

# **Interim guidance for COVID-19 Resurgence in the WHO African Region**

March 2021

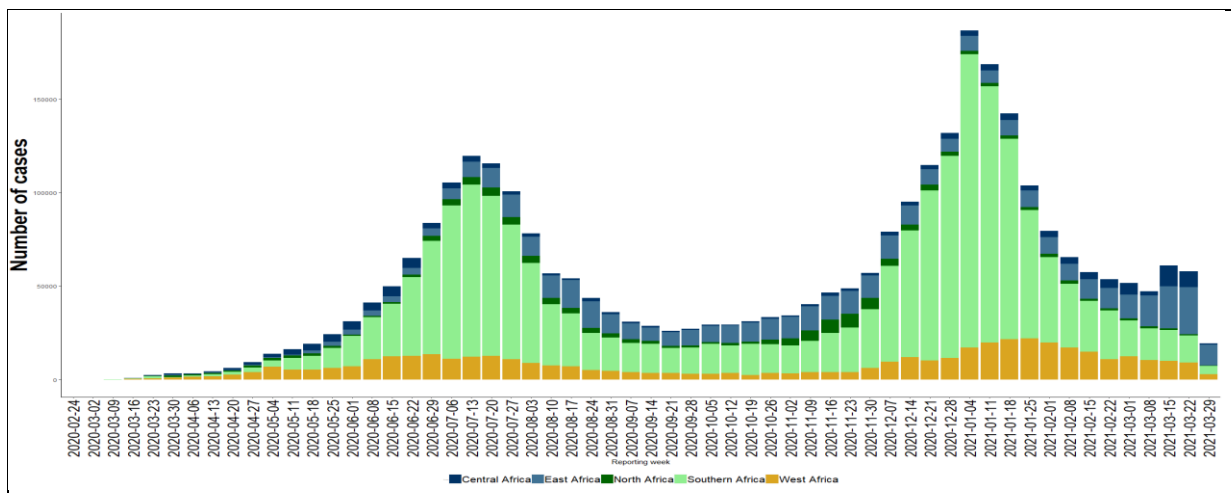
# 1. Introduction

## 1.1 Epidemiological overview of COVID-19 in the African Region

The Coronavirus disease 2019 (COVID-19) outbreak which was declared a Public Health Emergency of International Concern on 30<sup>th</sup> January 2020 and characterized as a pandemic on 11<sup>th</sup> March 2020, has continued to spread around the world with major health and socio-economic impacts. As of 31st March 2021, the global cumulative reported confirmed cases reported to WHO had reached over 128.5 million and over 2.8 million deaths.

Since the first imported case of COVID-19 was reported in the WHO African Region in February 2020, the pandemic has affected, to varying magnitudes, all the 47 countries of the Region, with significant socioeconomic impact. As of 31<sup>st</sup> March 2021, a cumulative total of over 3 million confirmed cases had been reported from the 47 countries in the Region with more than 77,500 deaths. The evolution of COVID-19 in the region involved an initial slow rise in the number of cases which peaked in July 2020 between epidemiological weeks 29 and 30 followed by a declining trend (Fig 1.1). However, from mid-October 2020 resurgence was observed in several countries across the continent peaking towards the end of December 2020 and early January 2021. Ten countries accounted for over 88% of new cases while others recorded declining or stable trends.

**Figure 1: Trend of COVID-19 in AFRO by week of reporting showing the two peaks**



## 1.2 Rationale

In the absence of wide availability of effective vaccine, countries will continue to experience waves of COVID-19 transmission. Several countries in the African region already recorded first and second waves of COVID-19 transmission. As a consequence of the rise in the number of cases during the first wave, countries introduced a series of strict prevention measures including restriction of movements, travel bans, curfews, closures of schools, workplaces, restaurants and bars and sport activities. These measures were subsequently relaxed by many countries following the decline in the number of cases between late July and September 2020. Governments moved to re-open economies, national borders and resume commercial flights, tourism, workplaces and schools with limited planning and adaptation to a “new normal”. Several potential events for COVID-19 spread where social distancing was largely ignored were also observed during this period including election rallies, end of school year parties and other mass gathering events like demonstrations and riots. Further, limited or incorrect use of face masks and general COVID-19 fatigue led to reduced adherence to public health and social measures, complacency and decreased risk perception to COVID-19 which poses an ongoing threat to citizens<sup>1</sup>. The Christmas festive season during which there was increased travel within and between countries was also a major contributing factor. By November 2020, cases began to rise again peaking in December 2020 as the second wave. This resurgence in cases led to the re-introduction of stringent public health and social measures to control transmission and mitigate severe illnesses and deaths, as well as the socio-economic impact. Countries need to strengthen the capacity to track COVID-19 surges in order to effectively anticipate, timely detect and implement priority actions for a possible third wave and future resurgences.

The emergence of new variants of concern presents an additional risk for new waves of transmission. So far three variants of concerns have been documented (B.1.1.7 first identified in the UK in November, B.1.351 first identified in South Africa and P.1 in first identified in Brazil), and these have contributed significantly to resurgence in several countries between November 2020 and February 2021. These new variants of concern have displayed biological properties such as increased transmissibility and some have potential for immune evasion, diminished vaccines efficacy (B.1.351 and B.1.1.7). Their impact on therapeutics and disease severity and re-infection is still under

---

<sup>1</sup> Responding to COVID-19 in Africa: Using Data to Find a Balance. PERC Report 2020

investigation. Some countries in the region have identified more than one new variant of concern. Most countries are conducting genomic sequencing to identify new variants. The significance of new variants of concern is immune escape, reduced vaccine efficacy resulting in resurgences and a high likelihood of a protracted or more severe COVID-19 outbreaks.

The COVAX facility was developed to support equitable access to COVID-19 vaccines globally with the aim of targeting 20% coverage in all countries prioritizing high-risk populations by the end of 2021. Unfortunately, this global solidarity initiative has been undermined by bilateral deals between manufacturers and countries with high income countries stockpiling supplies far exceeding their immediate needs. By 8 February 2021, approximately 131 million vaccine doses had been distributed globally with 86% supplied to only ten countries and 1% supplied to low-income countries. As outlined, it is highly unlikely that effective vaccines will be rapidly made available across the continent in the next few months. Whilst health care workers and the elderly are being highly prioritized for receiving the first COVID-19 vaccines, comprehensive vaccine coverage of these groups will pose significant logistical challenges, particularly for those located in remote areas. Therefore, it can be assumed that the COVID-19 pandemic will continue through 2021 and beyond. Unfortunately, the delay in vaccine roll out to the Africa region is a risk for new more efficient variants to emerge which may impact efficacy of available vaccines. Therefore, implementation of public health and social measures namely physical distancing, wearing of face masks and hand hygiene will continue to be the backbone of response for the foreseeable future. It is therefore critical for all countries within the AFRO region to plan and enhance their readiness and response capacities to manage current and future resurgences.

Furthermore, the limited surveillance systems and testing capacity in some countries in the region impact on early outbreak detection to facilitate timely intervention, limit transmission and save lives. Therefore, implementing robust surveillance, effective testing strategies and robust resurgence planning will help to identify hotspots earlier and respond effectively. WHO Regional Office for Africa (AFRO) has made recommendation to countries to review and revise their current surveillance strategies and to ensure integration of COVID-19 surveillance into their Integrated Disease Surveillance and Response (IDSR) system, preferably that which has been updated to the 3rd Edition. Country reviews of surveillance strategies are ongoing including periodic risk

assessments and ensuring timely detection, investigation and response to new clusters. This Resurgence guidance document aims to support countries to anticipate and prepare for all future resurgences. All countries in the region need to establish a framework to effectively detect and manage COVID-19 resurgence recognizing that a prolonged pandemic will cause further substantial public health, socio-economic impacts and ultimately affect the security of the region.

### 1.3 Aim and Objectives

This document aims to provide guidance to Member States in the African Region on early detection and response measures for COVID-19 resurgence including adjusting Public Health and Social Measures, tailored to lowest geographic level to mitigate or control transmission to a level that minimizes the public health threat and socio-economic impacts of a prolonged COVID-19 response.

The specific objectives are to:

- Establish thresholds for alert and response to COVID-19 resurgence
- Recommend essential indicators for monitoring resurgence
- Recommend priority actions for alert and response
- Recommend Public Health and Social Measures (PHSM) linked to various phases of resurgence.

## 2. Target audience

The intended users of this guidance are the Ministry of Health (MoH) Partners and other relevant stakeholders. at all levels.

## 3. Resurgence

### 3.1 Defining resurgence

A COVID-19 resurgence is defined as an increase in new cases of COVID-19 after a period of lower or no transmission for a period of at least two consecutive weeks. This assumes that surveillance and testing are optimal.

### 3.2 Thresholds for early detection of resurgence

There are three actionable thresholds that are considered in this guidance. These are *resurgence alert threshold*, *resurgence response threshold* and *Under Control*.

### 3.2.1 Resurgence Alert threshold

The *resurgence alert threshold* is reached when there is an increase of between 10% and less than 20% increase in the number of confirmed COVID-19 cases using a seven-day moving average. During the Alert phase, “districts” should be scaling up for a possible resurgence and should be implementing high impact interventions with the aim of avoiding a resurgence. In the Alert phase, the health systems ability to cope with a resurgence must be assessed and capacities should be strengthened where necessary. The key indicators for resurgence (Table 1) must be continuously monitored and analysed to inform interventions. Teams deployed into the areas that have reached alert threshold must provide weekly feedback to the national level on the progress and success of interventions. Furthermore, during the Alert phase, the capacity of non-COVID-19 health services should be assessed to determine whether interventions need to be put in place to ensure other essential health services are not neglected during a resurgence.

### 3.2.2 Resurgence Response threshold

The *resurgence response threshold* is reached when there is an increase of over 20% in the number of new confirmed COVID-19 cases using a seven-day moving average. Rapid intervention is key when this threshold is reached. If there are health system capacity gaps, capacity strengthening interventions must be identified and implemented immediately. Data collected using the key resurgence indicators should be continuously monitored, analysed and reported to inform which interventions should be implemented. Before implementing an intervention, implementers must adapt the chosen intervention to ensure that it is location appropriate. Teams deployed into the resurgence area must provide daily feedback through the national reporting channels on the progress and success of the localised and tailored interventions.

### 3.2.3 Under control

COVID-19 transmission is considered to be *under control* when the increase in the new confirmed cases (the seven-day moving average) is less than 10% over a period of two consecutive weeks, or there has been sustained decrease or an epidemiological plateau for two consecutive weeks. For a geographical area to be classified as under control, it should not meet criteria for resurgence alert or response.

**Figure 2: Resurgence thresholds**

<b>&lt;10%</b> increase or decrease in new confirmed cases	<b>Under control</b>	
<b>10% to &lt;20%</b> increase in new confirmed cases	<b>Alert</b>	
<b>20% and above</b> increase in new confirmed cases	<b>Resurgence</b>	

### 3.3 Indicators for early detection and monitoring of resurgence

The following seven key indicators should be used for early detection of resurgence and to conduct a more detailed analysis of the COVID-19 resurgence status in a country for the purpose of verification and subsequent monitoring (Table 1). The indicators will allow decision makers to track COVID-19 trends in specific geographic locations (region/province/district), determine the resurgence situation, monitor the trend and implement appropriate interventions for a given phase.

**Table 1. Key indicators for tracking resurgence**

Indicator (use 7-day moving average)	Description
<ul style="list-style-type: none"> <li>Number of new COVID-19 cases per day</li> </ul>	<ul style="list-style-type: none"> <li>New COVID-19 cases within a geographic region (e.g. province/region/district)</li> <li>Re-infections should be included here</li> </ul>
<ul style="list-style-type: none"> <li>Number of COVID-19 Tests / unit population</li> </ul>	<ul style="list-style-type: none"> <li>Test to positive case ratio of 5:1</li> <li>Or more than 10 tests per 10,000</li> <li>PCR and Ag RDT tests (specify)</li> </ul>
<ul style="list-style-type: none"> <li>Positivity rate</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of positive tests of all tests conducted within a defined geographic area or population subgroup</li> </ul>
<ul style="list-style-type: none"> <li>Number of active cases</li> </ul>	<ul style="list-style-type: none"> <li>Number of confirmed COVID-19 cases per 100 000 population that have not met the discharged criteria of the national guidelines</li> <li>(Active cases= Confirmed cases - COVID deaths- COVID recoveries /discharges)</li> </ul>
<ul style="list-style-type: none"> <li>Current COVID-19 hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>Number of COVID-19 patients hospitalized in a given geographic area/ health facility.</li> <li>Percentage of ICU beds occupied by COVID-19 patients (bed occupancy)</li> </ul>
<ul style="list-style-type: none"> <li>COVID-19 case fatality ratio (CFR)</li> </ul>	<ul style="list-style-type: none"> <li>Number of COVID-19 deaths/ Total confirmed cases</li> <li>Identify the factors associated with fatality and characteristics of those who are dying</li> </ul>
<ul style="list-style-type: none"> <li>Number of All-cause mortality</li> </ul>	<ul style="list-style-type: none"> <li>All-cause mortality per 100 000 population (compared to projections)-where vital statistics records are available,</li> <li>Reported increase in community deaths</li> <li>Mortality survey results.</li> </ul>

#### 4. Priority actions at the different phases of resurgence

The monitoring of resurgence indicators is not sufficient if it is not linked to timely and precise actions. The table below summarise suggested actions for functional areas of the IMT once alert and response thresholds are exceeded.

**Table 2. Priority actions for Alert and Response Phases by COVID-19 response pillars**

Pillar	Priority actions	
	Alert threshold	Response threshold
<b>Leadership &amp; Coordination</b>	<ul style="list-style-type: none"> <li>• Decision makers meet weekly.</li> <li>• Conduct a Rapid Risk Assessment (RRA) to identify potential risk areas and identify vulnerable groups.</li> <li>• Address recommendations from most recent IAR reports.</li> <li>• Identify opportunities for local level public-private partnership to promote local capacity building.</li> <li>• In humanitarian contexts, ensure functioning health cluster, 4Ws conducted with clear ToRs.</li> <li>• Update/adapt and disseminate SOPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Decision makers meet daily to review status of the response.</li> <li>• Convene partners and other key stakeholders and confirm commitment to support areas.</li> <li>• Review and track resource mobilization and utilization.</li> </ul>
<b>Epi-Surveillance</b>	<ul style="list-style-type: none"> <li>• Review surveillance capacity &amp; data management in at-risk areas.</li> <li>• Review key monitoring indicators daily to carefully track the trend using 7- day moving averages.</li> <li>• Intensify technical support and capacity building for surveillance (indicator, event-based and community surveillance) , contact tracing, case investigation and data management.</li> <li>• Establish RRT rosters in readiness for surge deployment.</li> <li>• Send cross-section of samples from positive cases for genomic sequencing.</li> </ul>	<ul style="list-style-type: none"> <li>• RRT conduct in-depth Epidemiological field investigation to identify contributing factors, contacts, new clusters and potential super spreader events.</li> <li>• Strengthen data management including the use of digital technology tools.</li> <li>• Review surveillance/testing strategies (e.g. consider use Antigen RDTs for testing high risk and vulnerable populations groups where high-level community transmission is evident.</li> </ul>



<p><b>Points of Entry (PoE)</b></p>	<ul style="list-style-type: none"> <li>• Exit and entry screening for signs and symptoms of COVID-19 – visual and temperature screening, interviewing of travellers and digital health declaration forms; SARS-CoV-2 negative test certificate for travellers; 14-day self-quarantine for international travellers.</li> <li>• Revise and update national travel guidance to prevent and manage COVID-19 in the context of international travel and PoE (airport, seaport and ground crossings) consistent with WHO Travel advice guidelines.</li> <li>• Self-monitoring for international travellers.</li> <li>• Information sharing on travel requirements for travellers and conveyance operators.</li> <li>• International contact tracing using National IHR Focal Points Environmental controls and public health and social measures at points of entry.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement WHO Travel Guidance at PoE.</li> <li>• Exit and entry screening for signs and symptoms of COVID-19 – visual and temperature screening and interviewing of travellers and digital health declaration forms; SARS-CoV-2 testing for travellers.</li> <li>• Quarantine for international travellers.</li> </ul>
<p><b>Case Management</b></p>	<ul style="list-style-type: none"> <li>• Assess healthcare workers capacity for monitoring and follow up of patients under Home Based Care (HBC).</li> <li>• Assess ICU capacity and oxygen delivery systems, technical maintenance and supply.</li> <li>• Develop referral policies, identify emergency rosters for critical care staff.</li> <li>• Functionalise isolation and treatment facilities on standby by assigning HR, supplies, medical equipment &amp; services are on stand-by.</li> <li>• Identify gaps and best practices in home-based and community management of asymptomatic and mild cases; and hospital care/treatment of moderate, severe and critical cases.</li> <li>• Revise and update clinical and treatment guidelines/SoPs based on lessons learnt and new evidence.</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate multi-month prescriptions, home delivery of medications, volunteer follow up, teleconsultations, multi-specialist visits.</li> <li>• Equip HBC teams with pulse oximeters for assessing oxygen capacity of asymptomatic cases.</li> <li>• Support referral of vulnerable cases.</li> <li>• Strengthen capacity for collecting and monitoring case management data.</li> </ul>

<b>Infection prevention and control</b>	<ul style="list-style-type: none"> <li>• Intensify training and capacity building of healthcare workers on IPC.</li> <li>• Forecast IPC needs for COVID-19 response, continuity of health services and vaccination.</li> <li>• Revise and update guidance on preventive measures based on new evidence.</li> <li>• Endorse policies for decongestion of prisons &amp; visitor policies.</li> <li>• Enforce IPC policies in schools and institutions.</li> <li>• Endorse health worker social protection measures.</li> <li>• Intensify environmental and personal IPC measures for the public.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor HCW infections and deaths.</li> <li>• Ensure adequate PPE supplies.</li> <li>• Ensure adequate roster system to prevent burn out.</li> <li>• Implement strategies for decongestion of prisons, visit bans to all closed facilities.</li> </ul>
<b>Risk Communication &amp; Community Engagement</b>	<ul style="list-style-type: none"> <li>• Focused interventions intensify community engagement.</li> <li>• Revise existing RCCE framework and strategies.</li> <li>• Intensify collaboration with stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Intensify local level RCCE through local leaders and volunteers .</li> <li>• Continue to manage infodemic.</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• Quantify OSL needs for a potential resurgence, identify gaps and procure 60-day contingency stock where resources allow.</li> </ul>	<ul style="list-style-type: none"> <li>• Support stock and supply chain management.</li> </ul>
<b>Continuity of essential health services</b>	<ul style="list-style-type: none"> <li>• Conduct rapid health facility readiness assessment.</li> <li>• Assess current capacities of chronic illness/palliative care follow-up clinics.</li> <li>• Enhance stock management capacity and ensure 3-month supply of essential medicines, supplies and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly review continuity of essential health services status.</li> <li>• Monitor follow up through records &amp; supportive supervision.</li> <li>• Continue to monitor disruptions of essential health services.</li> </ul>
<b>COVID-19 Vaccination</b>	<ul style="list-style-type: none"> <li>• Assess public sentiment around vaccination and address concerns through RCCE.</li> <li>• Assess and prepare operational capacity for vaccination.</li> </ul>	<ul style="list-style-type: none"> <li>• Target vaccination to high risk and vulnerable groups (particularly those in closed institutions such as nursing homes, prisons, refugee centres) &amp; frontline workers in all these facilities.</li> <li>• Integrate vaccine status into Epi-case investigation forms and line lists.</li> </ul>

## 5. Public Health and Social Measures at different phases of resurgence

Countries continue to implement Public Health and Social Measures (PHSM) in response to COVID-19, which are non-pharmaceutical interventions at individual and societal levels such as population movement restrictions, closure of schools and other public places, restriction of mass gathering and international travel restrictions. The implementation of the priority actions in section 4 above during

resurgence phases may or may not be accompanied by adjustments in PHSM. Adapting the PHSM should take into consideration the epidemiological situation, public health risk and the socio-economic impact on the population. Given that majority of the countries in the region are in community transmission, a risk-based approach is recommended for use in adjusting PHSM while managing the risk of COVID-19 resurgence based on the community transmission scenarios as shown in Table 3 below.

**Table 3. Risk-based approach for adjusting Public Health and Social Measures (PHSM)**

Community Transmission Scenario	Indicators (to be tailored to local context, and a comprehensive testing and surveillance for suspected cases)	PHSM
<b>Low or sporadic</b>	<ul style="list-style-type: none"> <li>• Declining trends of new COVID-19 cases for the last 2 weeks.</li> <li>• Percentage SARS-COV-2 test positivity rate of 5-15% or 1-25 daily new cases per 100,000.</li> <li>• Declining trends of COVID-19 hospitalization for the past 2 weeks or weekly COVID-19 associated hospitalization rates &lt;1 per 100,000 population for the past 2 weeks.</li> <li>• Declining trends of deaths COVID-19 deaths for the past 2 weeks.</li> <li>• High health system readiness (HDU/UDU/Oxygen delivery capacity).</li> </ul>	<ul style="list-style-type: none"> <li>• Essential travel</li> <li>• Minimum population movement restrictions</li> <li>• Opening up of businesses and schools</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>• Stabilizing trend of new COVID-19 cases for at least the last 2 weeks</li> <li>• Percentage SARS-COV-2 test positivity rate of 5-15% or 1-25 daily new cases per 100,000.</li> <li>• Stabilizing trends of COVID-19 hospitalization for the past 2 weeks or weekly COVID-19 associated hospitalization rates 2-10 per 100,000 population for the past 2 weeks.</li> <li>• Stabilizing trends of COVID-19 deaths for the past 2 weeks.</li> <li>• High health system readiness (HDU/UDU/Oxygen delivery capacity).</li> </ul>	<ul style="list-style-type: none"> <li>• Essential travel</li> <li>• Moderate population movement restrictions</li> <li>• Limitation of mass gathering</li> <li>• Closure of some businesses and schools</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>• Increasing trend of new COVID-19 cases for at least the past 2 weeks</li> <li>• Percentage SARS-COV-2 test positivity rate of &gt;15% or &gt; 25 daily new cases per 100,000.</li> <li>• Increasing trends of COVID-19 hospitalization for the past 2 weeks or weekly COVID-19 associated hospitalization rates &gt;10 per 100,000 population for the past 2 weeks.</li> <li>• Increasing trends of COVID-19 deaths for the past 2 weeks.</li> <li>• Low health system readiness (HDU/UDU/Oxygen delivery capacity).</li> </ul>	<ul style="list-style-type: none"> <li>• Returning residents</li> <li>• Humanitarian travel</li> <li>• Total population movement restrictions</li> <li>• Closure of businesses and schools</li> </ul>

## 6. Country implementation modality

While this document aims to provide guidance intended for decision makers at all operational levels in countries of the WHO African Region to detect and manage the risk of COVID-19 resurgence, it requires establishing and maintaining systems of tracking resurgence. This involves using the key indicators listed in Table 1 above as early warning to track resurgence, implementing robust surveillance systems (IDSR, Influenza Sentinel surveillance), refining testing strategy, genomic surveillance and developing action plans to tailor response interventions and adjusting PHSM to manage the risk of resurgence.

### 6.1 Integrating the resurgence thresholds into the IDSR reporting platforms and tracking resurgence

The Member States in the WHO African region have established a framework for early warning system based on the Disease Surveillance and Response (IDSR). A robust and sustainable COVID-19 surveillance and response requires its integration into the IDSR system. Member States should revise and update their current COVID-19 surveillance strategies and ensure that COVID-19, Severe Acute Respiratory Infections(SARI) and Influenza-like illness(ILI) are included on the list of priority notifiable diseases in IDSR and all reporting sites in a country should implement immediate and weekly reporting using the recommended reporting forms and platforms. For countries that have established the Influenza sentinel surveillance system as a component of IDSR, this should be strengthened and made more effective to complement the surveillance system. In all countries, surveillance data should be linked to laboratory data including data on PCR and Antigen RDT tests conducted. Case-based investigation should be conducted, and data summarized online-lists containing all the recommended variables including COVID-19 vaccination status. WHO AFRO has provided a summary guidance on COVID-surveillance in the IDSR Technical Guidelines.

Targeted genome sequencing should be conducted in areas where IDSR reports indicate a spike in COVID-19 cases for early detection of new variants of concern.

Countries implementing electronic IDSR(e-IDSR) can include the resurgence thresholds in the algorithms for notification so that once the alert and action thresholds are crossed at a district level the appropriate decision maker are notified to initiate action. This will serve as an early warning mechanism and prevent escalation of transmission.

Furthermore, a system of standardised and co-ordinated information sharing is required at the sub-national, national, regional and global level to understand how the COVID-19 pandemic is evolving, as well as other concurrent health emergencies. Timely data sharing is critical to enable countries to have regular access to analytical information from the regional and global levels on the status of the COVID-19 pandemic.

## **6.2. Identify, plan and implement tailored interventions**

Member States need to maintain vigilance and continue to enhance their capacities to detect and promptly respond to subsequent clusters or resurgence. Countries need to continue to implement their COVID-19 operational plans to contain the pandemic throughout 2021 and action plans should be developed and tailored to the needs in a given geographic area (province/region /county/district) at risk of resurgence. Findings from the Intra Action Reviews (IAR) should inform adaptation of the response plans as necessary and recommendations should be implemented. Regular reporting and feedback at all levels through the national channels should be strengthened including to reporting to WHO (Figure 3).

Despite recent advances in vaccine development and expected availability in 2021, vaccine administration to over 60% of populations in 2021 is optimistic and countries must not lapse on focusing on public health preventive measures that are proven to significantly result in declining trends as observed in mid- 2020. The efforts made by countries to date have also contributed significantly to enhancing existing emergency preparedness and response capacities of existing surveillance systems through an integrated approach. There is a need to continue monitoring and adjusting preparedness and response plans to ensure readiness for resurgences are considered as an ongoing threat throughout 2021 and beyond due to potential new and potentially more aggressive variants of concern. Planning for resurgence ultimately will prevent health systems from being overwhelmed and contribute towards ensuring that the populations across the continent affected by a protracted emergency, continue to have access to essential life-saving services, including health promotion and disease prevention services until such time as the outbreak is controlled.

**Figure 3: Overview of resurgence tracking and response**



## Bibliography

1. WHO Director-General's opening remarks at the media briefing on COVID-19 – 11<sup>th</sup> March 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
2. Weekly epidemiological update - 3 November 2020. Data as received by WHO from national authorities, as of 10am CEST 1<sup>st</sup> November 2020. <https://www.who.int/publications/m/item/weekly-epidemiological-update---3-november-2020>
3. Assessing the impact of COVID-19 on Africa's economic development [https://unctad.org/system/files/official-document/alcdmisc2020d3\\_en.pdf](https://unctad.org/system/files/official-document/alcdmisc2020d3_en.pdf). Accessed on the 9<sup>th</sup> November 2020
4. World Health Organization. Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27th August 2020. [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1)
5. World Health Organization. Operational Review of the WHO AFRO IMST to COVID-19 Pandemic Response Report. 20<sup>th</sup> September 2020 (Unpublished)
6. World Health Organization. COVID-19 Strategic Response Plan in the WHO African Region <https://www.afro.who.int/publications/covid-19-strategic-response-plan-who-african-region>
7. Responding to COVID-19 in Africa: Using Data to Find a Balance. PERC Report 2020
8. Pfizer and BioNtech announce vaccine candidate against covid-19 achieved success in first interim analysis from phase 3 study (Published on 9<sup>th</sup> November 2020). <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-vaccine-candidate-against> Accessed on 13th November 2020.
9. World Bank 2020. World Bank Confirms Economic Downturn in Sub-Saharan Africa, Outlines Key Polices Needed for Recovery Accessed on 13<sup>th</sup> November 2020 @ <https://www.worldbank.org/en/news/press-release/2020/10/08/world-bank-confirms-economic-downturn-in-sub-saharan-africa-outlines-key-polices-needed-for-recovery>
10. Interim guidance *Considerations for implementing a risk-based approach to international travel in the context of COVID-19*: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2020.1>
11. Annex *Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19*: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-Assessment-tool-2020.1>

12. Scientific brief *COVID-19 diagnostic testing in the context of international travel*: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-international\\_travel\\_testing-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-international_travel_testing-2020.1)
13. World Health Organization (WHO). (2020). Public health criteria to adjust public health and social measures in the context of COVID-19. 2020. [https://apps.who.int/iris/bitstream/handle/10665/332073/WHO-2019-nCoV-Adjusting PH measures-Criteria-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/332073/WHO-2019-nCoV-Adjusting_PH_measures-Criteria-2020.1-eng.pdf?sequence=1&isAllowed=y)
14. World Health Organization. (2020). Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance, 4 November 2020 (No. WHO/2019-nCoV/Adjusting PH measures/2020.2). World Health Organization. <https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>