



# COVID-19 Response for Africa - monthly bulletin

Situation and Response actions in the African Region

Issue 8



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

***In this issue:***

1. Epidemiological update for the COVID-19 pandemic
2. AFRO COVID-19 Fellowship – Call for Fellows
3. Interim transition Framework: guiding countries beyond the acute phase of the pandemic
  - 3.1 Using the COVID-19 experience in other emergencies – experience in the Gambia
4. Update on COVID-19 response in the region
5. Key Performance Indicators – progress and change



African Region

**FOREWORD**

As African communities transition from acute emergency to recovery after three years of the COVID-19 pandemic, it is an imperative to adjust policies and measures that fit a reality of living with this still novel disease.

The dire situation of only a few months ago appears under control, but with the unknowns surrounding possible new variants of concern, the stakes remain high. Pandemics force us to think beyond typical emergency management structures; the cycles of the disaster risk management in the case of biological and other natural hazards are not the same, and each merits a specific approach.

For this reason, WHO is working closely with countries to identify bespoke pathways for transitioning from the acute phase of the pandemic, towards a scenario of episodic disease management. A transition framework paper has been shared this month with WHO Country Offices; we hope it will trigger further discussions for consolidating COVID-19 response capacities, and increasing resilience, as health systems respond to multiple public health emergencies. Meeting multi-dimensional, complex goals requires collaboration among all sectors of government and society, in addition to macro-scale changes to health policy design.

One key aspect to reach our preparedness and resilience objectives is to ensure countries are equipped with excellent human resources skills. To this end, this month we launched a special Fellowship Programme where health practitioners and researchers may apply for funding to undertake or complete work related to emergency response planning and action. More details are provided in the short piece below, and I encourage qualified candidates to apply.

In this edition, you will also read about an experience of a collaboration between the Country Office in the Gambia and the WHO Regional Office for Africa to respond to and investigate the tragic death from acute kidney illness of some 70 children, and to provide critical care to dozens of others. More than words, we are keen to put our advice into practice, using the holistic integrated management experience towards crises acquired during the pandemic to assist countries in tackling other emergencies.

We look forward to receiving your feedback.

**Dr Salam Gueye, Regional Emergency Director, WHO African Region Office.**

**1. Epidemiological update for COVID-19 in the WHO African region**

The COVID-19 pandemic is generally stable in most countries in the region. Despite an increase from 24 to 29 October – epidemiological week 43 - in the number of cases reported from South Africa, an overall 14.3% increase in the total number of cases was reported. At least 6 807 new cases were recorded during that epidemiological week, against 5 955 the previous week.

The low weekly incidence persisted in a context of decreased testing rates, where three of 47 countries reported conducting the average testing benchmark of 10 tests per 10,000 population, while another four countries reported conducting between 5 and 10 tests per 10,000 population. Hospital and ICU admissions during the reporting period remained low, including in South Africa, where the lowest number of weekly hospitalizations has been reported since the beginning of the pandemic.

As of 31 October 2022, there have been 12.4 million COVID-19 cases in Africa, with some 256 956 deaths reported, bearing a 2.1% case fatality ratio, and 11.5 million – 93% - recoveries. South Africa (54), Sudan (6), and Mauritania (2), account for all deaths reported in the past week.

Africa accounts for 2% of 627.1 million cases reported globally, and 3.9% of 6.5 million deaths. The WHO African Region accounts 72% of cases on the continent, and 68% of the deaths.

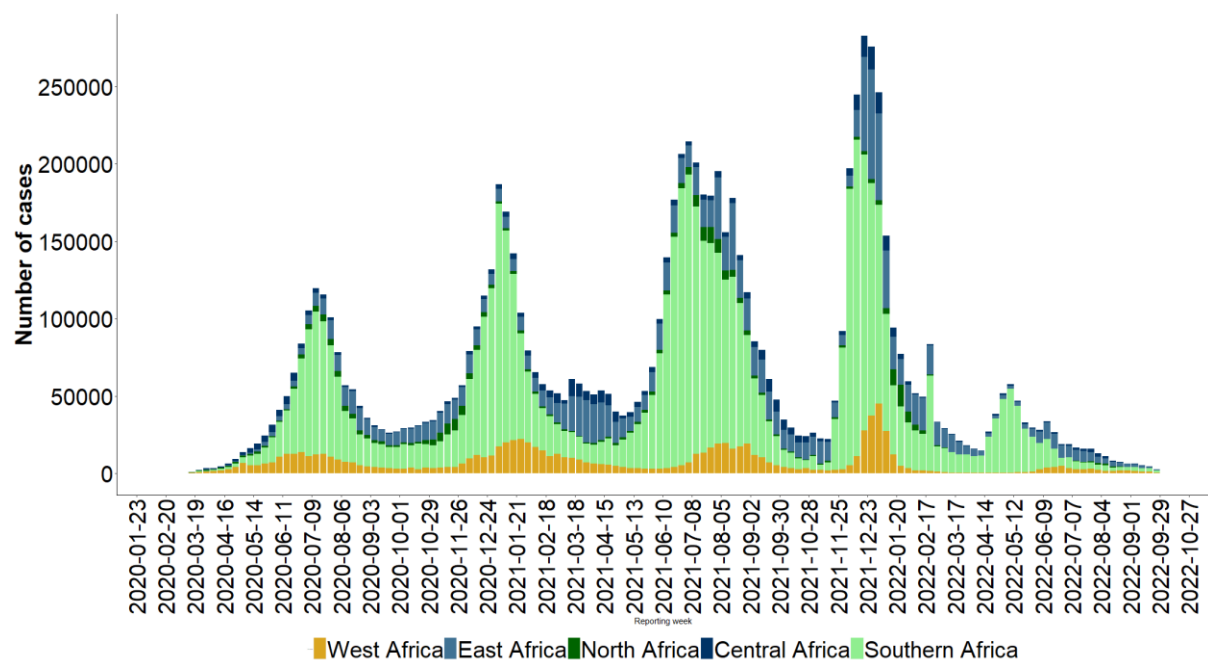


Figure 1 Weekly trend of COVID-19 cases in the WHO African region as of 30 October 2022 (Data source: <https://covid19.who.int/>)

**Updates on the response to countries under Situations of Concern**

For the first time in several months, no resurgence was registered in the Region. Nevertheless, there has been an increase in the weekly incidence of cases reported from South Africa, the country with the largest number of cases since the onset of the pandemic, highlighting the importance of continued monitoring of the situation in individual countries.

Comoros, Gabon, Ghana, and Seychelles are on alert. These countries have recently triggered a potential for rising concern and are under closer investigation of any need for response support. The pandemic is not yet over, and vigilance remains necessary. Any sustained two-week upticks or large jumps in new case incidence are being monitored very closely and investigated for signs of a new wave or variant of concern.

Countries are therefore encouraged to sustain the continual monitoring of the pandemic situation using subnational-level early warning systems that have been demonstrated to be effective in many countries.

## 2. WHO-AFRO COVID-19 Fellowship programme seeks to build capacities to understand and tackle emergencies

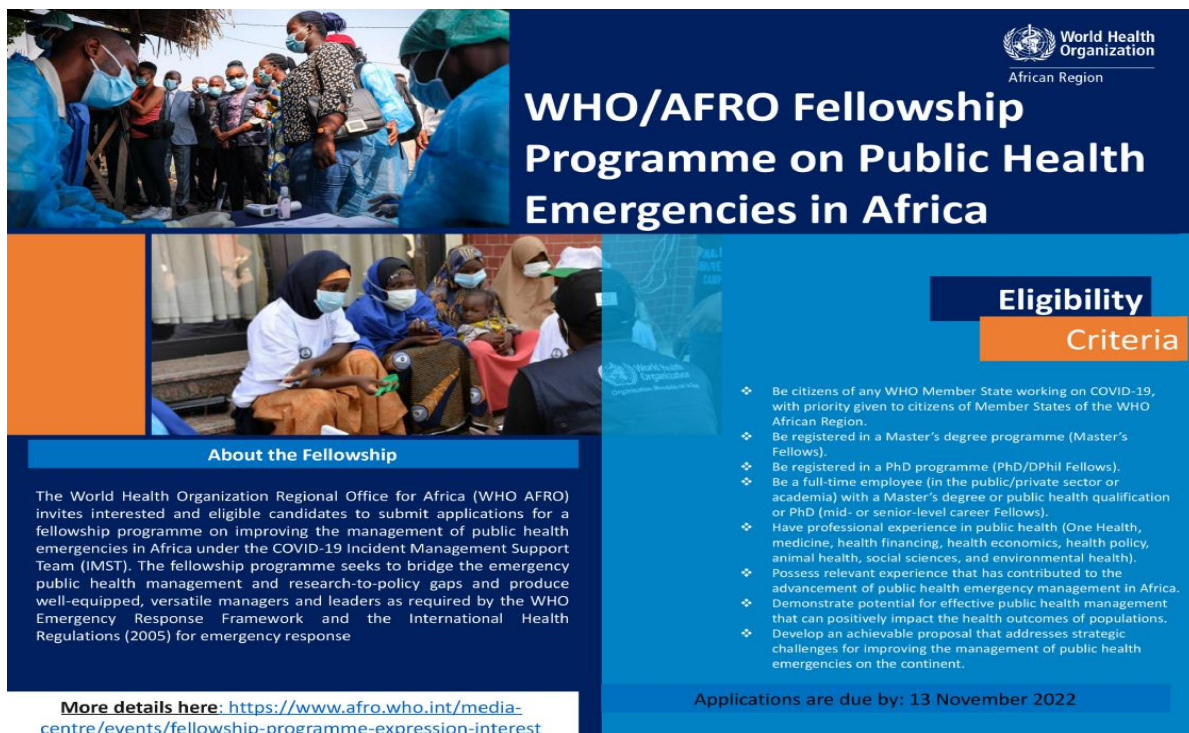
To address challenges in capacity in addressing emergencies in Africa revealed by the COVID-19 pandemic, a three-month fellowship programme sponsored by WHO AFRO will support 15 aspirational master's degree students, PhD fellows, and emergency public health managers and leaders to advance skills and competencies for strategizing, managing and leading emergency health programmes. Health care leadership is essential in ensuring the continuity of operations based on effective decision-making and enhanced response operations.

Effectively, every new surge in COVID-19 cases and deaths causes further strains to an overstretched workforce and resources, and negatively affects health care operations on the continent. Compounded by some 100 health emergencies every six months, African health practitioners and leaders require specific skills to tackle complex multiple crises scenarios. With a view to transform future public health emergency response on the continent, WHO AFRO's COVID-19 Fellowship programme provides opportunities for the health workforce to acquire and consolidate skills, as it adapts to the ongoing situation.

The gap between emergencies and public health management skills, leadership, policy, and research in Africa was specifically evident during the pandemic. Well-prepared public health managers with the requisite skills to manage health crises are critical for implementing a public health order that prepares countries to promptly detect and effectively respond to public health threats.

The WHO-AFRO COVID-19 Fellowship programme aims to bridge emergency public health management and research-to-policy gaps, equipping with further skills health sector managers and leaders in the Region, as required by the WHO Emergency Response Framework and the International Health Regulations (2005) for emergency response. Another aim is to qualify practitioners to navigate the complex environment of public health practice to achieve and maintain a positive impact on health, politics, negotiation, partnerships, and health diplomacy.

Fellows will engage in combined face-to-face engagements and technology-based activities, in line with WHO's Emergency Preparedness and Response (EPR) flagship programme, which aims to reinforce and scale up the quality and scope of public health emergency management in Africa over the next five years.



**WHO/AFRO Fellowship Programme on Public Health Emergencies in Africa**

**Eligibility Criteria**

- ❖ Be citizens of any WHO Member State working on COVID-19, with priority given to citizens of Member States of the WHO African Region.
- ❖ Be registered in a Master's degree programme (Master's Fellows).
- ❖ Be registered in a PhD programme (PhD/DPhil Fellows).
- ❖ Be a full-time employee (in the public/private sector or academia) with a Master's degree or public health qualification or PhD (mid- or senior-level career Fellows).
- ❖ Have professional experience in public health (One Health, medicine, health financing, health economics, health policy, animal health, social sciences, and environmental health).
- ❖ Possess relevant experience that has contributed to the advancement of public health emergency management in Africa.
- ❖ Demonstrate potential for effective public health management that can positively impact the health outcomes of populations.
- ❖ Develop an achievable proposal that addresses strategic challenges for improving the management of public health emergencies on the continent.

**About the Fellowship**

The World Health Organization Regional Office for Africa (WHO AFRO) invites interested and eligible candidates to submit applications for a fellowship programme on improving the management of public health emergencies in Africa under the COVID-19 Incident Management Support Team (IMST). The fellowship programme seeks to bridge the emergency public health management and research-to-policy gaps and produce well-equipped, versatile managers and leaders as required by the WHO Emergency Response Framework and the International Health Regulations (2005) for emergency response

**More details here:** <https://www.afro.who.int/media-centre/events/fellowship-programme-expression-interest>

Applications are due by: 13 November 2022

**3. Theme of the month: Transition from acute phase of the pandemic to recovery**

Despite some sporadic surges, much lower numbers of COVID-19 cases and deaths were recorded in Africa in the second half of 2022. While this does not signify the end of the pandemic, WHO Member States have started to transition from its acute phase, towards a more sustainable and integrated response for the longer term.

In response to new realities determined by reopening borders and the relaxation of social distancing, the WHO Regional Office for Africa developed a COVID-19 Transition Framework to guide Member States to leverage COVID-19 response strategies for other public health emergencies and contributing to deepening and broadening health system resilience on the continent.

Informed by WHO's COVID-19 Strategic Preparedness and Response Plan (SPRP) 2022, the priorities identified at the 150th session of the Executive Board, and recommendations of the Seventy-second session of the WHO Regional Committee for Africa (RC-72), this framework highlights the importance of amplifying critical advances in health system strengthening achieved during the pandemic with research, innovation, data and digital technologies.

The transition framework is based on five central components: 1) Maintaining and consolidating COVID-19 response activities; 2) Reinforcing and addressing critical COVID-19 operational response gaps; 3) Absorbing lessons learnt from the pandemic response to advance the use of science, data, digital technologies, and research innovations; 4) Using these lessons, assets and capacities to restore and improve health service delivery, and the quality of the response to other emergencies; and 5) Using these lessons, assets and capacities to build resilient health systems, towards achieving Universal Health Coverage and addressing future public health crises.

Backstopped by Primary Health Care, our approach lays the groundwork for a transition to an integrated response culture, bearing resilient health systems, capacitated to effectively address future health shocks, while maintaining optimal provision of routine health care for all.

**"Rather than being a prescription list of dos and don'ts, I would like to encourage Member States to apply the guidance in a flexible manner, always taking account of the prevailing situations in your respective countries."**

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

The following diagram summarises the proposed COVID-19 Transition Framework

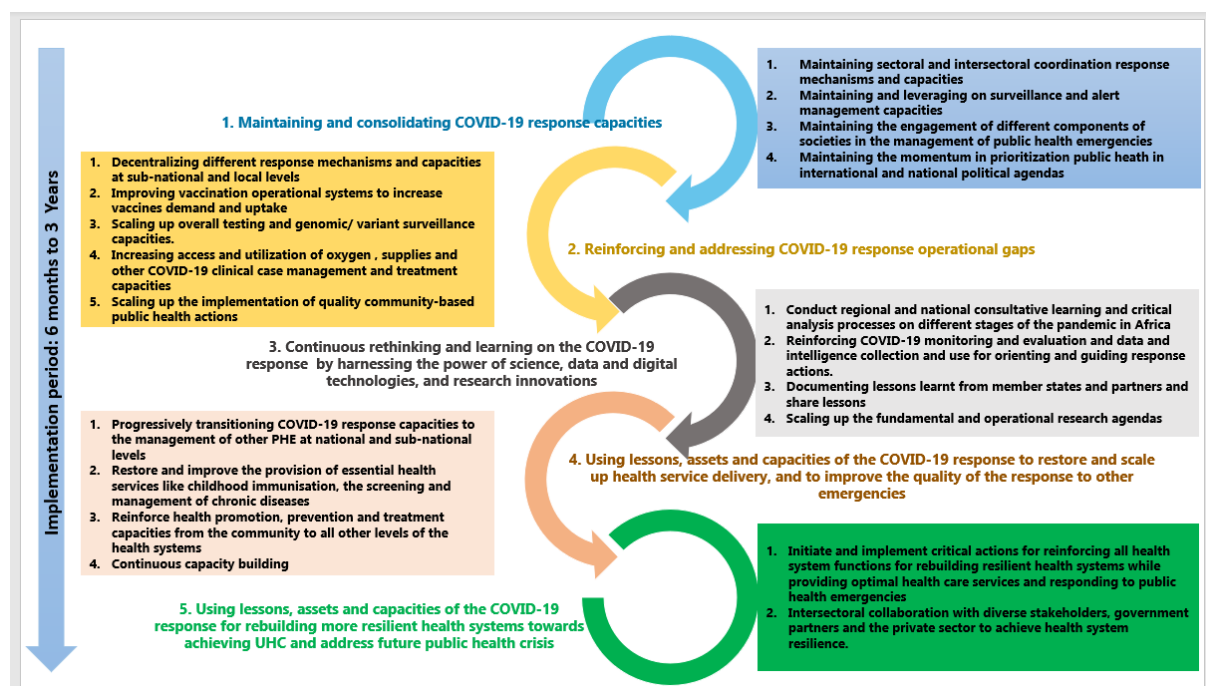


Figure 2: The guidance framework on transitioning toward resilient health systems to respond better to public health emergencies

### 3.1 Using COVID-19 response capacities in other emergencies – investigating and supporting the response to an acute kidney illness emergency in the Gambia

In the aftermath of the sudden death of 70 children in October in the Gambia, a task force composed of national and WHO international medical emergency personnel came together to investigate the cause of death and to provide critical care to some 230 other children, who were admitted to hospital with severe kidney failure.

With WHO financial and technical support, two paediatric haemodialysis machines and equipment were installed at the Edward Francis Small Teaching Hospital, EFSTH, a referral hospital in the country’s capital, Banjul. Health authorities also engaged in a precautionary door-to-door recall exercise of thousands of used and unused bottles of over-the-counter medicine syrups for treating fever, cough and vomiting from homes and pharmacies across the West African country.

Investigators from WHO and the country's Medicine Control Agency found higher-than-usual levels of diethylene glycol and ethylene glycol in a particular brand of syrups for ordinary treatment of cough and nausea in children, and which may have caused the surge of acute kidney injuries. Investigations are ongoing to confirm the actual cause of the outbreak given other potential causes. The deaths had occurred over few months, and Gambian health authorities supported by WHO and other partners reacted on alert, as required under the current international health regulation regime.

Led by national health authorities, an incident management team from WHO was sent to the country to backstop coordination of the crisis, helping the ministry of health to define, implement, and scale up the response.

A multidisciplinary investigation team composed of surveillance officers, and case management experts ensured that all new cases were comprehensively investigated and documented. After the initial crisis, WHO personnel remained in country to conduct additional training and to brief surveillance officers.

Several important bottlenecks related to sample collection and investigation of suspected cases were discussed with national health personnel, including the need for increased collaboration between the national public health laboratory, and other laboratories in country and in the region.

The government of the Gambia also received WHO support in conducting an epidemiological study to identify the cause of the acute kidney disease surge, even as other hypotheses were advanced. This kind of holistic crisis management exercise directly benefitted from experience acquired during the COVID-19 pandemic.

The Gambia's Ministry of Health, regional institutions, technical partners, and WHO are collaborating on a continuous surveillance emergency response system for the country. At the request of the Ministry of Health, WHO supported the mobilization of an Emergency Medical Team from neighbouring Senegal that has remained in place to boost paediatric treatment. In addition, warning and information messaging is being developed and disseminated to communities, with a view to increasing awareness on risks in over-the-counter medication, as well as disease symptoms, first aid and referral mechanisms.



*Training health care professionals including paediatric nurses and Doctors from all the regions on “strengthening capacity” for managing epidemic in AKI and common illnesses-WHO AFRO*



*WHO AFRO COVID-19 Incident Manager inspects the installation of dialysis equipment at the Gambia's foremost hospital*

#### 4. Update on pillar response actions

##### 1. Coordination

An expression of interest was launched this month for a Fellowship Programme on public health emergency management in Africa. The Fellowship is designed to bridge emergency public health management and research-to-policy gaps to encourage well-equipped, versatile managers and leaders as required by the WHO Emergency Response Framework. It combines face-to-face engagements with technology-based activities in line with WHO's Emergency Preparedness and Response (EPR) flagship Programme, which aims over the next five years to reinforce and scale up the quality and scope of public health emergency management in Africa.

A conceptual and operational framework to support countries in transitioning from the acute stage of the response to a more controlled end stage was circulated first to WHO Country Offices and is scheduled for expanded circulation and publication in November.

##### 2. Case Management

To prepare countries for a possible COVID-19 surge during the end-of-year festive season, WHO has undertaken a region-wide evaluation of existing capacities and advice to countries; a Rapid Risk Assessment tool report states that the global public health risk associated with COVID-19 remains high. Countries identified with low ICU capacity will benefit from an "ICU in a box" project, providing standardized capacities in human resources and equipment.

Other outbreaks like the Acute Kidney Injury (AKI) in The Gambia and Sudan Ebola Virus Disease (SVD) – an Ebola virus disease strain - in Uganda have been supported under the WHO's SURGE\* initiative for Africa. For the AKI outbreak, technical clinical management support was provided to the ministry of health in Banjul. For the SVD outbreak, preparedness and readiness trainings are underway for clinical care of SVD patients for 20 countries sharing borders with Uganda.

During this reporting month, WHO AFRO participated in the Global EMT meeting, which was held in Armenia. The meeting witnessed the launch of the EMT 2030 strategy, focused on consolidating a high impact investment in preparedness for emergencies. A blueprint for the next eight years was launched to develop a network of effective and high performing national, subnational, and regional EMTs in line with WHO EMT classification and minimum standards.



\*SURGE is one of three projects under a WHO Flagship initiative adopted for improving the health emergency architecture in Africa and the Middle East.

Challenges	Ongoing Response Actions
Insufficient funds to support both critical and emergency care trainings in countries.	Solicit support from AFRO senior management in securing funds to support trainings in countries.

### 3. Laboratory

The African region now has sufficient testing capacity, although actual testing has declined due to the current low incidence of COVID-19 in the region.

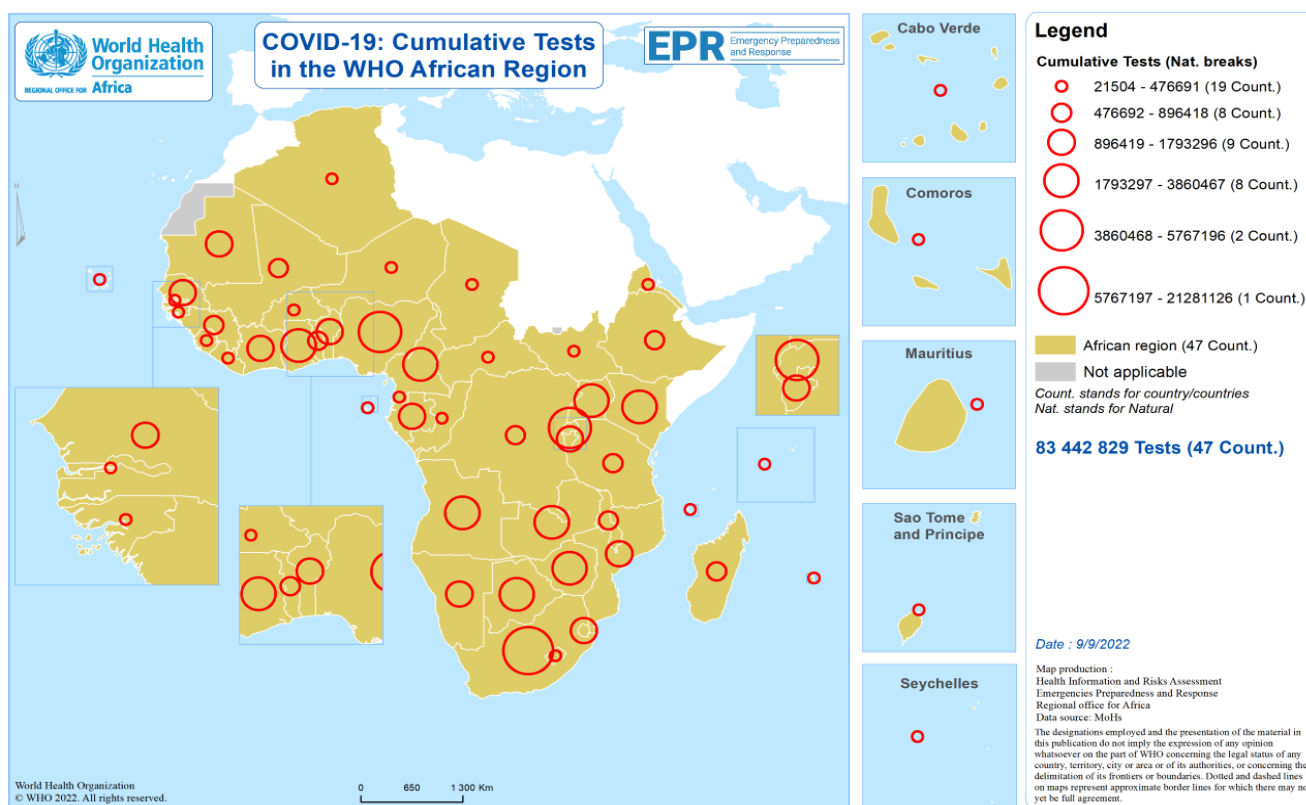


Figure 3: Over 83 million tests have been performed in the African Region

Testing capacity has increased since the beginning of the pandemic from 47 laboratories being able to test by PCR in June 2020 to more than 1,000 laboratories now. Since the beginning of 2022, there has been a decrease of 46.9% in tests performed compared to the same period in 2021, and 18 countries regularly report tests performed with Ag-RDTs.

Regarding diagnostic updates, in the past four weeks, no country has sustained high positivity rates above 10%; about 70% of countries are testing below five tests per 10,000 population per week.

A ‘Testing in Transition’ practical guide to SARS CoV-2 Testing and Sustainability of Laboratory Capacities is currently in production. In the weeks ahead, the integration of genomic surveillance data into the IRMS is in the pipeline, in addition to extended support to countries in developing national

genomic surveillance strategy and implementation plans. A regional workshop is being planned to share genomic surveillance experiences among national focal points.

Challenges	Ongoing Response Actions
Some countries continue to face challenges in implementing genomic surveillance plans.	Support countries in developing national genomic surveillance strategy/implementation plans.
Delayed approval from country Ministries of Health and response of experts to support country visits.	Strict follow-up with virtual calls for countries to be visited to provide technical support.

#### 4. Points of Entry (PoE)

Guidelines were shared with countries to support advocacy in Member States to align travel measures to the epidemiological situation, response capacity and available evidence. The number of countries which required evidence of COVID-19 vaccination for international travel has gradually reduced. Even so, efforts are underway to strengthen PoE capacities in countries with large-scale land or fluvial migration or trade characteristics such as Togo, Equatorial Guinea, and DRC. Training and material provisions ensure that travellers who are ill are appropriately referred to care centres. International Travel Measures monitoring remains in place.

Challenges	Ongoing Response Actions
Most countries are lifting international travel measures in the WHO African region.	Share guidelines with countries which will support the adjustment of travel measures based on epidemiological situation, response capacity and available evidence.
Limited PoE capacities and needs on IHR core capacities specifically at the ground crossing in countries.	Efforts are being made to strengthen PoE capacities in some countries through trainings.



WHO advises countries to adjust travel measures according to an evolving epidemiological situation. WHO Personnel at Port of Entry at the Murtala Mohammed Airport-@WHO AFRO

5. Risk Communication and Community Engagement (RCCE)

In October, dissemination of RCCE qualitative studies began in several countries. The studies were undertaken earlier this year in DRC and the Republic of Congo.

A web-based platform was created to encourage journalists to consider community engagement and risk communication when reporting on COVID-19. On a separate but related note, COVID-19 RCCE key messaging was aligned with the current low incidence situation of the disease and the changing face of the pandemic. Three virtual webinars (English, French and Portuguese) are scheduled for November with the 47 WHO AFRO countries to discuss new COVID-19-appropriate communication and messaging. Additionally, a discussion is scheduled with countries, which have achieved a vaccination rate of over 70% to understand success determinants. These experiences will be shared with other countries with a view to boosting vaccination.

During the month, an RCCE materials database was created for use by partners in emergency response. A media dialogue session for East and Southern Africa (ESA) journalists was held in October, with focus on Ebola and providing an overview of the Sudan Virus Disease. Over 70 journalists attended the session. Supporting countries with rumour and infodemic management remains a priority. Plans are underway to develop a regional RCCE strategy, and documenting RCCE training in countries.

Challenges	Ongoing Response Actions
General perception that COVID-19 is finished leading to relaxation of public health measures, refusals, and hesitation in taking vaccines.	RCCE team is developing and aligning COVID-19 key messages with the current low incidence situation of the COVID-19 pandemic in the region.



RCCE team is preparing working sessions with countries to discuss appropriate COVID-19 communication approaches and messages for the current pandemic situation-@WHO AFRO

**6. Africa Infodemic Response Alliance (AIRA)**

The main rumours identified during October by the Africa Infodemic Response Alliance (AIRA) through social media listing have been on the Ebola Virus disease, as well as misinformation on treatment options. AIRA developed a robust information flow that answers questions from the public in real-time, mitigating information gaps in public health messaging.

During the month, AIRA secured additional funds to develop the Africa Misinformation Portal, a platform designed to centralize and link each rumour with fact-checking materials. Equally, AIRA provided technical support to 23 countries in the WHO African Region and mentored five *infodemic* management consultants. In the weeks ahead, AIRA is scheduled to address COVID-19 related rumours and disinformation by providing health facts through videos and social media posts.

Challenges	Ongoing Response Actions
Persistent online rumours and misinformation on COVID-19 and other disease like the Ebola Virus disease.	Develop a robust information flow which answers questions from the public in real-time, hence, mitigating the growth of information gaps in response to public health messaging.

**7. Information Management**

The semester report for the COVID-19 Strategic Preparedness and Response Plan for 2022 is scheduled for launch. Key performance indicators continued to be compiled and analyzed for use by the IMST in its continued response.

Fifty data managers from WHO Country Offices took part in training on the use of the District Health Information System 2 (DHIS2) for data analysis, the recommended electronic platform for data management in the Region. Capacities for data processing in countries as a result of the training can be transferred to other public health emergencies. COVID-19 best practices documentation in the AFRO region is scheduled to continue, in addition to collection and analysis of key performance indicators for programme planning and action.

Issue 7 of the Monthly COVID-19 Response Bulletin was released on 11 October 2022. The issue highlighted the proceedings of the 72nd WHO Regional Committee meeting held in Lomé, Togo in August, which endorsed the Regional Strategy for Health Security and Emergencies 2022–2030

Challenges	Ongoing Response Actions
Low level of documentation of best practices and lessons learnt in the COVID-19 response.	The pillar is organizing a scientific writing workshop to support countries in documenting best practices for publication in peer reviewed journals.

**8. Infection Prevention and Control (IPC)**

The IPC team in October continued advocacy and training in countries on the IPC Community scorecard, for its integration and nationalization in routine community work undertaken by ministries of health (MoH). A three-day virtual workshop was held with Burundi on IPC planning, gap management and resources allocation. During the workshop, IPC stakeholders such as MoHs, WHO country office (WCO), and non-governmental organizations (NGOs) were informed on the framework for setting up a sustainable IPC Programme. Eswatini MOH and WCO were also briefed on the IPC Community scorecard tool, in response to that country’s challenges in assessing and scoring variables.

During the training, IPC variables were discussed, and an action plan was developed to reassess and address gaps.

Burundi, Benin, Mozambique, Botswana, and Zambia will receive support in the weeks ahead in developing their IPC National strategic, M & E and operational plans. It is equally planned to organize virtual trainings and meetings with countries on how to maintain sustainable IPC programmes.

Challenges	Ongoing Response Actions
IPC programmes are still suboptimal, with insufficient human resources to cover the numerous mission requests from countries.	The IPC team continues to monitor and support countries in reviewing and analysing their IPC capacity, elaborating IPC technical guidance and IPC interventions in anticipation of a surge.

### 9. Operational Support and Logistics (OSL)

Based on ICU gaps in the region, the design and cost estimation of supplies began for the ICU/HDU in the Box using five containers. The regional warehouse has also become officially functional, with the storage of some equipment.

As part of the implementation of the SURGE project in the region, initiatives are ongoing to train experts of diverse profiles from different health ministries on supply chain management, health logistics and operational support. Trainings will continue until the end of the year.

PPE stocks worth \$US 919,119 were received and stored in the Nairobi regional warehouse. Another shipment is underway of PPE and biomedical items for biomedical equipment maintenance, emergency kits, and medicines, purchased with a previous US \$5 million donation.

Challenges	Ongoing Response Actions
Covid-19 and EMT supplies still under shipment due to the slow process of the pre-alert system.	Expedited the shipment by fast tracking pre-alert system for importation.



The first Central medical oxygen production unit installed by WHO at Kinshasa University Hospital on August 4. The unit was inaugurated by the Minister of Health-@WHOAFRO

10. Update on COVID-19 Vaccination

Mass vaccination campaigns and door-to-door mobilization has proven effective in reaching people reluctant to travel to vaccination posts. This mobilization has also relied on extensive interpersonal communication methodologies to address myths and misconceptions among the population with vaccine hesitancy. Through such campaigns, it has been observed that strong leadership at sub-national level is key to drive vaccination campaign outputs. Furthermore, technical support supervision of all vaccinating facilities improved the outputs of the vaccinating teams.

As of 19 October 2022, 24.4% of the continent’s population - 22 % in the WHO African Region - had completed the primary vaccination series. On the other hand, Liberia, Seychelles and Mauritius surpassed 70% of people with complete primary vaccination series. In Mozambique, Eswatini, Comoros, Lesotho, STP, Tunisia, Botswana, Cape Verde, Morocco, and Rwanda 40% to 70% of people completed the primary series. Burundi, DRC, Cameroon, Madagascar, and Senegal have yet to reach 10% of people with the complete primary vaccination series.

WHO analysis shows that the percentage of people with complete primary vaccination series - one dose for Johnson and Johnson and two doses for other vaccines - has changed little over the past two months 17 August – 16 October 2022 in 27 out of 54 African countries. In September 23 million doses were administered, 18% less than the number registered in August, and 51% less than the 47 million doses administered in July. 17 million doses out of 472 million received in 35 countries - 3.7% - have meanwhile expired, with Senegal (25.4%), Madagascar (23.3%), Algeria (18.8%), Namibia (11.3%), São Tomé & Príncipe (10.9%) recording the highest percentage of doses expired.

Challenges	Ongoing Response Actions
Vaccine hesitancy and low risk perception of the pandemic in most countries.	Continue sensitization and door to door vaccination campaigns.
Competing priorities including response to outbreaks – Ebola, Polio, Yellow Fever	Discussions with countries on the possibility of integrating COVID-19 with other interventions



As of 19 October 2022, only 24.4% of the continent’s population (22 % in WHO AFRO) had completed the primary vaccination series -@WHO AFRO

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

KPI reporting levels remained high at 96% over the reporting period, albeit below the 98% level obtained in August. Similarly, timeliness in reporting increased from 61% in August to 70.2% in September. This narrative covers 45 reporting countries, excluding Eritrea and Ethiopia (Figure 4)

Regarding coordination of the response, the percentage of key response pillar functions filled by dedicated experts at WCOs has been maintained with a slight decrease in September to 84%, from 89% (August). (Figure 5. KPI 1) While conducting joint review meetings to assess response operations is highly recommended, the data show a significant decline in the implementation of recommendations made therein - at 49% from 57% in August. (Figure 6. KPI 2) Utilization of allocated funds for the response ranges from 30% to 96%, and 33 countries utilized at least 50% of the funds allocated. (Figure 7. KPI 3)

To deconstruct rumours and myths related to COVID-19, risk communication and community engagement (RCCE) activities are essential. For September, 30 out of 41 countries completed planned RCCE activities from 26 countries in August. Activities scheduled in Burundi and Mauritius were not completed (0%). (Figure 8. KPI 4)

To understand and secure adequate decision making regarding the epidemiological situation in a country, it is crucial to ensure real time sharing of information between the peripheral level – districts and regions – and the central/national levels. In September, 39 WHO AFR countries reported prompt surveillance data at the district or regional level (Figure 9. KPI 5), same as in August. 33 of 43 countries reported monitoring of hospitalization of COVID-19 cases. (Figure 10. KPI 6)

Maintaining measures against the spread of COVID at designated Points of Entry (PoE), including appropriate medical services and diagnostic facilities to allow the prompt assessment and care of ill travellers, are supported by International Health Regulations. In September 22 WHO AFR countries provided medical services and/or diagnostics at PoEs, one more than in August. (Figure 11. KPI 7)

Genomic sequencing (GS) of specimens of confirmed cases decreased from 98% in August to 69% in September (Figure 12. KPI 8). In September, laboratories performed efficiently with an average 24 h PCR testing turnaround time. (Figure 13. KPI 9) Testing for COVID-19, as of September remains low at an average of 2 tests per 10,000 population per week. In August, the average number of COVID-19 tests was 3 per 10,000 population per week. One-third of the countries in the region performed at least 5 COVID-19 tests per 10,000 population per week in September, above the 23% reported in August (Figure 14. KPI 10)

Efforts to improve infection prevention and control in Africa are ongoing. 17 WHO AFR countries reported 70% and above of their facilities attaining an IPC score of 75% or higher - using the IPC scorecard. However, the situation in 13 countries remained below expectations, with scores below the 75% IPC scorecard threshold. (Figure 15. KPI 11) On the other hand, 12 out of 40 (30%) countries reported a national performance of personnel protection of 70 and above on a scale of 0 to 100. (Figure 16. KPI12)

Eighteen countries in WHO AFR reported ICU admissions for COVID-19, with an average case fatality ratio of 12%. (Figure 17.KPI 13) Standardizing ICU care for management of severe and critical Covid-19 cases has been a priority during the response. In September, 24 out of 42 (57%) countries presented adequate or required ICU standards. (Figure 18. KPI 14) Enough equipment and supplies were available in ICUs for the treatment of severe and critical COVID-19 cases in 27 out of 42 countries (64%). (Figure 19.KPI 15)

Effective disease management and response depends on supply chain efficiency, with many factors affecting this operation, such as weather conditions, conflict, manufacturing delays, and oscillating fuel costs, affecting contractual arrangements, among many others. 33 (94%) of the 35 countries timely received requested quantities of PPEs, testing kits or medical equipment in September, an important increase compared to the 21% obtained in August. (Figure 20.KPI 16)

Essential services are gradually recovering in countries. Compared to 2019, in 7 of 25 (28%) countries more infants survived after receiving the first dose of measles vaccine. (Figure 21.KPI 17).

Despite some hiccups, COVID-19 vaccination has been ongoing in WHO AFR. In September, the percentage of doses administered out of the number of doses received varied from 3% in Burundi to 93% in Eswatini. 11 out of 46 countries (24%) WHO AFR countries achieved 70% and above between the percentage received and administered. Burundi, Republic of Congo, and Madagascar administered fewer than 31% of the doses received. (Figure 22.KPI 18). Liberia, Mauritius, and Seychelles have fully vaccinated 70% of their general population: (Figure 23.KPI 19).

Research and innovation activities to improve the response are still low in the Region. However, some countries such as South Africa, DRC, Cameroon, Zimbabwe, Uganda, and Côte d'Ivoire performed well in this regard. (Figure 24.KPI 20)

The overall weighted performance for WHO AFR in September was 82%. Overall performance per country ranged from 59% to 91%. (Figure 25)

Details of the KPIs may be found [here](#)

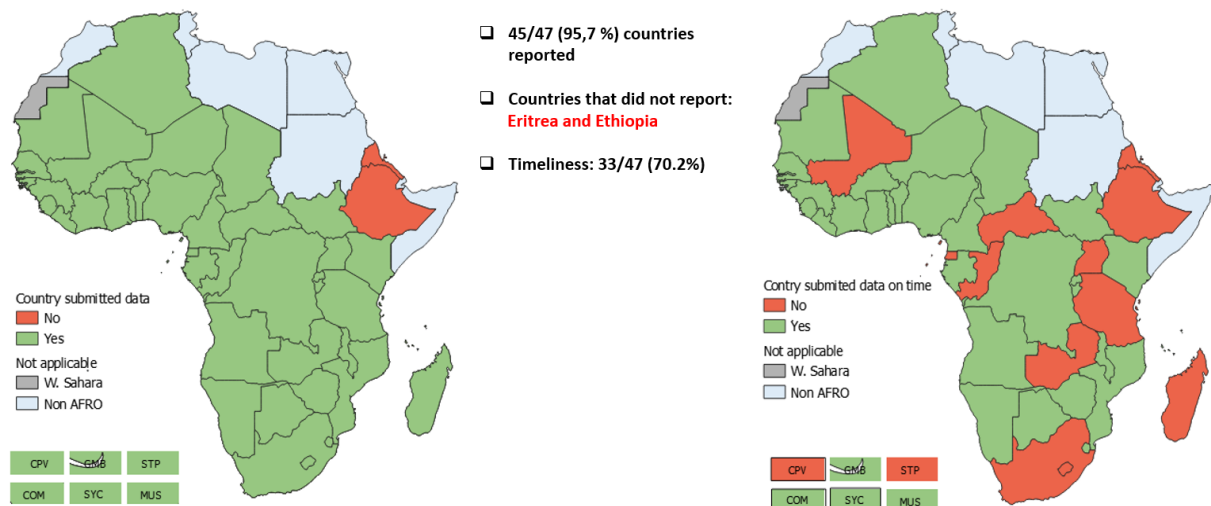


Figure 4. Completeness and timeliness of reporting



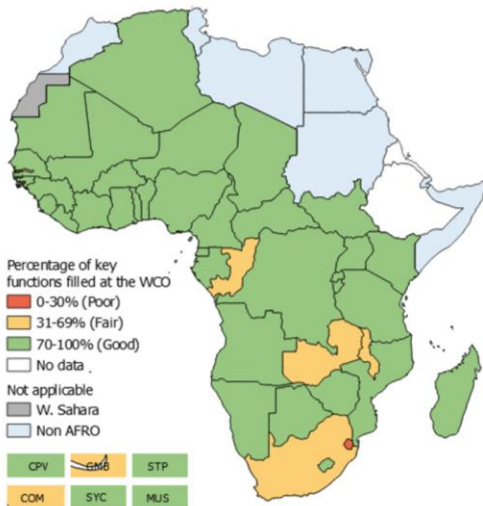


Figure 5. KPI 1: Percentage of key response pillar functions filled by dedicated experts at the WCO

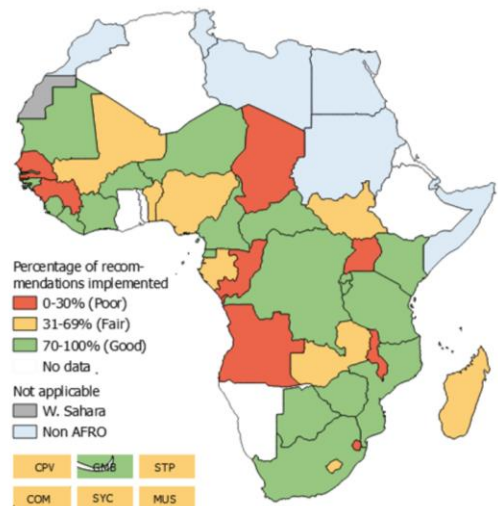


Figure 6. KPI 2: Percentage of joint reviews recommendations implemented for September 2022

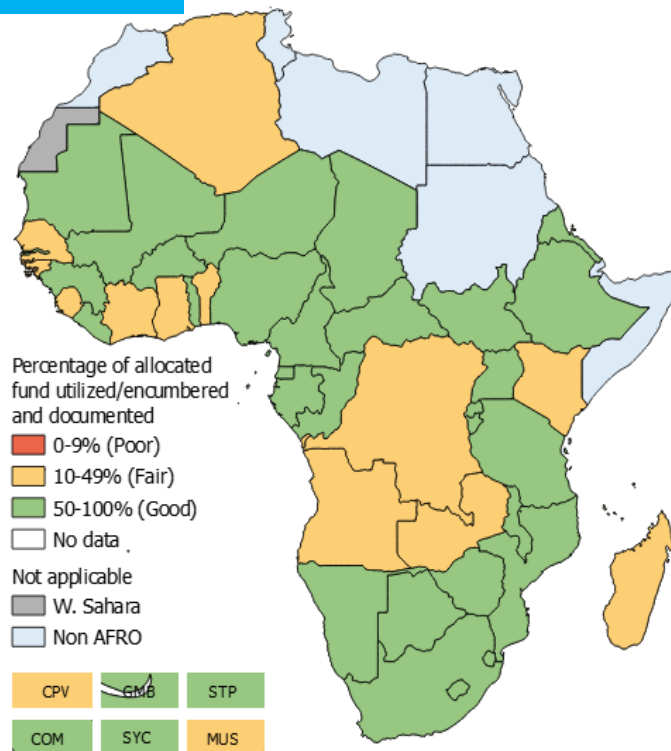


Figure 7. KPI 3: Percentage of allocated fund implemented for September 2022 utilized/encumbered

Figure 8. KPI 4: Percentage of implementation of key planned RCCE activities

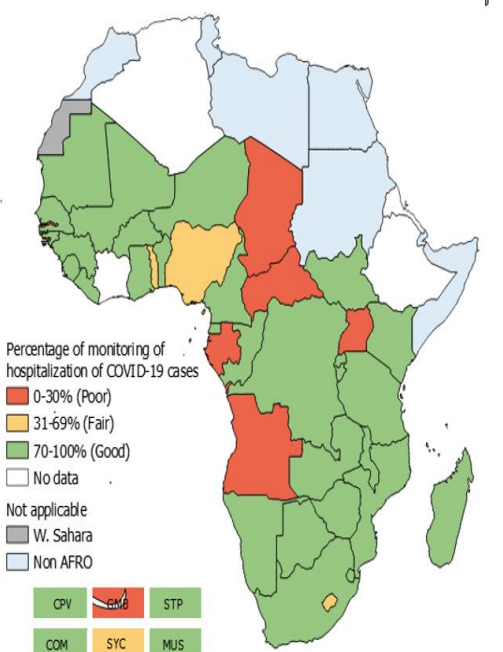
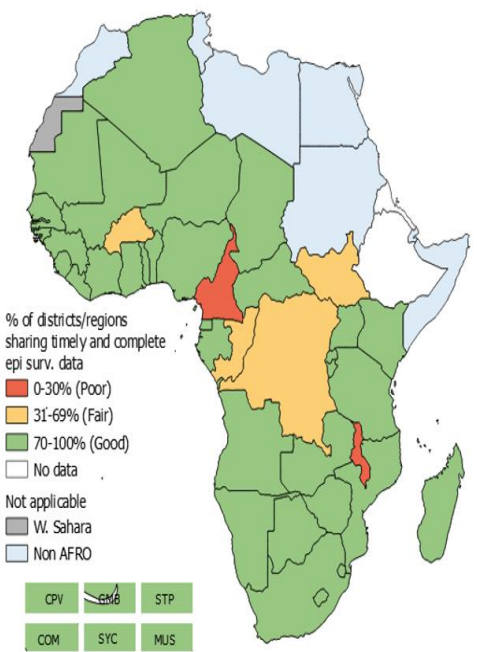
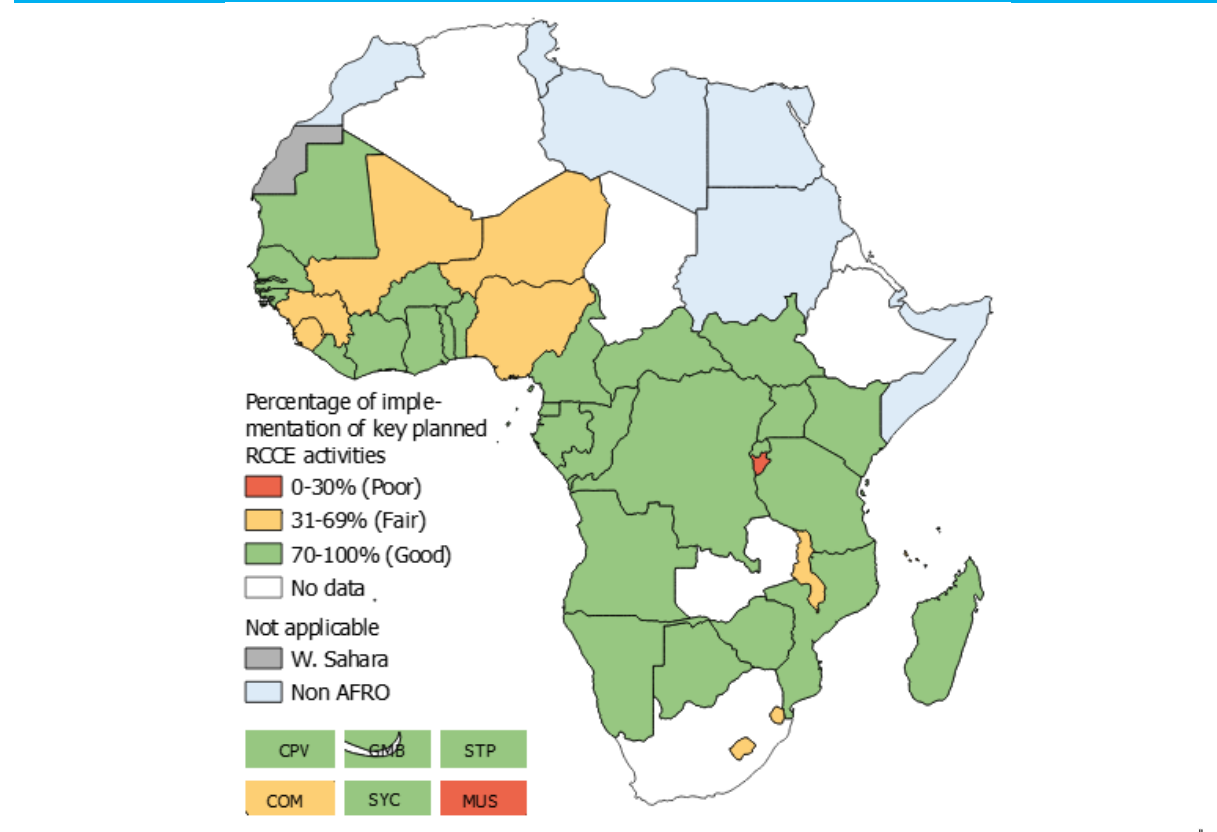


Figure 9. KPI 5: Percentage of districts (or regions) sharing timely and complete Epi surveillance data on COVID-19

Figure 10. KPI 6: Percentage of monitoring of hospitalization of COVID-19 cases

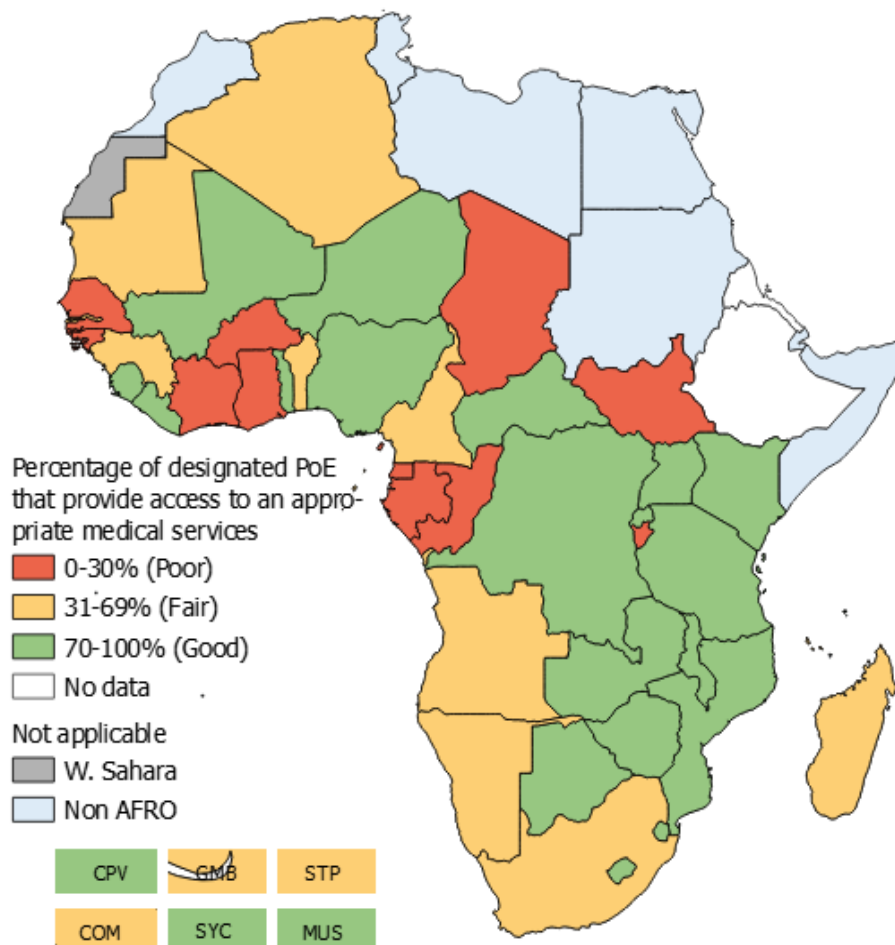


Figure 11. KPI 7: Percentage of designated points of entry that provide access to an appropriate medical service including diagnostic facilities located to allow the prompt assessment and care of ill travellers

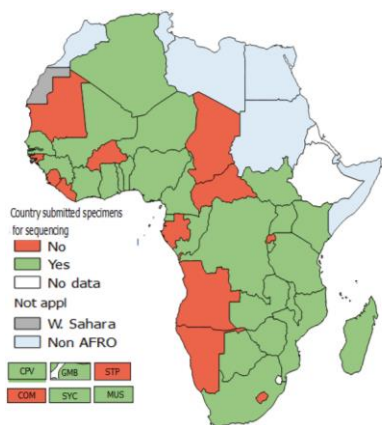


Figure 12. KPI 8: Specimens of confirmed cases sequenced

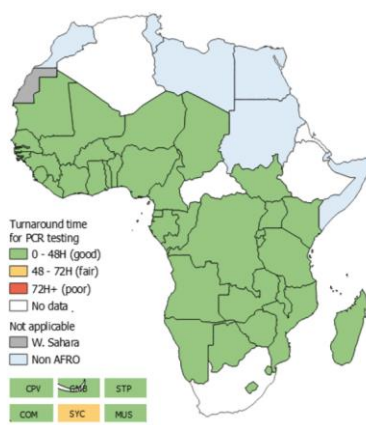


Figure 13. KPI 9: Turnaround time (hours) for PCR testing

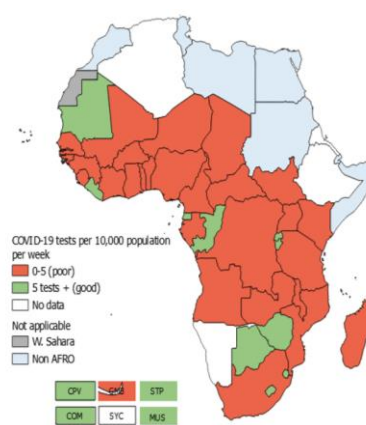


Figure 14. KPI 10: Number of COVID-19 tests per 10,000 population per week

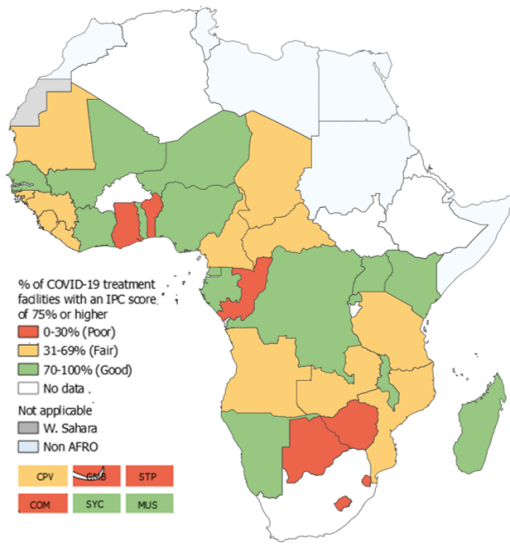


Figure 15. KPI 11: Percentage of COVID-19 treatment facilities with an IPC score of 75% or higher (using the IPC scorecard)

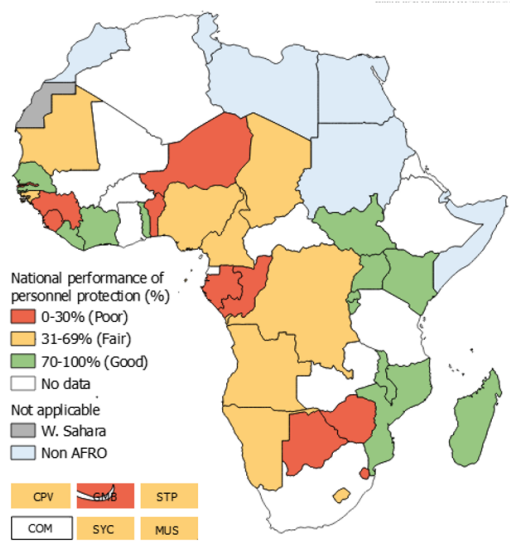


Figure 16. KPI 12: National performance (%) of personnel protection

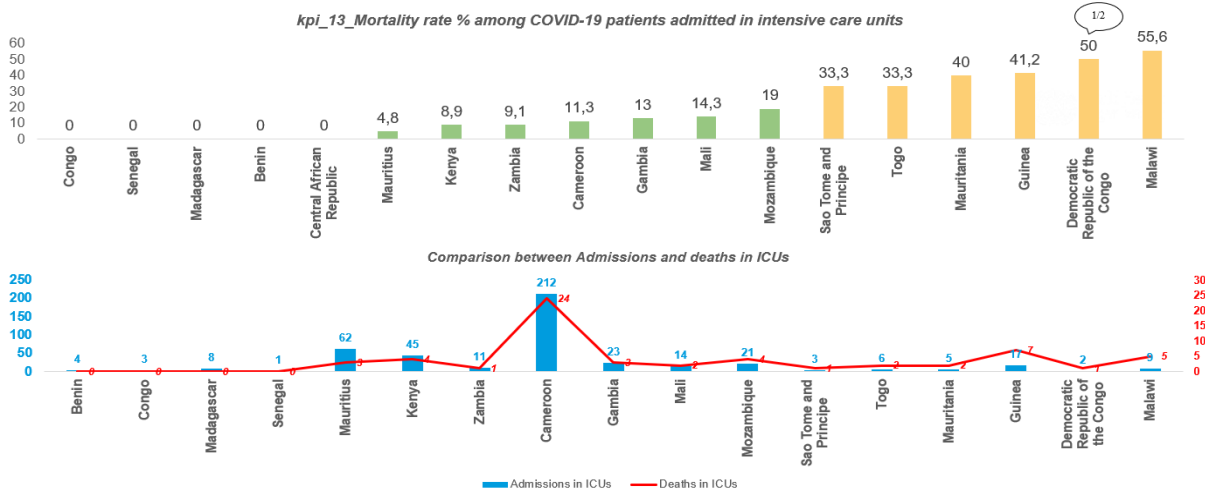


Figure 17. KPI 13: Mortality rate among COVID-19 patients admitted in intensive care units

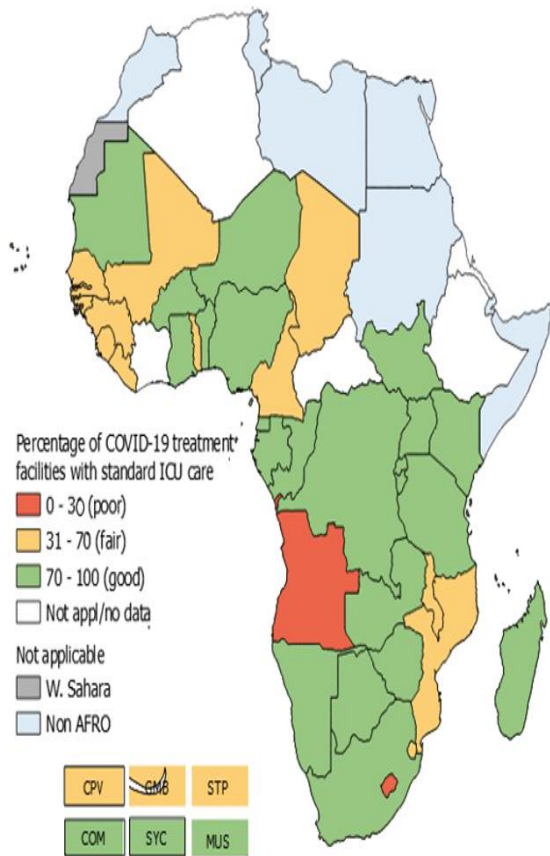


Figure 18. KPI 14: Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical covid-19 cases

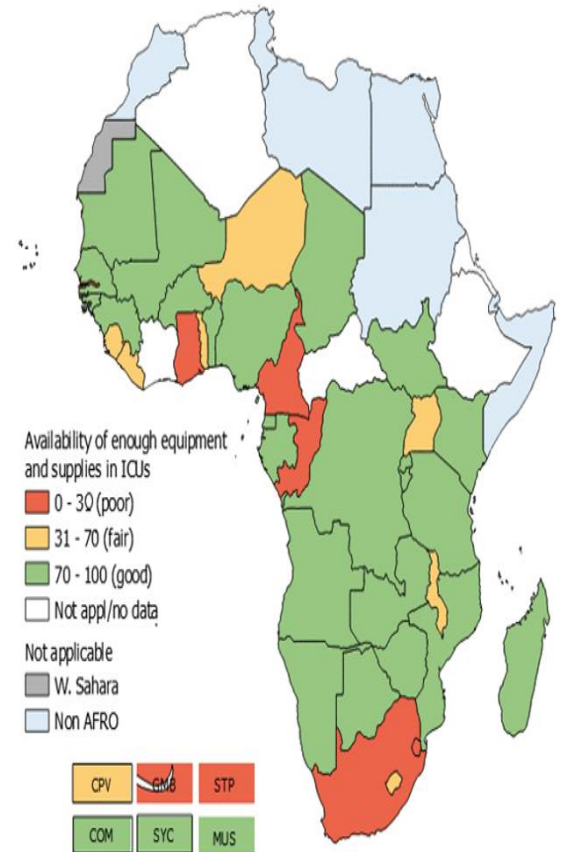


Figure 19. KPI 15: Scale (%) of ICUs equipment level for the management of severe and critical COVID-19 cases

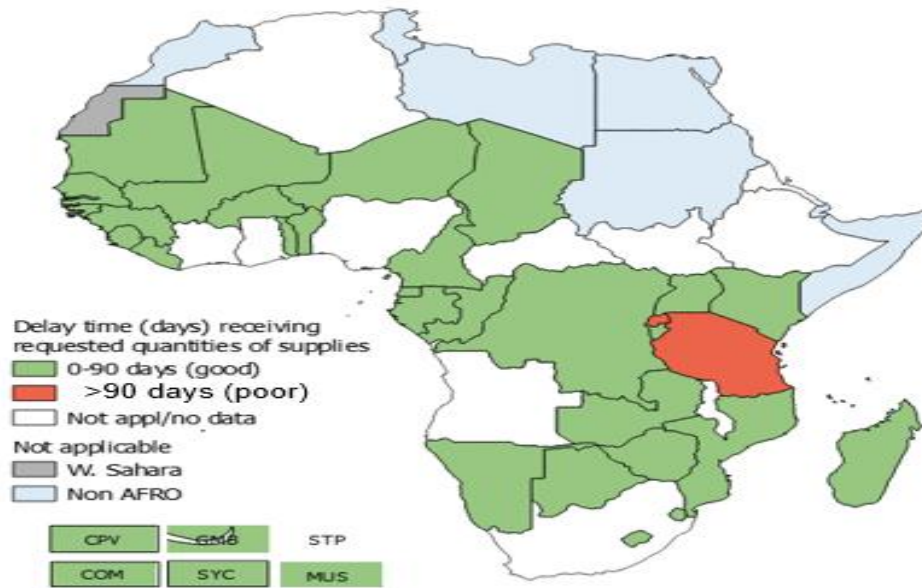


Figure 20. KPI 16: Percentage of countries that timely received requested quantities of PPEs, testing kits or medical equipment

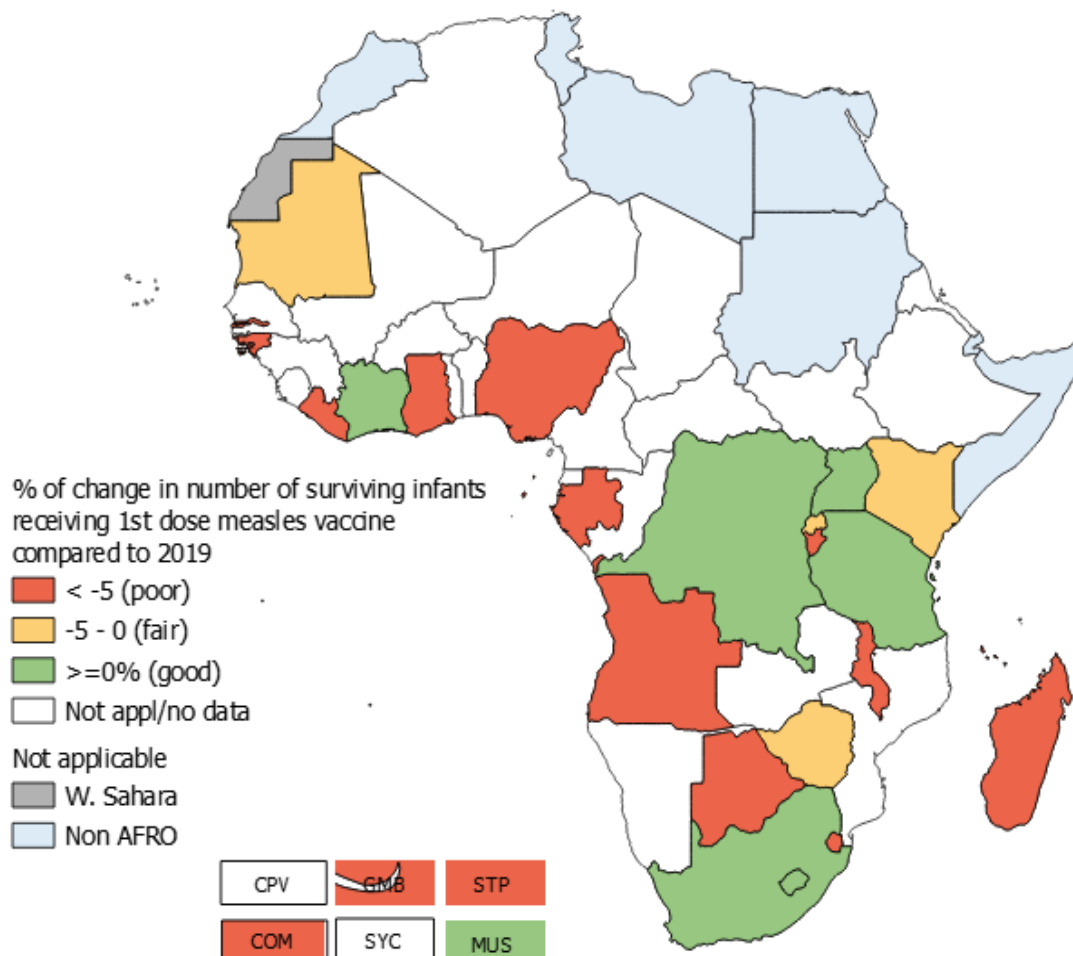


Figure 21. KPI 17: Percentage of change in number of surviving infants receiving their first dose of measles vaccine compared to 2019

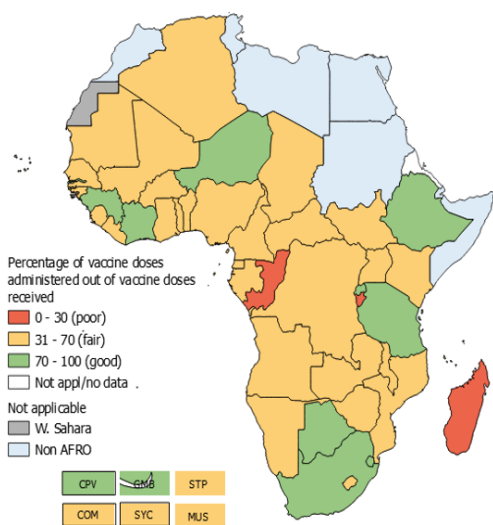


Figure 22. KPI 18: Percentage of vaccine doses administered

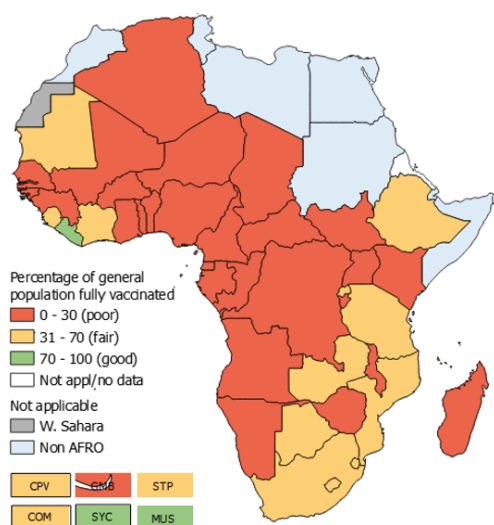


Figure 23. KPI 19: Percentage of general population fully vaccinated

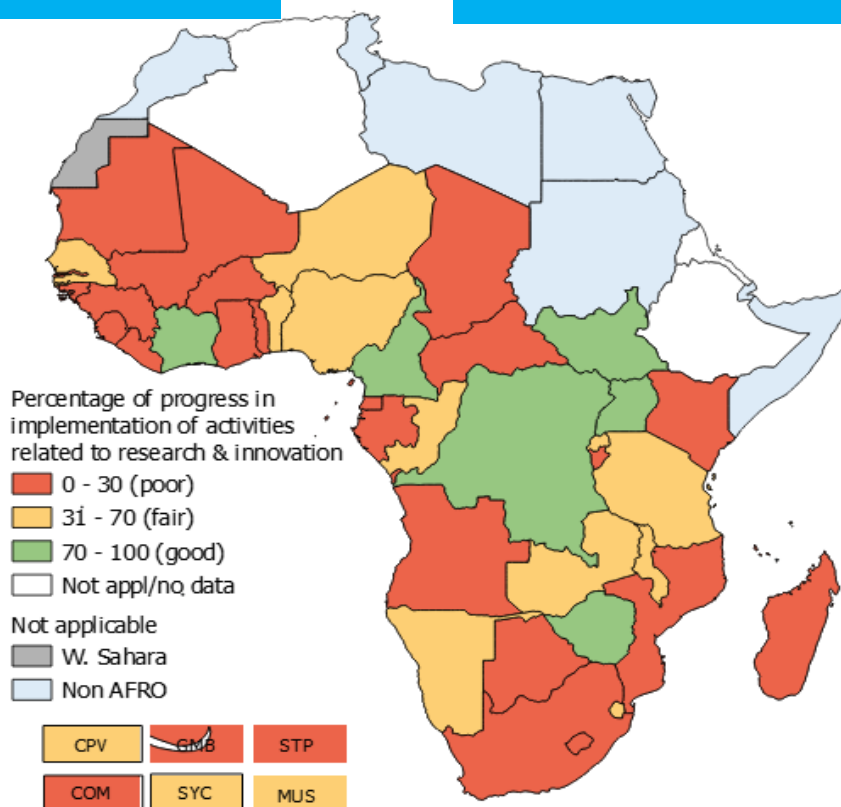


Figure 24. KPI 20: Percentage of progress in the implementation of activities related to research and innovation

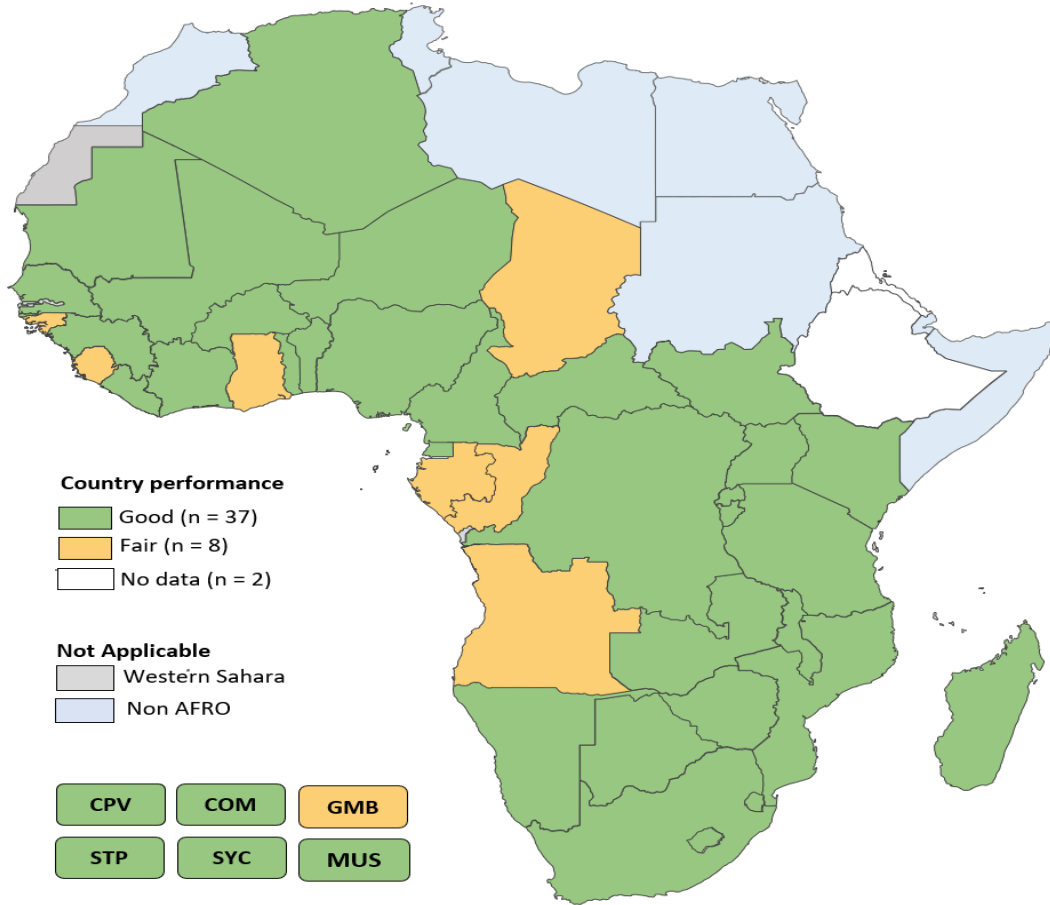


Figure 25: Overall performance



© World Health Organization Regional Office for Africa, 2022

This is not an official publication of the World Health Organization. Correspondence on this publication may be directed to: Professor Jayne Byakika-Tusiime (jtusiime@who.int ), Pillar Lead, Information Management - COVID-19 Incident Management Support Team, Emergency Preparedness and Response Cluster -WHO Regional Office for Africa.

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

**Editorial Team:**

**Leadership:** Dr Salam Gueye, Regional Emergency Director – WHO African Region, Dr Fiona Braka, PAM Emergency Response. **Concept and Coordination:** Dr Thierno Balde – Incident Manager COVID-19 IMST, WHO Regional Office for Africa. **Supervision:** Professor Jayne Byakika-Tusiime – Information Management Team Lead COVID-19 IMST, WHO Regional Office for Africa.

**Editorial Team:** Cristina R. Müller, Lionel Adisso, Marriane Enow Tabi - COVID-19 IMST-WHO Regional Office for Africa. The pillar teams provided information on specific themes. **Desktop publishing:** Alden Moussongo, Graphic Designer – WHO Regional Office for Africa.



**Correspondence on this publication may be directed to:**

Dr Salam Gueye, MD, PhD - Regional Emergency Director - WHO Regional Office for Africa:  
[gueyea@who.int](mailto:gueyea@who.int) ;

Dr Thierno Balde, MD, PhD - Incident Manager COVID-19 IMST, WHO Regional Office for Africa:  
[baldet@who.int](mailto:baldet@who.int) ;

Professor Jayne Byakika-Tusiime, PharmD, PhD - Information Management Team Lead COVID-19 IMST,  
WHO Regional Office for Africa: [jtusiime@who.int](mailto:jtusiime@who.int)