equipment

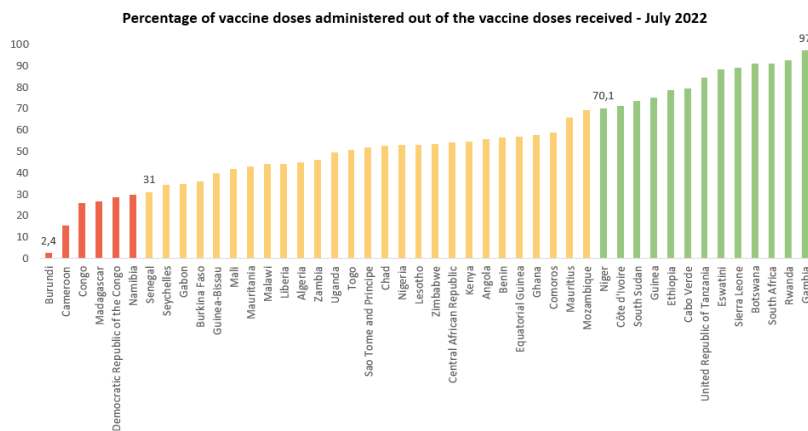


Figure 24. KPI 18: Percentage of vaccine doses administered

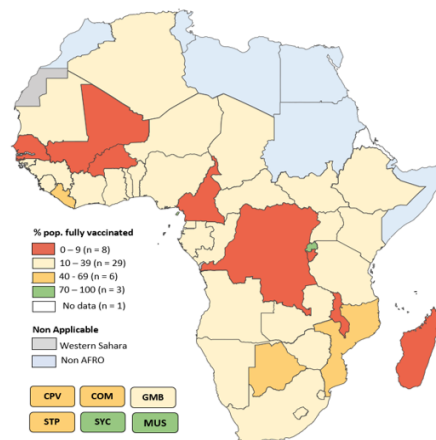


Figure 25. KPI 19: Percentage of general population fully vaccinated

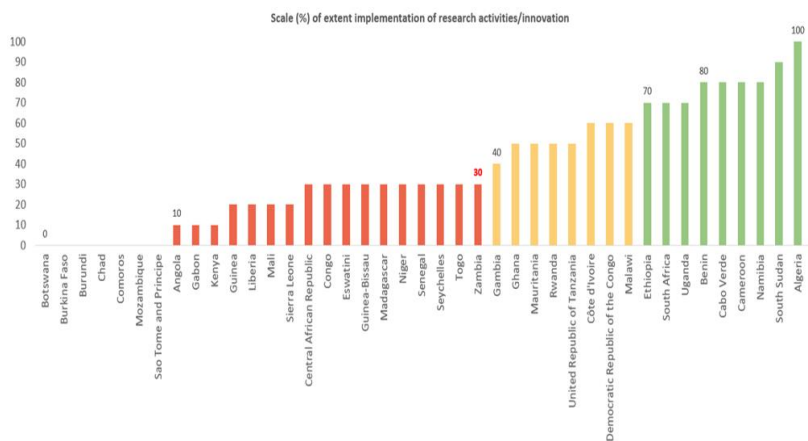


Figure 26. KPI 20: Percentage of progress in the implementation of activities related to research and innovation

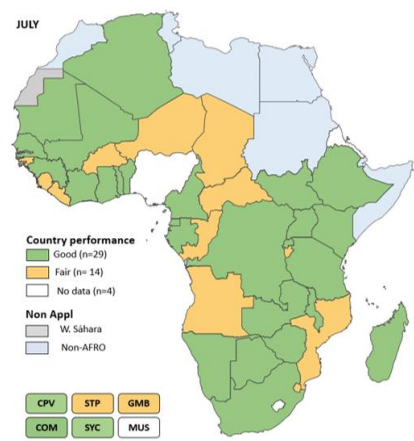


Figure 27: Overall performance

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