



COVID-19 Response in Africa bulletin

Situation and Response in the WHO AFRO Region

Issue 10



Countries across the AFRO Region remain vigilant about the COVID-19 situation. Here, a CBRI Team reinforces community testing in Comoros-@WHO AFRO

COVID-19 Epidemiological Situation and Response in Africa
February 2023

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African Region

FOREWORD

Dear Reader,

This Bulletin provides insight into the COVID-19 pandemic situation in the WHO African Region. It covers the period December to February 2023, to provide you with a picture of the effects on our region – if any - of rising and waning surges of the disease in the territories of close trade partners.

When some countries in the WHO Western Pacific region lowered pandemic restrictions, with a consequent rise in COVID-19 cases, countries in Africa with direct flight connections and keen trade relations to that region feared a spillover. Similarly, in North America, the emergence of a new more virulent strain of the disease in some parts of the United States caused a moment of trepidation. To mitigate concerns, WHO AFRO supported Member States to maintain the pandemic response actions such as increased testing, response preparedness, and health system strengthening. Indeed, our incidence and hospitalization data for this period is evidence that our region was resilient to those external surges. Effectively, even with a slight surge in early January, our numbers remained far below those registered in other regions, with no surges in the past three weeks, compared to 42 countries in resurgence in the same period in 2022.

This edition of the WHO AFR COVID-19 monthly bulletin brushes over the COVID-19 situation, covers solutions to an effective response, and provides a snapshot of the regional performance as measured by our Key Performance Indicators from June 2022-January 2023.

We are also happy to profile some of our high achieving countries in the battle against the scourge of COVID-19, namely, Rwanda, Seychelles, and Tanzania. These countries have performed particularly well in the response, with assistance from partners such as the African Union, the United Nations family, bilateral and multilateral organizations. On that note, on behalf of our African Member States, we are grateful to announce a new cooperation agreement with the government of Canada, which will give us a boost as we transition from crisis to recovery.

As usual, my team is at your disposal for any further clarifications.

Dr Abdoul Salam Gueye,

Regional Emergency Director, WHO African Region

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

The epidemiological situation in the WHO African Region remained stable, as of 24 February 2023. The number of cases, deaths and hospitalizations were low, compared to the past three years of the pandemic. The weekly incidence of COVID-19 cases on the African continent **decreased** that week by **29%** compared to the previous week driven mainly by declines in reported cases from South Africa, Zambia, Zimbabwe, Ethiopia and Burundi. While countries including Mauritius and Mozambique had not yet reported for that week, the trend remained downward, with a 19% decline reported for the previous week.

As of **24 February 2023**, there were **10.8 million COVID-19 cases** on the continent, with **228,738 deaths (CFR: 2.1%)**, and **9.8 million recoveries (93.8%)**. Africa accounted for **1.3% of cases** reported globally (757.2 million) and **1.2% of deaths** (6.8 million). Of this total, **the WHO African Region (WHO AFR) accounted for 82.7% of cases** (8.9 million) and **76.2% of deaths** (174,191 deaths).

The COVID-19 Incident Management Support Team (IMST) encourages countries to monitor the pandemic situation with subnational-level early warning systems, which have been demonstrably effective throughout the crisis. Countries are also advised to maintain response actions such as risk communication and community engagement messaging and advocacy focused on individual risk assessments, vaccination of vulnerable populations even in the absence of severe disease, and vigilance for signs and symptoms of long COVID. For a more comprehensive global picture, please see <https://covid19.who.int>.

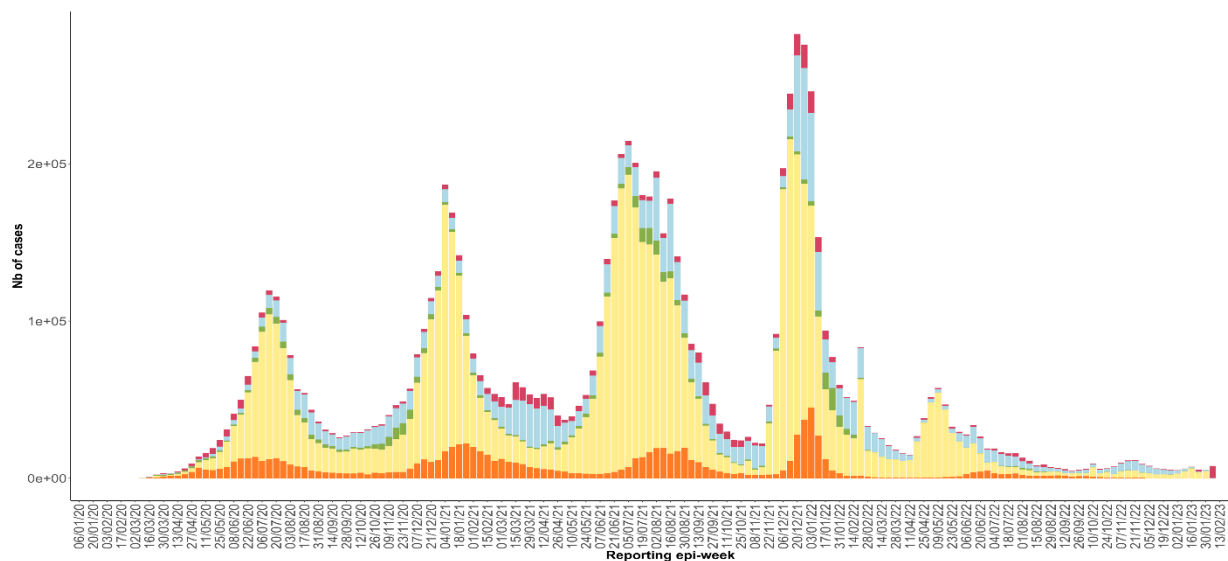


Figure 1 In the WHO AFRO region, the situation remains stable with an average of 5,934 cases per week since the beginning of the year.

2 Country in Resurgence: None

At the end of February, Zimbabwe was the the only country in resurgence in the WHO AFR. Alerted to potential for escalation, that country’s national pandemic response was enhanced, with a consequent drop in the number of cases. Indeed, resources prepositioned throughout the crisis were instrumental in enabling the health system to tackle recent hospital admissions. Côte d’Ivoire and Mali are under alert this week.

In Zambia, a country that recently exited resurgence status, national health authorities and partners were quick to act, demonstrating the versatility of its health system, and response mechanisms enhanced by the COVID-19 crisis. As a result of the surge in cases, testing and vaccination in districts were rapidly enhanced in high-risk areas such as the Central, Copperbelt, Southern, and Western provinces. Active case finding through testing is also operational in districts where the Community Based Response Initiative (CBRI) is present. In addition, medical oxygen supplies were boosted in clinical settings within at-risk communities. Other actions involved advocacy for resumption of public health and social measures in public spaces, undertaken by the risk communication and community engagement (RCCE) pillar.

A country is classified as being in resurgence when it sustains a 20% or more increase in the number of new cases and an increase in the testing positivity rate (TPR), or a 20% or greater increase in the number of COVID-19 hospital admissions or fatalities for a period of three consecutive weeks.

3 Epidemiological situation in the WHO-Africa region: A comparative perspective

A year-on-year comparison of COVID-19-related deaths in Africa showed a 99% decrease in mortality, from 9,069 in early January 2022 to 88 in January 2023. The decline in deaths accompanies the 97.4% reduction in the number of new COVID-19 cases reported comparing the first three weeks of 2023, with 20,552 cases, and the first three weeks of 2022 with 792,219 cases. Forty-two of the 47 WHO AFR Member States were classified as being in resurgence during the first three weeks of 2022, whereas two countries have met the criteria for resurgence thus far in 2023. This has been the case even as most countries have opened their economies, lifting restrictions to public health and social measures, mandatory mask-wearing, and presentation of vaccination certificates for entering public places.

At the beginning of the year, concerns about the steep rise in cases and deaths in some countries in the West Pacific region and North America caused African countries with direct airline connections to those countries to strengthen ports of entry requirements; and countries were put on high alert for possible surges due to importation of cases. The situation was of great concern in late December, near the festive season, due to the alarming rate in the spread of the disease when some governments lifted all restrictions on circulation of people and goods, which had been in effect since the early days of the pandemic.



Countries continue to implement national vaccination strategies. In countries such as Togo, with multiple international borders, a COVID-19 immunization campaign has ensured the disease is largely kept at bay, even as polymerase chain reaction (PCR) testing is no longer required for fully vaccinated travelers/WHO AFRO

However, in recent weeks, the latest surge - caused by the rapid spread of the SARS-CoV-2 Omicron variant, BQ.1 sub-lineage was brought under control. This BQ.1 sub-lineage of the SARS-CoV-2 Omicron variant is currently circulating in several countries globally, but without a comparable surge as witnessed in China, most likely because large populations across the world have acquired a protective level of immunity over months of vaccination. Another cause for alarm was the United States, where a new more infectious subvariant named XBB 1.5 caused a spike in infections.

That subvariant has so far been reported in the WHO African region in South Africa and Botswana. Nonetheless, it has not caused a noticeable surge in cases as witnessed in the United States and is not projected to cause more hospitalizations.

Ability of countries to quickly respond. Several countries demonstrated in the past year the capacity to adequately scale up response activities to address surges in cases or deaths, even in the context of low testing. To help countries adequately identify surges, WHO guides the use of methodologies at the regional level to identify surges at national or sub-national levels. Since the start of the pandemic, the concerted effort by global health partners with the ministries of health has resulted into improved intensive care facilities, prompt access to medical oxygen, new-generation virus medication for the most vulnerable, and an unprecedented push to vaccinate. Additionally, WHO AFRO through the Community Based Response Initiative is supporting several countries to enhance testing, infection prevention and control and strengthen home-based care.

Countries are advised to remain vigilant. Countries are advised to maintain actions related to COVID-19 prevention, including risk communication and community engagement activities, focusing on personal risk assessments; continuing vaccination of the vulnerable, even in the absence of severe disease, and vigilance for signs and symptoms of long COVID.



Countries are advised to continue to vaccinate the vulnerable, even in the absence of severe disease, and to maintain vigilance for signs and symptoms of long COVID/WHO AFRO.

4 Achievements and lessons learned – Rwanda, Seychelles and Tanzania share their stories

Across Africa, the diversity witnessed in the capacity of countries to respond to the pandemic implied in varying levels of achievement regarding the crisis. Gauged on the WHO AFRO COVID-19 key performance indicators for Member State response performance, however, several countries stand out in their effort to respond to the pandemic. This monthly bulletin highlights achievements by Rwanda, Seychelles, and Tanzania from June 2022 through January 2023. In those countries, a favorable policy environment, a previous record in health infrastructure development, combined with cooperation among development partners, and WHO’s guidance as health cluster coordinator under the international humanitarian emergency system resulted in important key lessons for the WHO AFR’s 47 countries.



A shipment of 1.1 million COVID-19 vaccines were delivered to Rwanda including the billionth dose supplied via COVAX. Dr Rosette Nahimana (EPR) and Dr Alfred Rutagengwa (WHE) from WHO were at the Kigali International Airport to receive the 1 billionth dose. /WHO Rwanda.

Rwanda was the first country to undertake a public COVID-19 vaccination campaign, supported by a pro-health policy environment led by the country’s President. Rwanda’s greatest lesson to other countries from the crisis was the importance of maintaining direct lines of communication among health actors, and closely working with national leadership to reflect actions that are mutually compatible and reflect needs communicated by the government.

On a more technical level, despite a global perception that the pandemic has exhausted its lifespan, Rwanda has maintained real-time testing for the virus, identifying new clusters of cases, and conducting timely investigation and response. The country has maintained an average weekly rate of 8 tests per 10 000 population throughout the pandemic, above the WHO-recommended testing threshold of 5 tests per 10 000 people per week. Momentum has also kept up for reporting on surveillance and vaccination data.

Alongside high COVID-19 vaccination rates – the country recently began vaccinating children – Rwanda’s national response strategy to the pandemic has addressed other issues essential to basic health care. For example, the provision of medical oxygen to health facilities rose from 35% of Rwanda’s clinical facilities providing medical oxygen at the start of the pandemic to full capacity today. Central to treatment in neonatal, intensive care, and surgical units, access to medical oxygen is a determining factor in the response to the pandemic, but also to the survival of people afflicted by acute respiratory failure associated to all

Coronaviruses. Currently producing over 2,500 oxygen cylinders – of 50 liters – Rwanda’s oxygen production roadmap is an example of how a country can capitalize on a crisis and come up with novel solutions to create a vision of a stronger, more resilient health system.



Dr Brian Chirombo, Country Representative for WHO Rwanda visiting the Zipline distribution site in Kayonza as part of the Joint sector review/WHO Rwanda.

"Rwanda’s achievements result from multiple efforts, such as government and partner support, effective coordination, innovative solutions, and a relationship of trust with WHO," said Dr Brian Chirombo, Country Representative for WHO Rwanda.

"We were also fortunate in Rwanda that the country encouraged complementarities in research and science," said Dr Chirombo, adding that WHO backstopped 'the health partners forum,' the 'development partners forum,' and the 'scientific advisory forum,' encouraging new developments in science and technology. Rwanda’s use of robots minimized risk of infections among health care workers, reducing the risk of contamination in COVID-19 treatment centers. The robots are deployed at ports of entry, where they deliver messages. Inside treatment centers, they are programmed to perform temperature screening, take readings of vitals, and detect people not wearing masks, subsequently providing verbal instruction on proper mask etiquette.

In **Tanzania**, as of the end of January 2023 the total number of fully vaccinated people in the country stood at 53.1% of the total population and 103.3% of the eligible population 18 years and above. Like Rwanda, Tanzania’s greatest success was in its ability to integrate the COVID- 19 response and readiness with those for other emergencies and threats, including Cholera and Ebola Virus Disease (EVD). Both countries presented a government-led focus on optimizing resources for longer term planning, with a view towards reducing, mitigating, and anticipating risks. In both cases, WHO-provided data management support while advocating

policy and decision making, such as support for continuous COVID-19 vaccination data tracking, analysis, and disaggregation.

Tanzania also engaged in the Simulation Exercise (SIMEX) as advised in the International Health Regulations M&E Framework. This review of response activities at the sub-national level is vital to assess and improve the quality of interventions and outcomes. Tanzania especially benefitted from an open approach to risk communication and community engagement, conducting activities for community-based integrated disease or crisis management. Dr Grace Saguti, the COVID-19 Response Incidence Manager for Tanzania said the country focused on critical interventions and services with the most reach and impact.

"For example, RCCE was critical to reaching vulnerable populations and increasing the uptake of COVID-19 vaccination. Through RCCE, vaccine champions were identified from within their communities, and they continue to support vaccination efforts across the country," said Dr Grace Saguti, COVID-19 Response Incident Manager for Tanzania

Another strategy was the use of a toll-free hotline to disseminate information and enhance communication between frontline responders and communities.

WHO also supported Tanzania's Ministry of Health with technical and financial assistance to improve severe case management by securing ICU care. A collaboration with partners such as the United Nations Children's Fund – UNICEF -, provided critical care consultants for supervision and mentorship at lower-level facilities, and on-job training, linking case management and surveillance. Since the pandemic began, the country constructed 44 new ICUs, with 19 installed with own medical oxygen plants.

Classified as a no risk country, **Seychelles** is currently experiencing a decrease in daily COVID-19 cases following a period of increased disease incidence, which had coincided with the resumption of school, religious and cultural festivities. So far this year, the country witnessed a more than 20% decrease in cases starting in week 44 of November 2022, which has so far been sustained.

The COVID-19 response in Seychelles bolstered the need to treat pandemics as a national security threat, and to build the requisite capacity of health staff for outbreak response. It was understood that structures built to address the pandemic could be leveraged for other potential public health threats, such as for monkeypox preparedness and readiness. Furthermore, Seychelles achieved a high vaccination coverage, considered key to reduce severity even when new variants emerge, in addition to the use of scalable strategies to enable a gradual strengthening of outbreak response capacities.

With no previous outbreak experience, Seychelles' biggest strength was in implementing a strong triage mechanism at every health facility. This was effective in ramping up screening and testing, in addition to maintaining essential services.

“It was not just a health sector response. We integrated all sectors in the response including schools, banks, the hospitality industry and businesses “said Dr Rex Mpazanje, the WHO Country Representative in Seychelles.

For a country that relies heavily on tourism and fishing, Dr Mpazanje said it was critical to provide a multisectoral response. “It was not just a health sector response. We integrated all sectors in the response including schools, banks, the hospitality industry and businesses,” he added. These efforts contributed to Seychelles becoming the first country on the continent to vaccinate more than 70% of its inhabitants. “Once people saw leaders leading by example and getting vaccinated, it was easy to convince them. Leadership was critical in the country getting where it is today.”



In Seychelles, teamwork, and close collaboration with partners in the health sector resulted in increased protection for people against COVID-19. In the photo, WCO team members - Dr Ajibola Olagunoye, Surveillance, Joyce Namulondo - Laboratory Expert, and Edwin Ogendi, Data Manager - line up after a day in the field/WHO Seychelles /WHO Rwanda.

Rwanda, Seychelles and Tanzania faced numerous challenges. A recent Intra Action Review (IAR) undertaken in Seychelles, for example, pointed to the lack of a central data management system, and the existence of multiple parallel semi-automated data collection systems as a challenge in response implementation, which contributed to a delay in sharing of lab results. Furthermore, staff burnout was common at all levels, affecting ICU/critical care and lab staff.

Another issue was the difficulty in securing timely procurement. Although partially due to inefficiencies in the United Nations supply portal, there were severe ruptures in the global supply chain, combined with a need for greater flexibility in country's import licenses and regulatory frameworks.

As the pandemic appears to wane, many national staff repurposed from other programmes to support COVID-19 have returned to regular areas of work, causing significant gaps in sustaining the response. It also results in

countries having to juggle priorities to integrate the COVID-19 response into routine health service delivery, an area close to the heart of WHO’s universal health care (UHC) agenda.

5 WHO welcomes Canadian commitment of CAD\$30 million to reinforce COVID-19 vaccination efforts and strengthen health systems in Africa

A CAD\$ 30 million project in partnership with Canada’s Global Initiative for Vaccine Equity (CanGIVE) is set to significantly bolster targeted, equitable delivery of COVID-19 vaccines to high-risk communities across Africa.

Through the WHO, the Government of Canada will provide funding over two years to support the scale-up of vaccine delivery, specifically addressing people in hard-to-reach areas, while also strengthening health systems in the African region.



A two-day event from 16 February 2023 in Nairobi, Kenya, kickstarted implementation plans, which will be tailored to country needs to ensure optimal, localized resource utilization /WHO AFRO.

The project will prioritize efforts in seven CanGIVE countries: Cote d’Ivoire, the Democratic Republic of the Congo, Ghana, Mozambique, Nigeria, Senegal and Tanzania, with flexibility to respond to emerging needs in the region in countries such as Cameroon, Malawi and The Gambia.

The funding is part of Canada’s signature CanGIVE initiative aimed at supporting vaccine delivery and reinforcing health systems in 12 countries, most of which are in Africa. Additional allocations announced in January brought the total value of the programme to CAD\$ 275 million (US\$ 205 million).

“Canada is proud to partner with the World Health Organization to advance COVID-19 vaccination efforts and build more resilient health systems in the African region. The opportunity before us now is to work together to apply what we have learned from the past three years so that we are, collectively, better prepared to face the health crises of the future,” stated Christopher Thornley, High Commissioner for Canada to the Republic of Kenya.

The project will be targeted to address vast inequities in access to vaccines, particularly for individuals in vulnerable situations, notably women and girls, as well as those living in hard-to-reach areas, or who have been impacted by humanitarian emergencies.

“This generous support from Canada will significantly advance our efforts to alleviate access and human rights-related challenges, by addressing the many inequities in service delivery through a targeted focus on community engagement,” said Dr Matshidiso Moeti WHO Regional Director for Africa.

A two-day event from 16 February 2023 in Nairobi, Kenya, kickstarted implementation plans, which will be tailored to country needs to ensure optimal, localized resource utilization.

To date, fewer than one in every three people in Africa has completed the primary vaccination series, with 35% receiving at least one dose. Only four countries have surpassed the 70% target for fully vaccinated populations in an environment where low case numbers, reduced risk perception and limited demand creation are impacting vaccine uptake.

WHO will work with UNICEF and other partners to coordinate implementation. Planned actions include more effective use of Integrated Disease Surveillance and Reporting tools and systems within countries to reinforce overall COVID-19 vaccine uptake and delivery response operations.

The funding will also contribute to broader WHO efforts to accelerate the integration of COVID-19 vaccination into routine immunization services at primary health care level in communities and address gender-, equity- and human rights-related barriers to equitable service delivery at sub-national levels.

6 Investigation: Acute Kidney Injury emergency in the Gambia – filling the gaps

From June to October 2022, the MoH of The Gambia identified 82 confirmed cases of Acute Kidney Injury (AKI) among children less than eight years in The Gambia that resulted in 70 deaths, with a case fatality ratio of 85%. This was the first AKI public health emergency to be recorded in the Gambia. The WHO issued a medical product alert on four contaminated cough syrups suspected to have caused the emergency. The MoH of The Gambia - with technical and financial support from the WHO - conducted an epidemiological study to obtain more evidence to support this hypothesis and to identify related risk factors for this emergency. To this end, expertise acquired from COVID-19 response was instrumental in mitigating the crisis, and a team of experts from the WHO-AFRO COVID-19 IMST was deployed to the Gambia from 1 to 21 December 2022 to coordinate the study. Working with national experts, national capacity in research received a boost, preparing the country for future events of a similar nature. Data collected on 64 cases and 255 controls is in the final stages of analysis, before its transfer to the Gambia’s Ministry of Health. The findings of this investigation will guide the development of appropriate interventions to prevent a recurrence of this event in The Gambia.



L-R Research team on the ground for a pilot test, Kiang Karantaba, Lower River Region, -Research team members collecting data in Central River Region-@WHO AFRO

7 Update on pillar response actions

7.1 Coordination

“COVID-19 remains a public health emergency of international concern,” said Dr Tedros Gebrheyesus, WHO Director General, at the conclusion of the latest three-monthly 14th Emergency Committee Meeting for pandemic management. While the Committee agreed that COVID-19 remains a dangerous infectious disease with the capacity to cause substantial damage to health and health systems, it acknowledged that the pandemic is probably at a transition point. On that note, it advised Member States to navigate the transition carefully to mitigate potentially dangerous consequences to global public health. Seven Temporary Recommendations were issued:

1. Maintain momentum for COVID-19 vaccination to achieve 100% coverage of high-priority groups guided by the evolving SAGE recommendations on the use of booster doses.
2. Improve reporting of SARS-CoV-2 surveillance data to WHO.
3. Increase uptake and ensure long-term availability of medical countermeasures.
4. Maintain strong national response capacity and prepare for future events to avoid the occurrence of a panic-neglect cycle.
5. Continue working with communities and leaders to address the *infodemic* and to effectively implement risk-based public health and social measures (PHSM).
6. Continue to adjust any remaining international travel-related measures, based on risk assessment, and to not require proof of vaccination against COVID-19 as a prerequisite for international travel.
7. Continue to support research for improved vaccines that reduce transmission and have broad applicability, as well as research to understand the full spectrum, incidence and impact of post-COVID condition, and to develop relevant integrated care pathways.

Based on these recommendations the AFRO COVID-19 IMST developed strategic action plans for the next six months, considering regional performance monitoring and evaluation (M&E), and the prevailing epidemiologic situation in the region.

7.2 COVID-19 Community Based Response Initiative

The COVID-19 Incident Management System Team at AFRO continues to support 19 countries¹ enrolled in a COVID-19 Community Based Response Initiative (CBRI). Fifteen countries² (78.9%) have started field activities, while four are conducting preparatory activities, such as training.

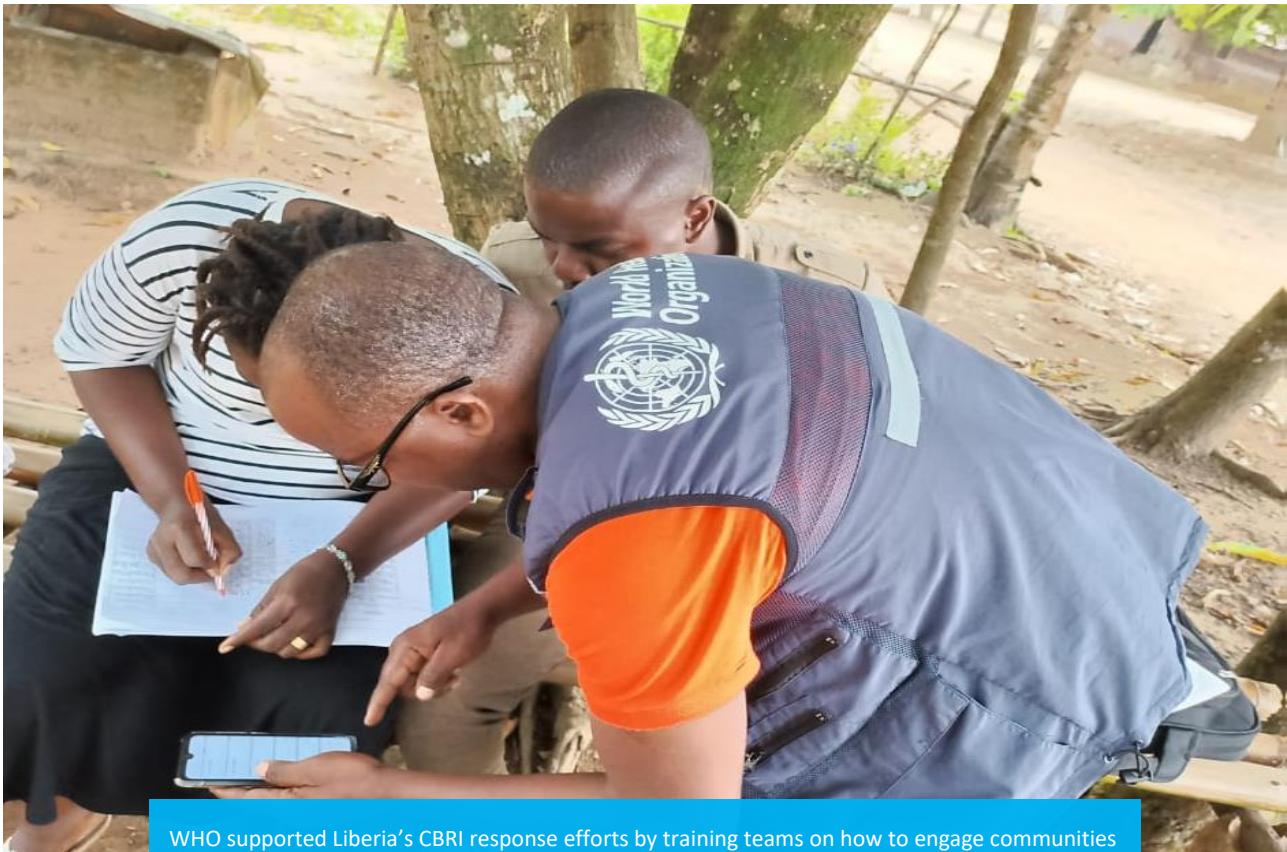
So far, through the CBRI initiative, 409,002 tests have been performed, representing 174.8% of expected tests and 60.2% of all tests performed in the implementing districts covered by CBRI, with 8,618 cases detected, representing 42.3 % of cases. Additionally, infection prevention and control (IPC) materials have been distributed to 43,452 high-risk contacts. Over 1.7 million people have received information on COVID-19 risk factors and prevention measures, such as vaccination, hand washing and different case management options.

In addition to the CBRI, the WHO AFRO team supports other emergencies, which may arise in the districts covered by the project. This has been instrumental in reinforcing the community's link with the health system and improving the acceptance of CBRI activities in the communities.

Challenges	Ongoing Response Actions
Heavy workload due to the absence of data managers in some countries, hence underreporting the initiative's results.	Planning support missions to eight priority countries to backup implementation and scale-up of the COVID-19 Community based Response Initiative.

¹ Botswana, Burundi, Cameroun, Comoros, Congo, DRC, Guinea, Ivory Coast, Eswatini, Guinea-Bissau, Liberia, Mali, Mozambique, Namibia, Niger, Senegal, South Africa, Zambia, and Zimbabwe

² Botswana, Burundi, Cameroun, Comoros, Congo, DRC, Eswatini, Ivory coast, Guinea-Bissau, Liberia, Mali, Mozambique, Namibia, Zambia and Zimbabwe



WHO supported Liberia's CBRI response efforts by training teams on how to engage communities in Liberia-@WHO AFRO

7.3 Genomics surveillance

The XBB.1.5 variant has been driving the new wave of infection in the United States and has been detected in South Africa, Zambia, and Botswana. Seventy-seven sequences were submitted this month to GISAID. Ten African countries have detected XBB variant and its sub-lineages, and 434 sequences have been submitted to GISAID. Twenty-one countries have reported BQ.1 variant and its sub-lineages and represents most prevalent circulating sub-variant in the region. Additionally, CH.1.1 and CH.1.1, descendant lineages of BA.2.75, and have been detected in South Africa and Mauritius.

As of 11 February 2023, Africa produced 152, 113 sequences (accumulatively), up from 151, 445 for the previous seven days, an increase of 600 sequences. Seventy cases of BA.2.75 - a subvariant of Omicron, under monitoring - and its sub-lineages have been submitted from ten countries to GISAID. Notably, the contribution of sequences on GISAID from West and Central African countries has increased 96% and 52% respectively, when compared to the to the same period last year. Three more sub-lineages having public health implications are XBB and BQ.1 and CH.1.1 and their sub-lineages. The two sub-lineages remain part of Omicron, which continues to be a variant of concern.

However, sequencing output from the region has plateaued due to decreased testing in most countries.



Seventy-seven cases positive for COVID-19 variant XBB.1.5 were detected in Botswana, South Africa, and Zambia with 77 sequences submitted to GISAID-@WHO AFRO

Challenges	Ongoing Response Actions
The number of positive specimens submitted for sequencing is declining.	Continue supporting Member States monitoring efforts and ensure timely submission and reporting in GISAID and other platforms.

7.4 Laboratory

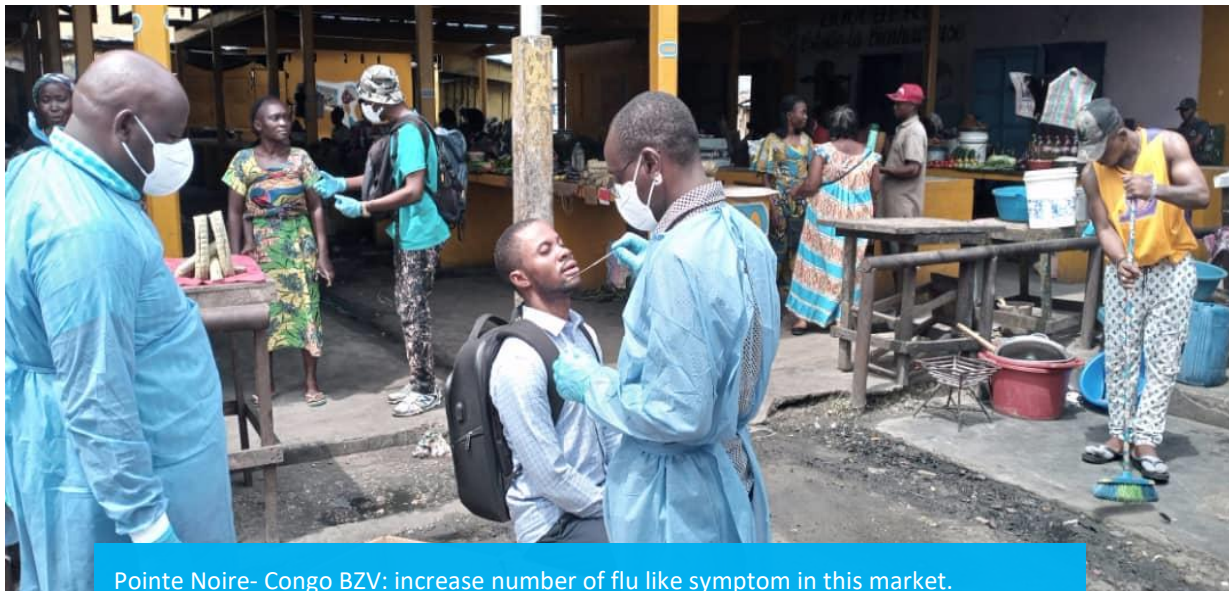
As COVID-19 cases decrease, testing concurrently decreases. However, the priority is to maintain availability of COVID-19 testing resources and to sustain laboratory capacities built during the pandemic.

In line with the recommendations of the IHR Emergency Committee, at least 30 countries have integrated SARS CoV-2 into influenza sentinel surveillance and are reporting data to the global platforms.

Challenges	Ongoing Response Actions
Sustaining laboratory capacities built during COVID-19 in this transition phase.	Testing guidance to usher in the return and incorporation of SARS CoV-2 into routine surveillance has been developed.

Maintaining stockpiles of diagnostic reagents for rapid deployment as the COVID-19 landscape dictates.

Technical support to countries



Pointe Noire- Congo BZV: increase number of flu like symptom in this market. Community response teams sensitizing and testing/WHO AFRO

7.5 Risk Communication and Community Engagement

As part of plans to reinforce community response in countries, 180 people from four districts (Provincial Department of Health 30, Ethekwini District 50, Umkhanyakude Distric 50, Ugu District 50 of KwaZulu Natal province) were trained on RCCE and infodemic control. Participants in the trainings diagnosed challenges in their respective districts including immunisation, COVID-19 testing and PHSM compliance. The districts are preparing own action plans for a more efficient response. The RCCE pillar is currently adapting sensitization messages regarding the new XBB variant and reviewing country action plans to respond to the current pandemic situation. A media dialogue held on 25 January addressed issues regarding the COVID-19 vaccine, herd immunity, and new variants.

Challenges	Ongoing Response Actions
General perception that COVID-19 is over leading to relaxation of public health measures in countries.	RCCE is adapting sensitization messages to the new XBB variant and reviewing country action plans to respond to the current pandemic situation.



Implementation of social network groups of various community leaders in Durban aimed at sharing information in real time -@WHOAFRO

7.6 Operational Partnerships

The WHO AFRO Strategic and Operational Partnership network is being strengthened at the regional and national levels through key interventions in countries and capacity building for key civil society organizations (CSOs) to improve both interventions at the community level and the collaboration with WHO. A four-day capacity-building session for CSOs has been planned, which will cover institutional capacity-building, community-based surveillance, IPC, RCCE, vaccination at community level and communication during PHE. The team is also focusing on fragile, vulnerable, and conflict-ridden countries with the finalization of the mapping of key non-state actors (NSA) with health cluster coordinators (HCC) from 12 countries. Burkina-Faso, Mozambique and South Sudan have been selected as pilot countries to engage CSOs to support the response, with a focus on COVID-19 vaccination.

As key achievements, four new partnerships targeting 12 countries, with technical and operational support from WHO AFRO have been created, and one partnership is ongoing in Congo, funded by the Veolia Environment foundation and targeting two Brazzaville hospitals - Bas-Congo and Mfilou. Also in Congo, two new MoUs are in final stages of negotiation with the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the Organisation Africaine Francophone pour le Renforcement des Systemes de Sante et la vaccination (OAFRESS), active in 18 countries. For the documentation, the publication of the final report of the CSOs Engagement Initiative is nearly ready, and a manuscript has been submitted to a peer-review journal to underline the best practices and lesson-learnt of this new Initiative.

Challenges	Ongoing Response Actions
Internal process for partnering with NSA takes time	Anticipating the partnership process and ensuring that the process is well understood by all the stakeholders (both internally and externally)

Challenges	Ongoing Response Actions
Shortage of Human Resource: only two consultants and one UNV. This is a challenge to scale-up partnership to respond to PHEIC.	Currently soliciting HR to support recruitments which will enhance operational partnership interventions.

7.7 Africa Infodemic Response Alliance (AIRA)

The main rumour identified by AIRA this month through social media listening was on the current cholera outbreak in Malawi and Mozambique, with conversations showing a low trust in health care workers who are accused of spreading cholera through infected syringes or mistreating the bodies of the deceased or using cholera as an excuse to vaccinate against COVID-19. Persistent disinformation and misinformation circulated about COVID-19 and other routine immunization vaccines and their negative impacts on fertility. Information gaps about the cause, symptoms and preventive measures for measles and diphtheria in Nigeria, Kenya, and South Africa were also identified.

Challenges	Ongoing Response Actions
Persistent disinformation and misinformation about the COVID-19- vaccine and its impacts on fertility.	Adapting social media content for a large campaign on COVID-19 vaccine and fertility.
Fast spreading online misinformation about cholera, and how it spreads. Fear, anger and concerns over burials of the cholera victims.	Continuous social listening monitoring that includes social media analysis and community feedback data.

7.8 Information Management

The Information Management team provides cross-cutting support to all pillars regarding data and information management. Since October 2022, the team has been supporting The Gambia MOH to investigate the cause of the AKI emergency that occurred from June to October. The team led a nationwide epidemiological study in December and is currently analyzing the data; the results of which will be shared with the MoH of The Gambia. The team analyzes KPIs for the COVID-response monthly and in this bulletin, we provide the regional performance for the last 8 months. The current list of KPIs is being revised to reflect the situation at hand as it has changed significantly from what it was when the KPIs were defined early last year. The team is supporting countries with documentation of COVID-19 Response best practices and lessons learned. Fifty-five abstracts on best practices were received from 13 countries and were reviewed to identify best practices. Next, detailed data is being collected on selected best practices to prepare a compendium of COVID-19 best practices in the AFRO region. The team is also supporting the CBRI project and the Clinical Surveillance project to set up and manage the data generated therein.

Challenges	Ongoing Response Actions
Limited documentation of best practices and lessons learnt in the COVID-19 response.	Support countries with documentation of Covid-19 best practices and lessons learned.



Research team explaining the purpose of the Acute Kidney Injury investigation to resolve participation issues/WHO AFRO

7.9 Infection Prevention and Control

With the new year underway, IPC has engaged in renewing contact with Member States, to inquire about countries’ needs, possibilities, and priorities in terms of technical and financial support.

As part of the implementation of a sustainable IPC programme in the West and Central Africa (WCA) and East and South Africa (ESA) region, a sensitization meeting was held for IPC focal points (WHO and MoH) and partners. Given reported increased infections amongst prison inmates in Burundi, an IPC expert was sent to that country to provide the necessary actions to ramp up IPC measures within the prison facility. In the weeks ahead, IPC will continue supporting Member States in a bid to strengthen IPC systems in countries.

7.10 Operational Support and Logistics (OSL)

All procurement related to the \$US 5 million allocated fund for stockpiling orders was finalised and delivery is ongoing. This includes personal protective equipment (PPE), biomedical equipment, emergency kits & and medicines. A comprehensive distribution plan for all COVID-19 supplies is currently in preparation, which includes training and dates for distribution.

In the month ahead, plans are underway to evaluate and determine if some of the COVID-19 supplies can be used to improve critical care capacities in some countries. There are also plans to fast-track countries’ procurement requests in collaboration with the WHO AFRO supply chain focal point, and follow-up the shipment of supplies through the United Nations portal.

Challenges	Ongoing Response Actions
Delay in the distribution of COVID--19 supplies due to the slow process of the pre-alert system in some countries.	Prepare distribution plan and fast track supply and delivery process in countries.



To support the COVID-19 response in Chad through the strengthening of health system, WHO hands oxygen plant to Ministry of Health in (Moundur & Bongor) -@WHOAFRO

7.11 Update on COVID-19 Vaccination

Based on recommendations from the Emergency Committee Meeting, which maintained COVID-19 as a public health emergency of international concern, WHO AFRO vaccination pillar will sustain efforts in achieving 100% coverage of high-priority groups, increasing booster shots, and integrating vaccination into routine immunization and other PHC services.

The pillar, along with UNICEF, is supporting the destruction of expired vaccine doses. There are currently about 45,000 expired AstraZeneca doses in Eswatini.

Presently, there are 29% fully vaccinated people in Africa, 28% in the WHO AFRO region. Around 35% have received at least one dose. About 24 million doses have expired in 35 countries, representing 4.3% of the doses received.

Seychelles, Rwanda, Liberia, and Mauritius have surpassed 70% of the fully vaccinated population, while Morocco and Cabo Verde are close to the target. Meanwhile, Burundi, the Democratic Republic of Congo, Madagascar, and Senegal have yet to surpass 10% of the population fully vaccinated. Additionally, booster doses have been administered to 16% of people fully vaccinated in 43 countries. 41% of health workers are fully vaccinated in 23 reporting countries, and 39% of older adults in 23 countries.

Challenges	Ongoing Response Actions
Documentation coverage for high priority groups is not complete or not available.	Follow up with countries to report consistently on the WHO AFRO online platform especially on priority groups
Population estimates are not accurate in most countries.	Continue to work with and support countries to improve priority population size estimation.



The Vaccine pillar plans to sustain efforts in achieving 100% coverage of high-priority groups, increasing booster shots, and integrating vaccination into routine immunization and other PHC services -@WHOAFRO

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

8.1 Evolution of the AFRO COVID-19 KPIs

At the start of the pandemic in the AFRO region in 2020, 26 KPIs were developed to monitor the COVID-19 response in the region. Over time, as the pandemic dynamics changed and countries changed their response strategies, accordingly, the initial KPIs were revised. For instance, the KPI “bed occupancy rate” was not relevant two years into the pandemic because of the introduction of the home-based care strategy. As a result, in 2022, 17 new KPIs were developed in April and three others added in May to make 20 KPIs, compiled and analysed in collaboration between AFRO COVID-19 IMST and WCO Incident Management Teams (IMT). From June 2022 to January 2023, the KPIs remained stable, and in this issue, we summarize the regional performance, and present KPI trends over the 8-month period. The detailed list of the KPIs is available in the updated version of the SPRP 2022.¹ Currently, the team is working to revise the KPIs based on the current context of the pandemic and the ongoing countries’ transition plans in the African region.

8.2 Trends in the KPIs from June to January 2023

From June 2022 to January 2023, KPI reporting levels remained high (above 90%). Completeness of reporting ranged from 91% in July to 98% in August, September and October. There was a slight decline in timeliness of reporting in December and January due to the holidays. (Figure 2). The regional performance score was 89% in December and 86% in January with 40 and 38 countries, respectively, attaining a score of at least 70% (Figure 3).

Despite the waning pandemic, WHO AFR countries performed well in coordination at WCOs from June 2022 to January 2023. Over 80% of the WHO AFR countries reported at least 70% of key response pillar functions filled by dedicated experts at WCOs. In January 2023, 35/44 countries reported at least 70% of key positions filled. (Figure 2) Member States continue to do surveillance for COVID-19. From June 2022 to December 2023, more than 74% of the AFR countries reported monitoring of hospitalization of COVID-19 cases. In January 2023, 32/43 countries reported at least 70% of monitoring of hospitalizations of COVID-19 cases. (Figure 2)

Given the stable nature of the pandemic with countries reporting a decline in cases, genomic surveillance and the number of tests performed per 10,000 population per week are also on the decline since August. In January, 19 of 47 AFR countries submitted specimens for sequencing and seven - Equatorial Guinea, Zimbabwe, Rwanda, Zambia, Mauritania, São Tomé & Príncipe, and Comoros - performed at least 5 tests per 10,000 per week.

Vaccination, infection prevention and control and research were the weakest links in the performance chain. The percentage of doses administered increased since September, as a result of vaccination campaigns in countries. In January 2023, the percentage of doses administered out of the number of doses received varied from 4% in Burundi to 94% in Botswana. 18 of 46 countries, administered at least 70% of the received doses. In December, Rwanda joined Seychelles, Liberia, and Mauritius in fully vaccinating at least 70% of the population. Infection prevention and control never passed the 50% mark throughout the 8-month period with the most recent score at 44% in January 2023.

Likewise, research implementation and innovation never passed the 50% mark with the most recent score at 34% in January 2023. This followed a steady improvement from 14% in September to 39% in December 2022. In January 2023, notable performance was observed in 14/41 (34%) AFR countries (Figure 2) These countries are Cameroon, DRC, Ghana, Rwanda, Uganda, Côte d'Ivoire, Eswatini, Mauritania, Sierra Leone, Togo, Benin, Central African Republic, Zambia, Liberia, which performed well on this indicator.

The KPIs are depicted in the figures below.

¹ WHO Arica Region. COVID-19 strategic preparedness and response plan for African Region: 1 February 2022–31 March 2023, Updated on 31 OCTOBER 2022. <https://www.afro.who.int/sites/default/files/2022-11/SPRP%202022%2016.pdf>

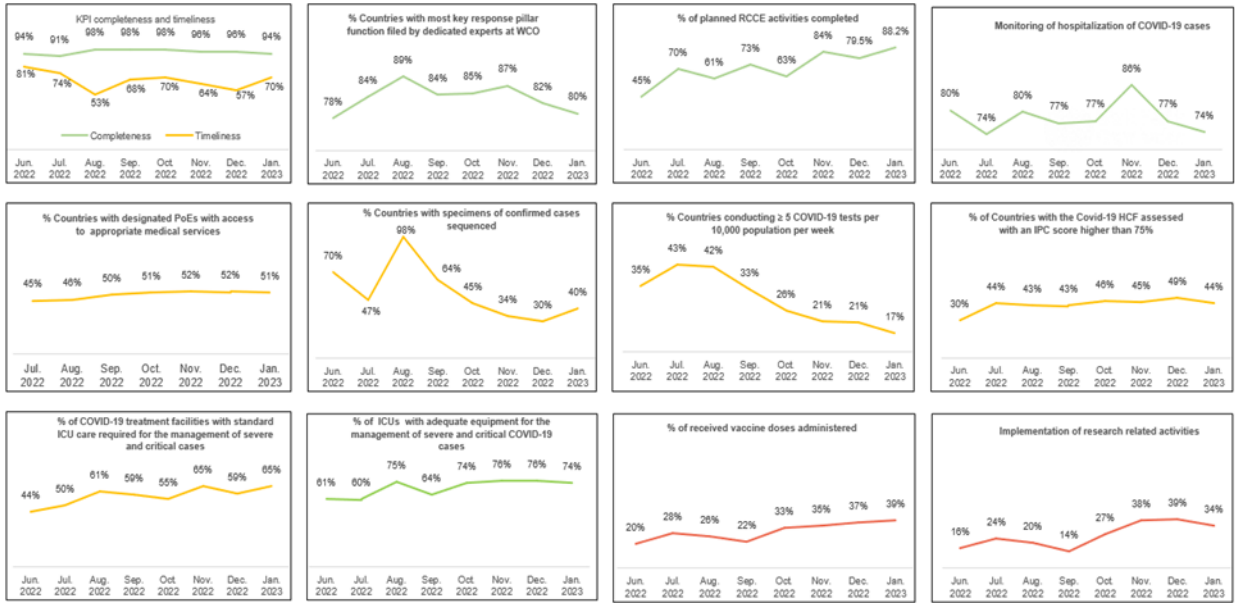


Figure 2: Trend Analysis of COVID-19 Response KPIs in the WHO AFRO Region

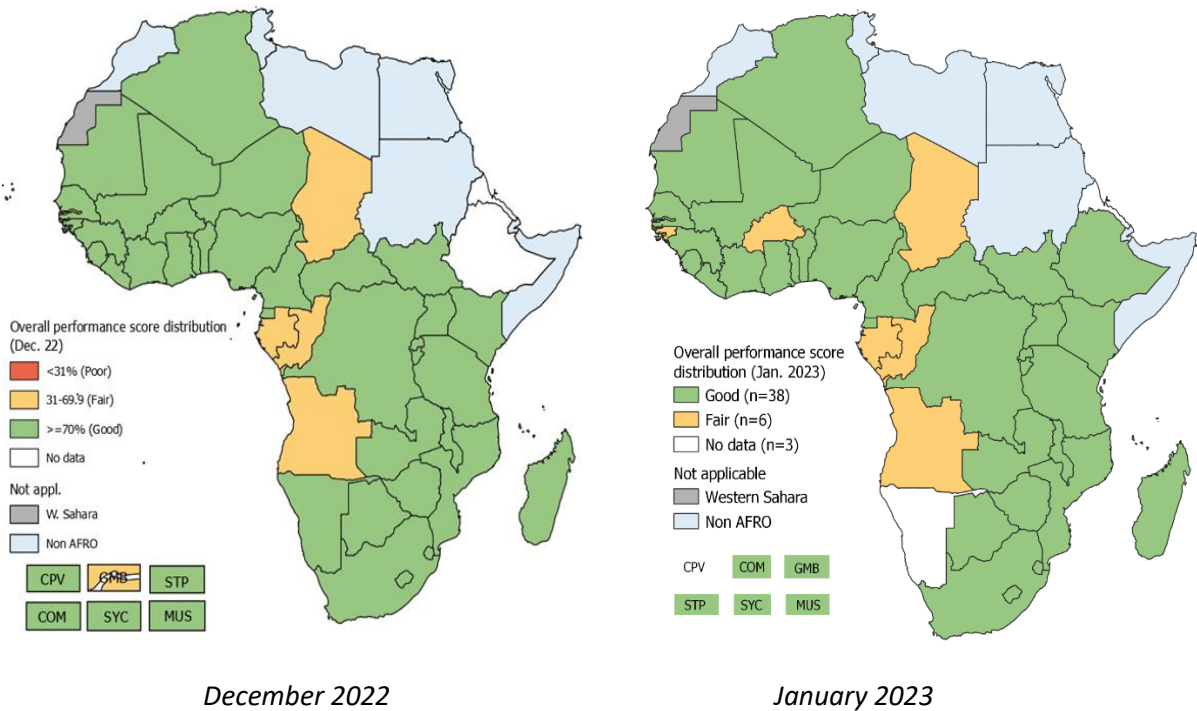


Figure 3: Overall performance in December 2022 and January 2023

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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, on Information Management - COVID-19 Incident Management Support Team, Emergency Preparedness and Response Cluster -WHO Regional Office for Africa.

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Editorial Team:

Leadership: Dr Abdou 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 Pillar Lead COVID-19 IMST, WHO Regional Office for Africa.

Editorial Team: Ms Cristina R. Müller, Dr Ebenezer Obi Daniel, Dr Boniface Oyugi, Ms Evelyn Lirri, Mr Lionel Adisso, Ms Marriane Enow Tabi - COVID-19 IMST - WHO Regional Office for Africa. Pillar teams provided information on specific themes.



Correspondence on this publication may be directed to:

Dr Abdou Salam Gueye, MD, PhD - Regional Emergency Director - WHO Regional Office for Africa:
gueyea@who.int ;

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

Professor Jayne Byakika-Tusiime, PharmD, PhD - Information Management Pillar Lead COVID-19 IMST,
WHO Regional Office for Africa: jtusiime@who.int