World Health Organization
REGIONAL OFFICE FOR Africa

COVID-19 IMST* Monthly Bulletin

Epidemiological Situation and Response actions in the African Region

May 2022

* Incident Management Support Team

1 Update on the Coronavirus disease 2019 (COVID-19) Epidemiologic situation in the African Region

As of 30 April 2022, there have been 512.607 million confirmed cases globally, with deaths standing at 6,243,038. Confirmed cases in the World Health Organisation (WHO) Africa region (AFRO) were 8,795,716. There were 156,635 confirmed cases in April, a 2% increase from March. Overall decline in cases was reported in West Africa (48%), East Africa (72%), and North Africa (85%) from March to April, while Central Africa (19%) and Southern Africa (29%) reported an overall increase in cases for the same period. A majority of the cases (82%) in April was from southern African countries, with South Africa contributing 75% of the cases in the AFRO region. On the other hand, all the sub-regions recorded an overall decline in reported deaths between March and April. However, four in five of the deaths in April were reported in South Africa, Zimbabwe and Mauritius.

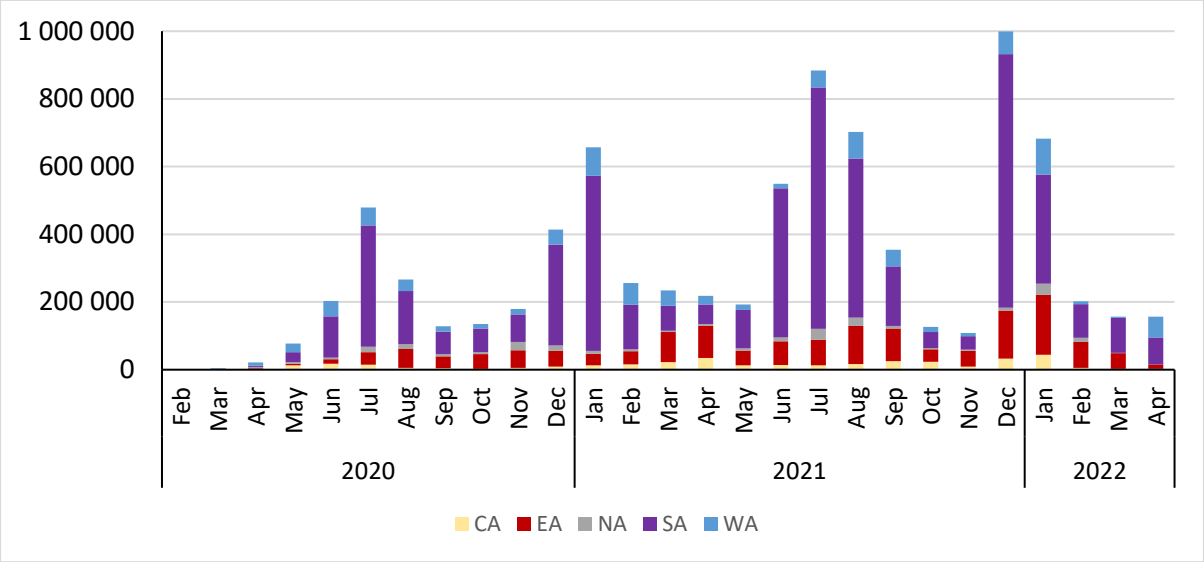


Figure 1 Monthly change in cases till April 2022 by WHO AFRO sub-region. WA-Western Africa, SA-Southern Africa, NA-Northern Africa, EA-Eastern Africa, CA-Central Africa (Data source: https://ourworldindata.org/covid-cases)

2 Updates on countries under Situations of Concern (SOC)

At the AFRO level, countries continue to be monitored by the status of the resurgence every week, using a grading mechanism that classifies countries whether they are in resurgence[1], have a very high incidence[2], are in alert or under control. By the end of April, no country was in resurgence, while Seychelles and Mauritius registered very high incidence. Burundi, Mali and South Africa were placed on alert given the increased number of cases in April. The remaining 42 countries are still in low incidence at the end of April.

[1] Countries are classified to be in resurgence if they have a 20% or more week-on-week increase in the number of cases reported for at least two consecutive weeks; and an incidence proportion of 30% or more from the previous wave.

[2] Classification of very high incidence entails those with more than 500 cases per one million population for the epi week.

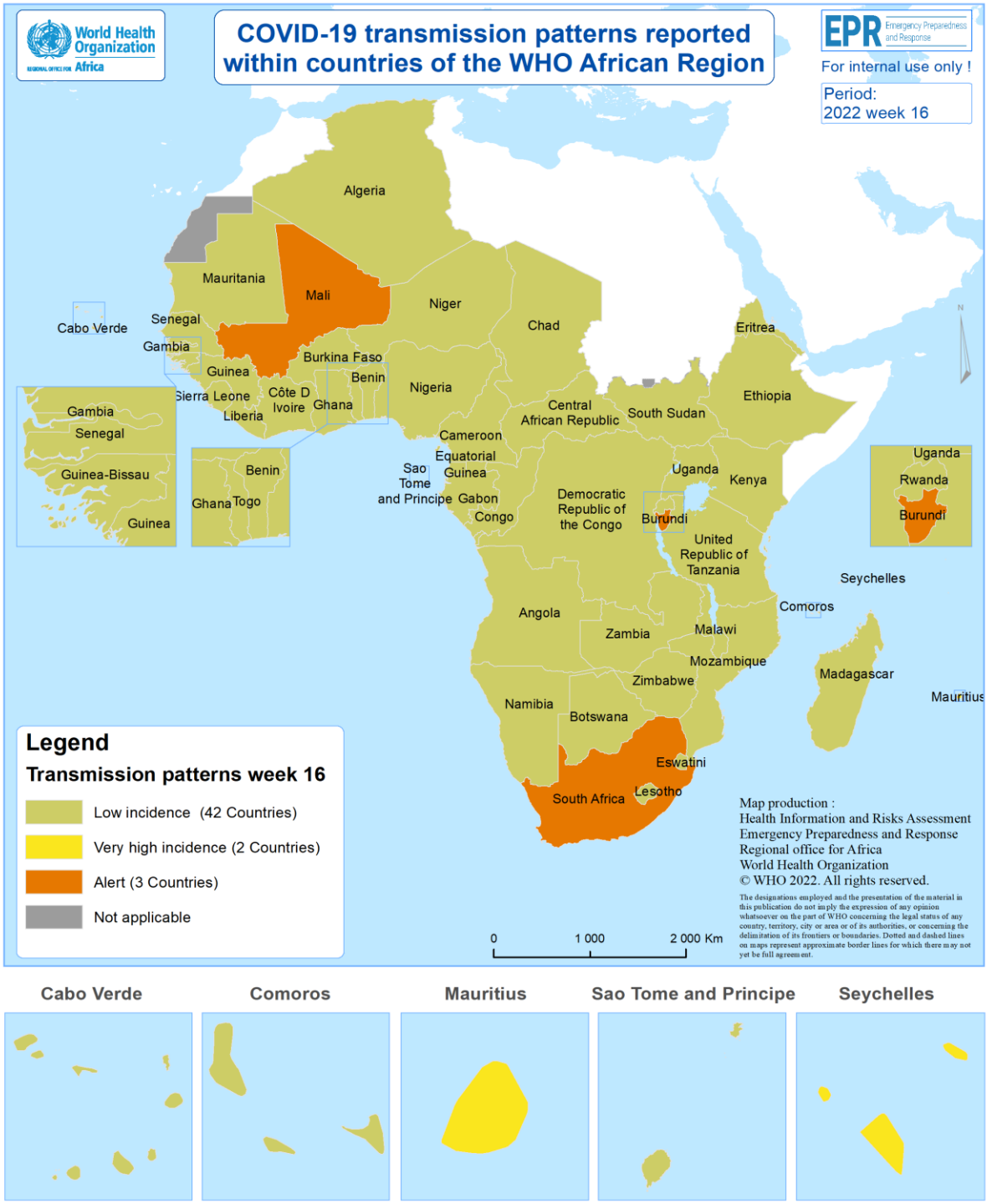


Figure 2 Country classification based on situations of concern showing Low incidence, alert and very high incidence countries as at end of April.

3 Update on pillar response actions

3.1 Case Management

The case management team is focusing on engaging country offices in implementing activities for the second quarter of the year. Most countries are prioritising strengthening Intensive Care Unit (ICU) capacity, equipment, and skilled staff. WHO interventions include

expanding ICUs by increasing bed capacities, supporting continuous medical education for ICU staff, and providing ICU equipment. This will ensure ICU capacities are kept intact for the provision of routine and surge care. Additionally, as countries are scaling down the COVID-19 response, the case management teams continue to support countries through webinars and bilateral engagements on the approach to the COVID 19 clinical CARE pathway. The new case management training tools from the WHO headquarters (HQ) have also been disseminated. These include the updated Toolkit on Clinical Care for Severe Acute Respiratory Illness, the COVID-19 Clinical Care Pathway, and the Open WHO Updated Course on Clinical Management of COVID-19 and Healthcare readiness. As reported in March, there were challenges with procurement processes. The case management team reported that procurement of the antiviral Molnupiravir for treating mild/ moderate cases is now open. Three million treatment courses are available (40 tablets/treatment at $85.

Challenges	Ongoing Response Actions
30 countries were identified as having relatively weak ICU capacities	A Memorandum of understanding (MOU) was signed between WHO and the European Society of Intensive Care Medicine (ESICM) to train ICU health professionals (nurses and doctors). The training will be undertaken in two phases: the first online, followed by in-country clinical skills training.
Some countries such as Lesotho, Madagascar, Algeria, Nigeria, Central African Republic, Cameroon and Liberia are still reporting high COVID mortality.	Joint missions are being planned (for April to June 2022) to these countries, and those reporting no deaths.
Countries are experiencing challenges to procure Tocilizumab as it requires a cold chain and is quite expensive to ship.	Countries are encouraged to procure significant quantities (above 30 vials) as considerations are made to reduce shipping costs for larger quantities.

Case management highlight: ***The COVID-19 pandemic has enhanced the rapid implementation of the EMT initiative in the AFRO region***

COVID-19 pandemic has emphasised the need for better planning and preparedness for emergency management and the necessity for a surge in external healthcare professionals for direct clinical care and capacity-building support. The Emergency Medical Teams (EMT) initiative works to strengthen national surge capacities and facilitate the deployment of internationally classified teams of healthcare professionals to countries during emergencies, especially during disease outbreaks and natural disasters. They often provide immediate assistance when national health systems are overwhelmed.

COVID-19 has enhanced the development of the national EMTs in the region. Following the awareness and operationalisation in January 2018 and subsequently accelerated by the COVID-19, 22 International-EMT deployments have been carried out in 24 countries in the WHO AFRO region. Overall, about 360 personnel have been deployed with the support of the WHO and the EMT-network collaboration. As a result of the deployments, 34% (16 out of 47) of WHO African countries received support in the management of severe and critical cases of COVID-19 through the targeted interventions to improve IPC practices among health workers, assessment of health facilities and Risk Communication and Community Engagement (RCCE). Overall, more than 5,500 health personnel have been trained by EMT members to help kick off the implementation of National EMTs in 15 countries.

The ongoing implementation of the national EMT system has benefited from identifying a national focal point at the country level,

supported by WHO representatives, who have expedited the implementation processes in alignment with the wider EMT Initiative.

In addition, the Regional EMT training centre in Addis Ababa is nearing completion and is targeted to commence operation in July 2022. It will help enhance the regional pool of mentors to support countries in implementing National EMTs and enhance awareness of EMT initiatives in some WHO country offices, operational partners, and the Ministries of Health.

The plan of the WHO EMT training centre in Ethiopia - @WHO

The ongoing construction of the WHO EMT training centre in Ethiopia, onlooking are the AFRO COVID-19 IM and the logistics officer - @WHO Ethiopia

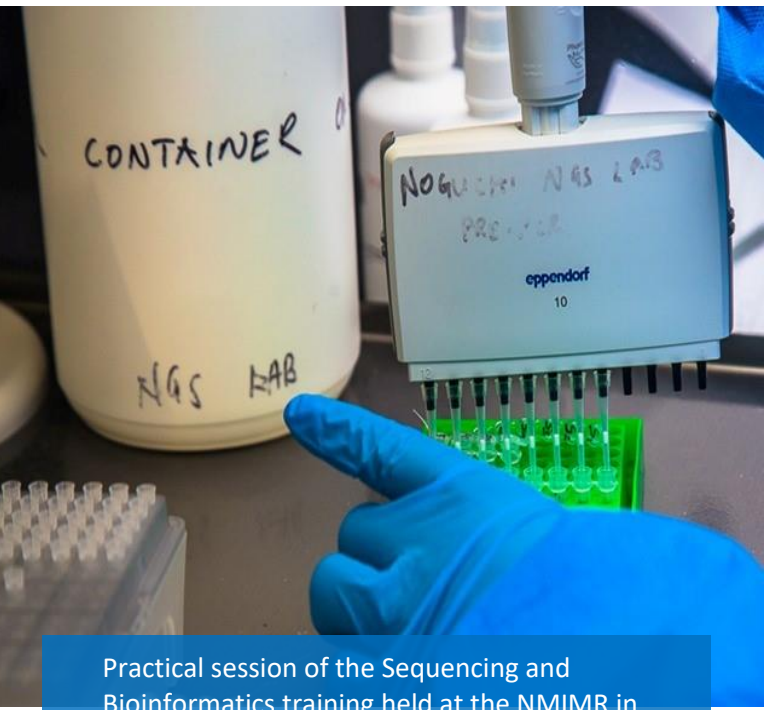
3.2 Laboratory

The Laboratory team continues to support countries to improve testing, scale up genomic surveillance and procurement of laboratory reagents. In April, the WHO Self Testing guidance was published and is being adapted for the region. South Africa continues to be a key contributor to Global Initiative on Sharing all Influenza Data (GISAID), submitting 43% of the 82,406 sequences shared. Sequencing capacity is continuously scaled-up, and most countries presently produce their sequences. The top sequencing countries in West Africa and East and Central Africa are Nigeria (7.2%) and Kenya (10.1%), respectively. The laboratory team finalised the online seven weeks training on bioinformatics with the US-CDC: 54 participants from 19 countries (Western Africa, Mauritania, Algeria, Comoros and South Africa) participated.

There was also the launch of hands-on training for Sequencing and Bioinformatics for Ethiopia, Eritrea, Tanzania, Burundi and South Sudan.

Challenges	Ongoing Response Actions
Testing for SARS CoV-2 continues to be lower than the recommended threshold and in the past month, 67% of countries in the WHO African Region have not achieved the benchmark of 10 tests per 10,000	WHO Self Testing guidance has been adapted for the region for dissemination through an ECHO session
Irregular, missing, or inappropriate reporting on testing data by countries continues to be a problem.	Questionnaire sent to countries to collect additional information on testing.
Non-availability of staff for country support visits to East Africa for scaling up genomic surveillance.	Requests have been made for recruitment of epidemiologist and bioinformatician

Laboratory operations highlight: ***Genomic Surveillance: WHO AFRO poised to strengthen countries' capacities to produce sequencing data***



Practical session of the Sequencing and Bioinformatics training held at the NMIMR in Accra-@WHO AFRO

Genomic surveillance remains crucial in monitoring the evolution of COVID-19 and identifying novel variants of concern in Africa. It has proven essential in tracking the COVID-19 virus and developing diagnostic tests and other response tools, making it central to the pandemic response.

To enhance the performance of genomic surveillance, WHO AFRO, has been working with countries to strengthen sequencing capacities. WHO AFRO support has been operationalised in training sessions for personnel on bioinformatics, setting up laboratories centres and networks to produce sequencing data and providing equipment and reagents. All these have been to improve countries' capacities to track novel variants of concern (VOC) and variants being monitored (VBM) to assist in making well-informed decisions.

Given that capacity in bio-informatics analysis is the major limiting factor in countries, WHO is constantly sailing through this component through continues capacity strengthening sessions with support from reference sequencing laboratories. Between 1 January, 2020, to 28 April, 2022, WHO AFRO co-organised four training sessions in the WAMA region alone, two in East Africa and one in Central Africa. 42 personnel were trained in sequencing and bioinformatics, and 56 in bioinformatics. Meanwhile, 34 sequencing platforms were implemented in 15 countries in the West Africa region alone. Six of the training sessions were face to face, and one was conducted through distance learning. Regarding the AFRO region presently, WHO has provided support to 43 countries to have sequencing capacity for SARS-CoV-2, while two additional countries, Cabo Verde and Liberia, received equipment and on-site training. With this boost in human resource capacities and genomic surveillance equipment, the region has since witnessed an evolution.

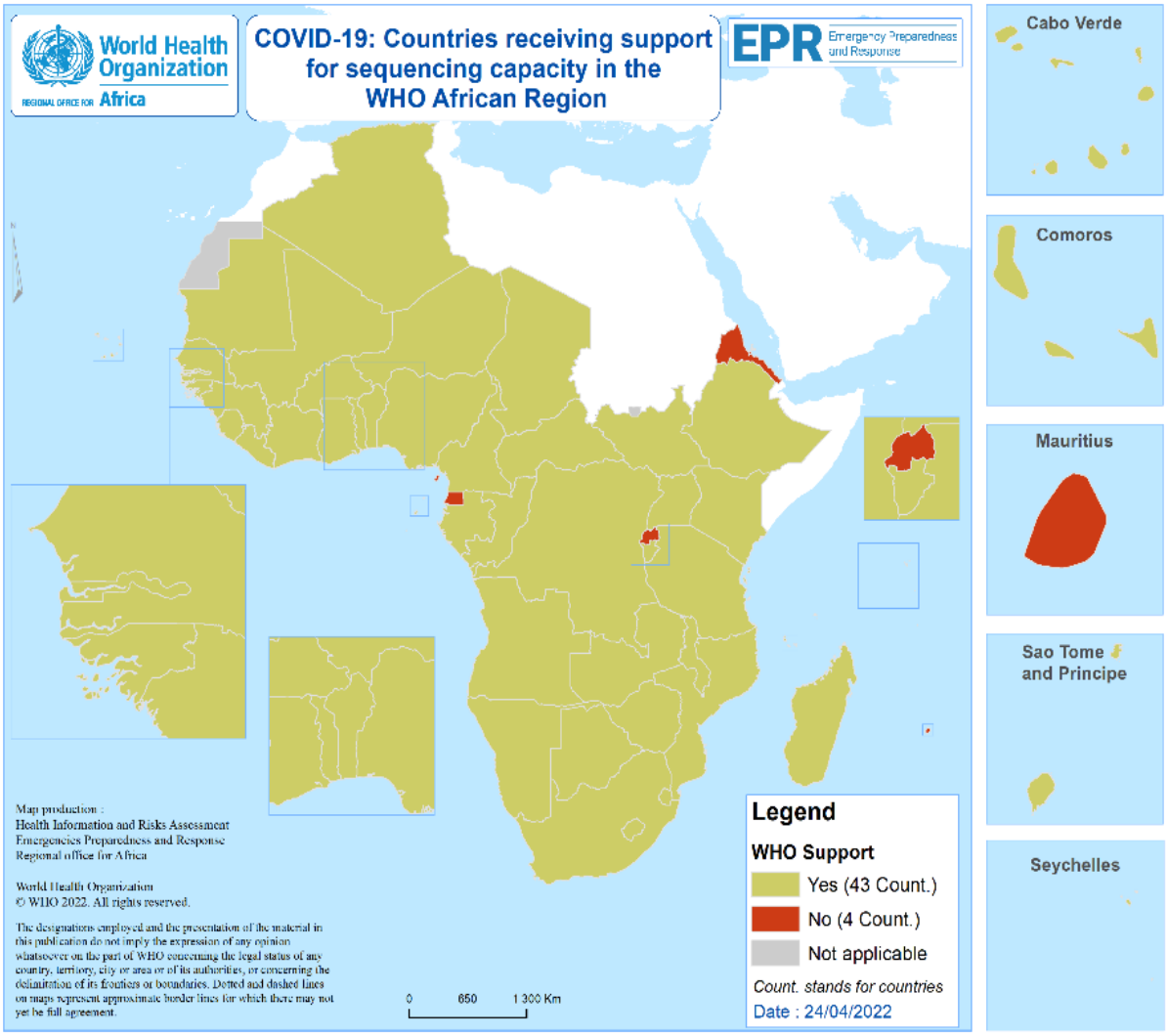


Figure 3: shows countries receiving WHO support for sequencing capacities in the AFRO region

Concerning the evolution of sequencing technology in the AFRO region, as of April 2022, 38 out of 47 countries have at least one sequencing platform. This is an increase compared to January 2021 when most of the sequences were generated by regional laboratories in Senegal, Nigeria, Ghana, Kenya, Uganda and South Africa and bilateral cooperation between regional sequencing hubs and the countries in the WHO AFRO region. Oxford-Nanopore, Illumina, and IonTorrent are the major sequencing technologies deployed within countries.

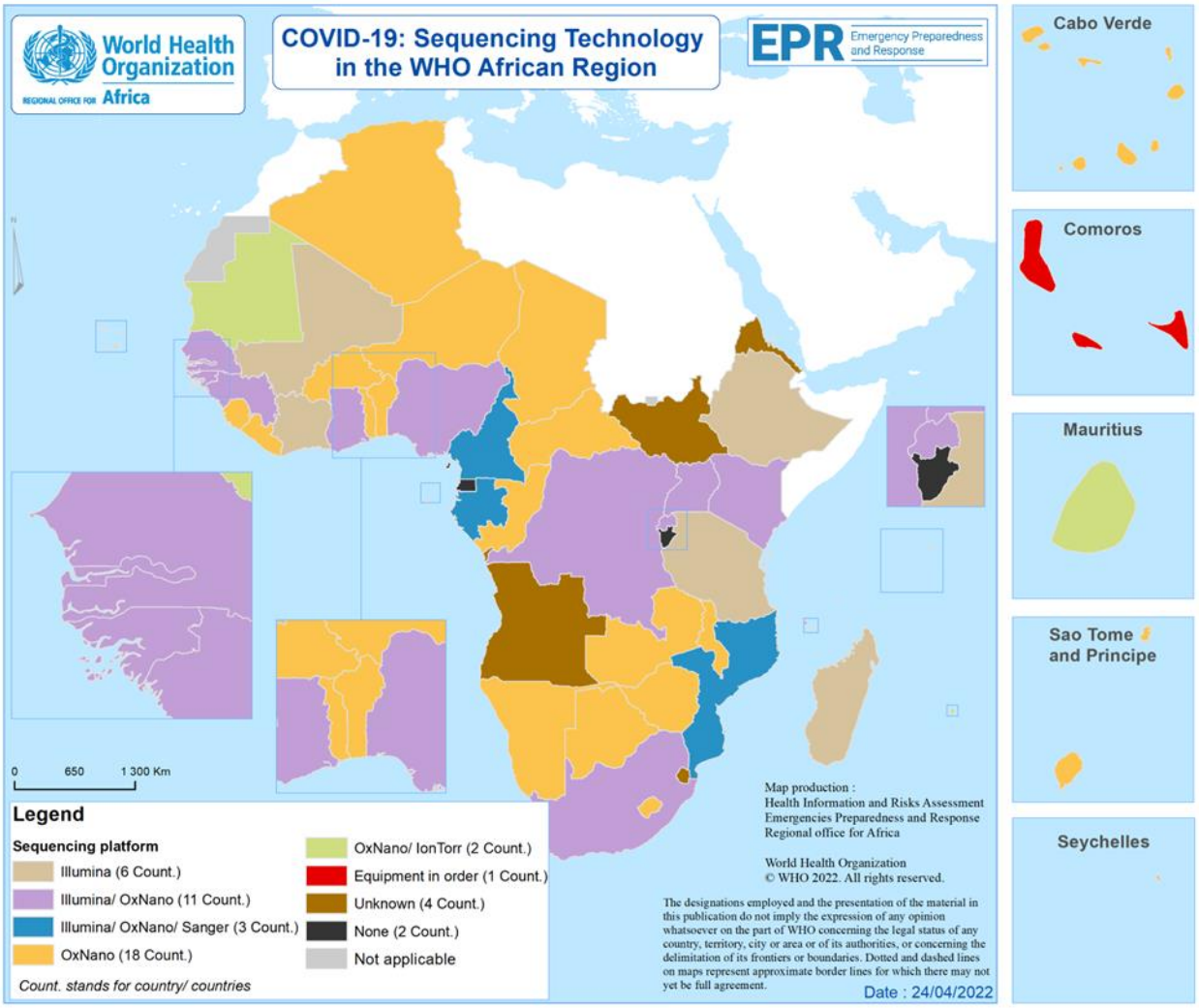


Figure 4: shows localisation of sequencing platforms in the AFRO region

Regarding countries' capacities to produce sequencing data, WHO with support from other partners like Africa Centre for Disease Control, has scaled up this process over the last two years. Due to WHO's support, 38 countries in the AFRO region now have in-country sequencing capacity with at least one functional equipment. Since the beginning of the pandemics, there has been a total of 88,268 were shared on GISAID. South Africa is a key contributor to GISAID submitting 38,582 (43.7%) sequences. The top sequencing countries in West Africa and East and Central Africa are Nigeria (6.8%) with 6035 sequences shared and Kenya with 9120 sequences (10.3%). However, this is an under-estimate of the SARS-CoV-2 genome sequenced as not all sequences are readily shared on GISAID. In addition, all countries have been supported with PCR screening assays for variants as an alternative to sequencing, and some countries regularly report on the circulation of variants with this tool. For instance, Algeria and Cabo Verde have respectively screened 4099 and 921 samples since the beginning of the pandemics with VOC PCR screening assays.

Due to existing sequencing regional platforms and collaborative efforts, countries like Senegal, Nigeria, Ghana and Cabo Verde have also been the major genomic surveillance data contributors. Cabo Verde, for example, through collaborative efforts led by WHO, regularly ships positive samples to the Pasteur Institute, Dakar (IPD, Senegal).

African countries are also making efforts to identify, analyse and report variants of concerns in the region. The collaboration between regional laboratories and countries has been pivotal in enhancing variant detection in the region. Among all variants identified since the beginning of the pandemics, the Alpha and Delta cases have been the longest circulating variants as they have been detected at more than 600 days since they were first identified in the region. Meanwhile, the Omicron variant is reported to be the fastest-growing variant as it is said to have reached a higher case count than the other variants in the first 200 days after their first case was detected.

Despite all these WHO efforts to scale up genomic sequencing in African countries, there are still roadblocks limiting effective progress in the continent. They range from insufficient reporting and poor quality of metadata, constraints in the acquisition of sequencing supplies and reagent, long lead times for procurement of testing and sequencing reagents and insufficient coordination among genomic surveillance partners at regional and country levels.

SARS-CoV-2 sample collection site visit at Beau Vallon hospital, Seychelles; 15 March 2022-@WHO Seychelles

3.3 Points of Entry (PoE)

In April, the PoE team continues tracking down the new public health safety measures announced by AFRO region countries over the official and non-official websites. In total, 38 were recorded for the month, with updates accessible at (https://afro-ihr-measures-who.hub.arcgis.com/pages/summary-details). In addition, EIS updates on international travel measures will continue to be done weekly as requested by the HQ. The team has finalised the technical note/contextualisation of Omicron guidance for International Travel in the AFRO region and support the After-Action Review (AAR) of Africa Cup of Nations (AFCON) Cameroon report development.

Challenges	Ongoing Response Actions
Most countries are not always publishing new measures on the official web sources.	The team continues to do frequent follow-ups with countries on updating relevant information in addition to checking non-official sources.

3.4 Risk Communication and Communication Engagement (RCCE)

The RCCE team continues to follow up the implementation of the community engagement project *"community dialogues coupled with vaccination"* with West and Central Africa (WCA) (Gabon, Mali, Cameroun, Niger, RCA et Guinea) countries. The team also continued to develop and disseminate COVID-19 messages for the end of Ramadan celebrations and on COVID-19 and Flu in preparation of the forthcoming winter season in southern Africa, dissemination of editable design Files – Campaign Visual Materials for the World Immunisation Week.

Challenges	Ongoing Response Actions
Lack of adherence to PHSM and low Vaccine uptake in Countries	crafting messages for the regional office on COVID-19 safety measures to uphold during Ramadan Kareem, COVID-19 vaccination and Easter seasons
RCCE KPIs are being under-reported	Training on RCCE M&E data collection for the Focal point of 47 countries to strengthen their capacities in the collection of RCCE main indicators and reporting process

RCCE operations highlight: ***Guinea: Boost in vaccine take up through community leadership engagements***

WHO staff explains the importance of getting vaccinated against COVID-19 - @WHO Guinea

An example of highlight is the community dialogues coupled with vaccination in Guinea and Cameroon have enhanced vaccine acceptance. The strategy involved engaging 25 community leaders and influencers per sub-district with poor vaccination coverage and/ or reluctance and/ or rumours and infodemics with each of them mobilising 25 people to get vaccinated.

Overall, some 800 community leaders and influencers were mobilised during community dialogues to scale up vaccination coverage in Guinea. Community leaders including local

chiefs, government partners and WHO staff, organised in mixed teams, engaged the communities in Guinea through dialogues around key concerns on vaccination and myths about COVID-19 vaccination. This is in the bid to give out the right information and maintain trust for immunisation and vaccine scale-up. With this strategy, 32 community dialogues were held in the country. This presented the opportunity for the population to forge solid social bonds directly with community leaders, influencers and WHO experts alongside government experts, who took turns to answer questions.

According to the National Health Security Agency, this strategy has resulted in an additional 6938 persons being vaccinated (from Nov. 2021 to March 2022) compared to the 5742 persons vaccinated between March to October 2021, before the strategy was implemented.

The community leaders, through these engagements, equally dispelled fears and doubts around vaccination by accepting to be vaccinated publicly. It is believed that the demobilisation of vaccination teams to countries using community leaders is essential in promoting vaccination acceptance in communities and reducing the level of hesitation.

Source: National Health Security Agency, 2022

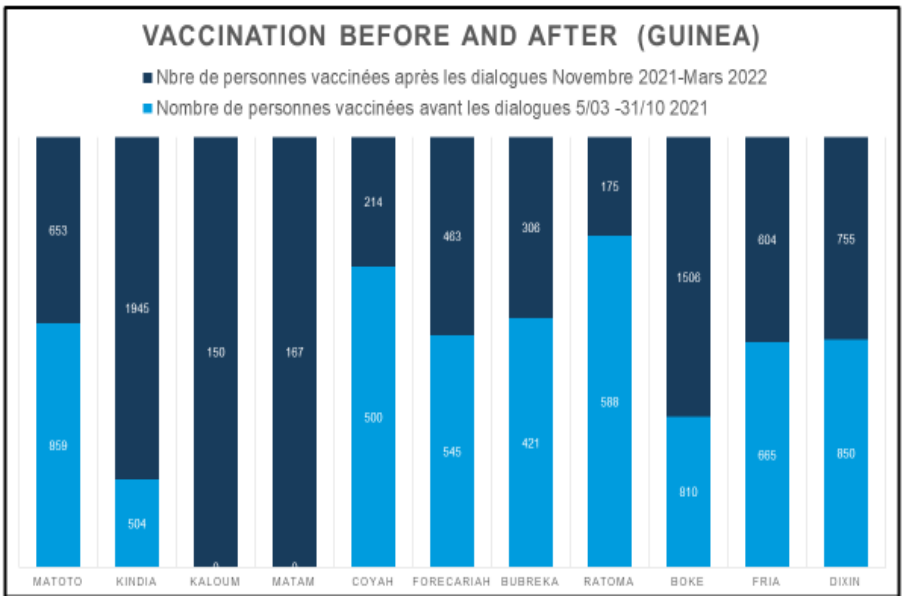


Figure 5: Changes in the vaccination a before and after community leadership engagement (Source: data shared by the National Agency for Health Security)

Community Leader being publicly vaccinated during community dialogues strategy in Guinea -@WHO Guinea

3.5 Infection Prevention and Control (IPC)

Technical (review of documents) and financial support (resource mobilisation for the face-to-face workshop) are being provided to Member States to sustain national IPC Programme development to ensure resilience in future public health emergencies. Madagascar, Kenya and Ethiopia have developed five-year national IPC strategic plans, one-year IPC operational, and monitoring and evaluation plan with support from WHO. Trainings were organised for trainers of trainers (TOTs) and health workers in Lesotho, Botswana, Eswatini, Kenya, Ethiopia, Uganda on IPC during emergencies. A key component discussed was the need for the incorporation of IPC as a module for basic emergency care (BEC).

Challenges	Ongoing Response Actions
There is a significant gap on core components for an effective IPC program and how to implement them	The IPC team is currently developing a training module for the same
IPC staffing limited in countries such as Niger	Support missions are desirable for effective operations.

4 Update on COVID-19 Vaccination

The WHO AFRO initiative to scale up COVID-19 vaccination through the Country Support Team (CST) is now mid-way in its initial six-month plans. This has focused on supporting countries, especially those identified early in December to be at risk of not attaining the 70% target of COVID-19 vaccination coverage. A follow-up risk assessment conducted by the WHO AFRO has indicated inconclusive results in terms of progress and outcomes, especially in the 20 priority countries to which CST teams were deployed.

As of the second week of April 2022, only two countries (Mauritius and Seychelles) had surpassed the 70% vaccination target. Ten of the 20 priority countries have recorded impressive progress in improving their COVID-19 vaccination coverage (Cameroon, Chad, Mozambique, South Sudan, Uganda, Tanzania,

Zambia, Burkina Faso, Guinea-Bissau, and Nigeria). However, the progress does not necessarily translate to attaining a good pace that is big enough to attain the 70% coverage by June 2022.

Challenges	Ongoing Response Actions
Slow progress in vaccination uptake in 30 countries in the region that have shown no significant change in their pace of scaling up of COVID-19 vaccination.	Continued implementation of CST activities, including reviewing gaps and challenges to enable operations improvement.
Political commitment and operational challenges continue to hamper progress in improving coverage.	Continued engagement with countries to ensure sustained political commitment. Vaccination teams are also working to circumvent the operation challenges, such as targeting campaigns in areas of humanitarian support.
Data capture and tracking continue to be a problem in many countries.	Through the M&E sub-pillar, the Vaccine pillar is working with countries to improve data reporting and hence improve quality of data.
In many countries, health systems are still fragile and caught unprepared to implement multiple interventions tailored to responding to the COVID-19 vaccination.	Mass campaigns are being implemented in several countries to improve uptake.

5 Update on the assessment of the COVID-19 response Key Performance Indicators in the WHO AFRO region for the year 2022

In the beginning of April 2022, the AFRO COVID-19 Incident Management Support Team (IMST) finalised the development of a set of 17 Key Performance Indicators (KPIs) to monitor the performance of COVID-19 response activities in the AFRO region supported by funding from the United States Government for the year 2022. The KPIs were developed collaboratively by all IMST COVID-19 response pillar leads coordinated by the Information Management Pillar. Development of the KPIs was guided by 'WHO's COVID-19 Strategic Prepared Readiness and Response Plan for 2022' and 'The Future of WHO COVID-19 Response Operation in Africa in 2022' as well as country COVID-19 response plans. In Mid-April, the leadership of the COVID-19 IMST at AFRO organised a webinar with all WHO Country Representatives (WRs) and WCO COVID-19 Incident Managers (IMs) where the KPIs were presented, and feedback received from the participants. With the feedback from the webinar, the KPIs were revised and then subsequently shared with all WHO Country Offices (WCOs).

The Regional IM, Dr Balde Thierno, requested all WCO IMs to submit names of individuals who will be dedicated to collecting and analysing KPI data as well other COVID-19 response data. Thirty-seven out of 47 (79%) countries submitted names. In the last week of April, the Information Management Pillar Lead, Prof Jayne Tusiime, organised and facilitated a webinar with all data management officers at the WCOs to prepare them for data collection and subsequent analysis of the KPIs. All 17 KPIs were reviewed, and clarification was provided where needed. Over 40 countries participated in the webinar. The COVID-19 M & E team revised the indicators according to the feedback from the webinar. The data collection tool was then shared with all IMs and data managers and the data collection exercise officially flagged off. KPIs will be collected monthly by the 2nd of the following month. KPIs for the month of April will serve as the baseline for COVID-19 response for the year 2022. They will cover the first quarter of this year, after which the reporting will be monthly.

As of 6th May 2022, 18 countries had returned back the tool with results as shown in *Figure 6*. Of the 18 countries that had returned the tool, there was variation in reporting of the indicators and of the 18 indicators, 10 were filled by all countries *(Figure 7)*. Poor reporting is seen in the KPI reporting "*percentage of facilities with IPC score of > 75%",* with only 44% (8/18) of the countries reporting *(Figure 7)*.

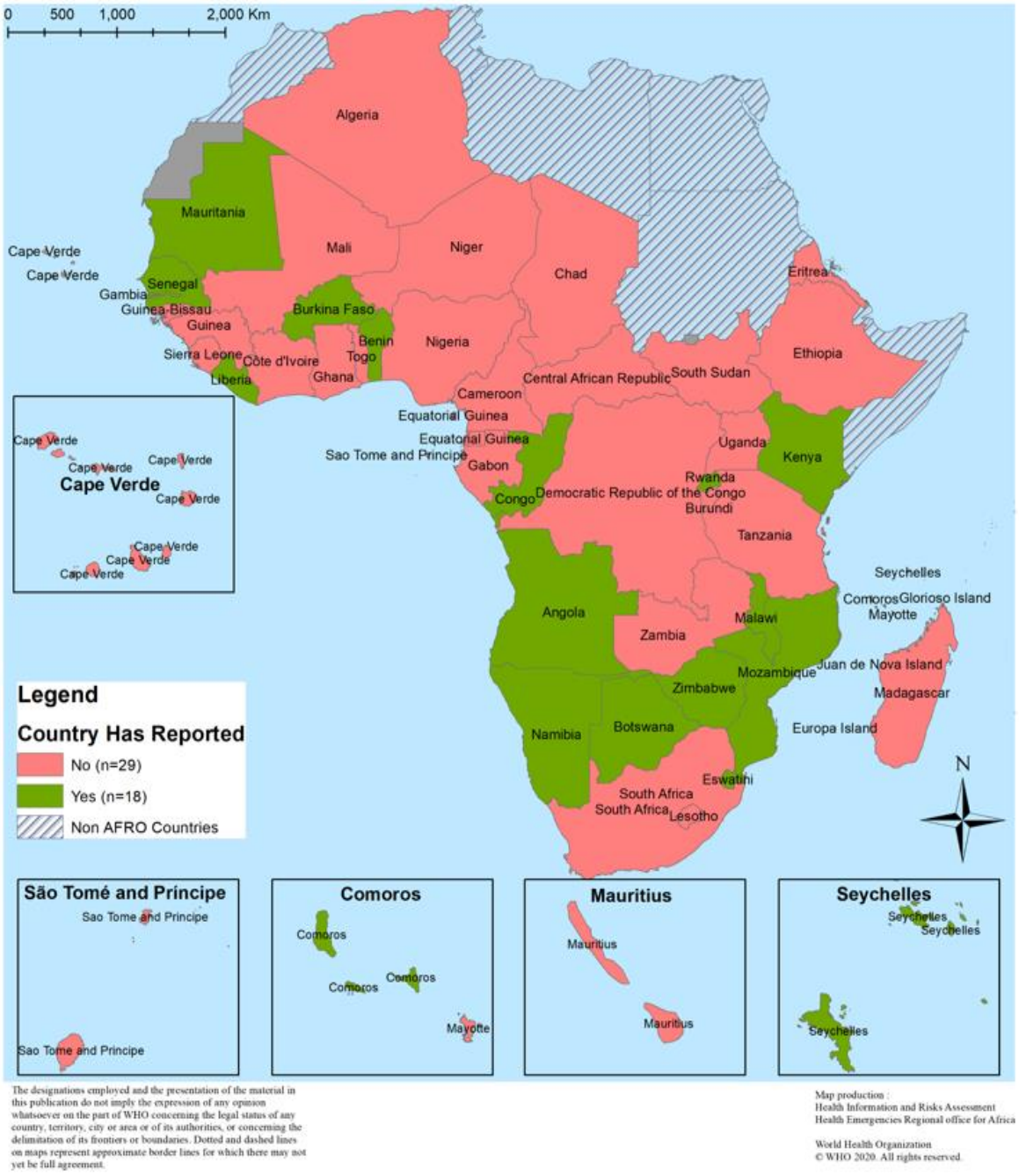


Figure 6: Progress on reporting of the KPIs (The countries that had reported are shown on the map in green. Both reporting and non-reporting are distributed across both AFRO Hubs)

Indicator	No of countries reported	Total No of countries	Percent Reporting
Percentage of key response pillar functions filled by dedicated experts at national level	18	18	100%
Percentage of key response pillar functions filled by dedicated experts at sub national level	18	18	100%
Number of joint review meetings/ learning exercises, conducted and documented with clear recommendations on the COVID-19 response	15	18	83%
Percentage of allocated fund utilized/encumbered and documented for the critical review period	16	18	89%
Percentage of implementation of key planned RCCE activities such development, adaptation and rolling out of new messages to the population, engagement of most vulnerable groups	18	18	100%
Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19	18	18	100%
Percentage of alerts of COVID-19 investigated timely	16	18	89%
Percentage of designated points of entry with screening for COVID-19	18	18	100%
Percentage of specimens of confirmed cases sequenced (through WHO monitored genomic surveillance centers and/or country labs supported by these centers)	18	18	100%
COVID-19 tests per 10,000 population per week	18	18	100%
Percentage of healthcare facilities with an IPC score of 75% or higher (using the IPC scorecard) using self assessment procedures	8	18	44%
Number of health care workers (HCWs) infected with COVID-19 in the monitoring period	16	18	89%
Number of newly trained staff in the management of severe and critical patients in COVID-19 treatment centers	14	18	78%
Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical COVID-19 cases	16	18	89%
The WCO has sufficient stocks of critical medical supplies (PPEs, testing kits and medical equipment)	12	18	67%
Percentage of vaccine doses administered out of the vaccine doses received	18	18	100%
Percentage of total population fully vaccinated	18	18	100%
Percentage of progress in the implementation of activities related to research and innovation such as ongoing documentation of operational activities, publications in peer-reviewed journals....	18	18	100%

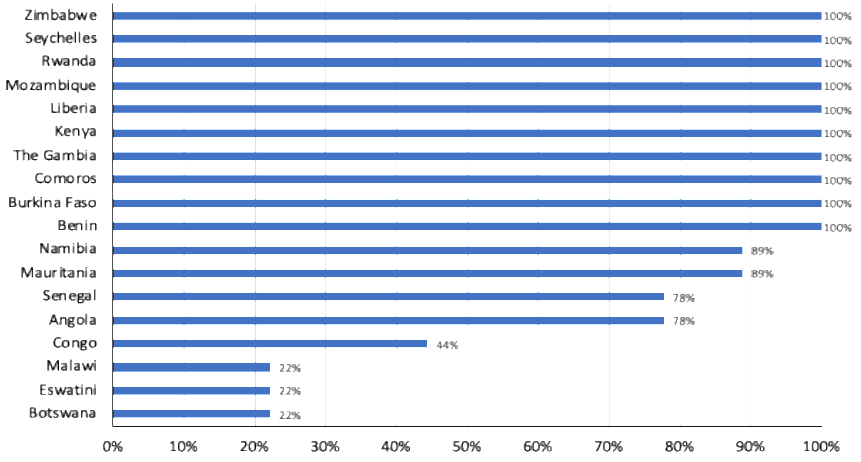
< 60%
60 to < 80%
80 to < 100%
100%

Figure 7: Reporting rates for each KPI

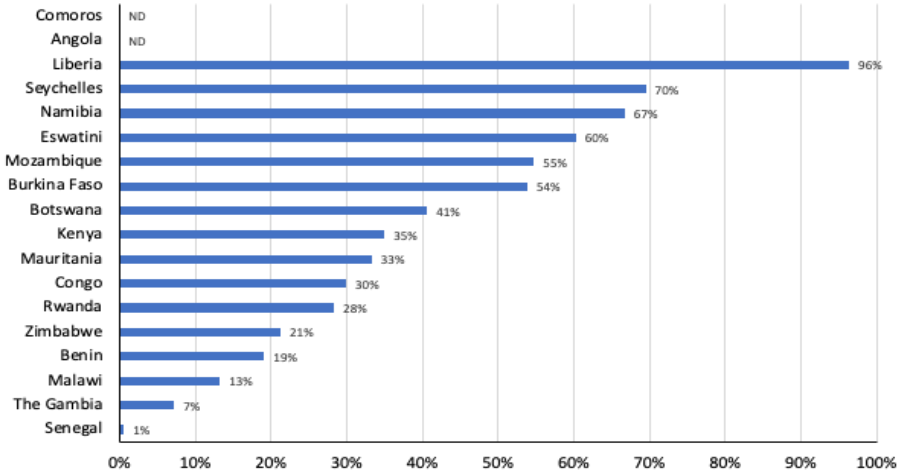
The summary of some of the country performance per KPIs are as below (detailed analysis will be provided in the next bulletin).

N/B: Zero could mean that it was not planned for; ND – No Data; Na – Not Applicable

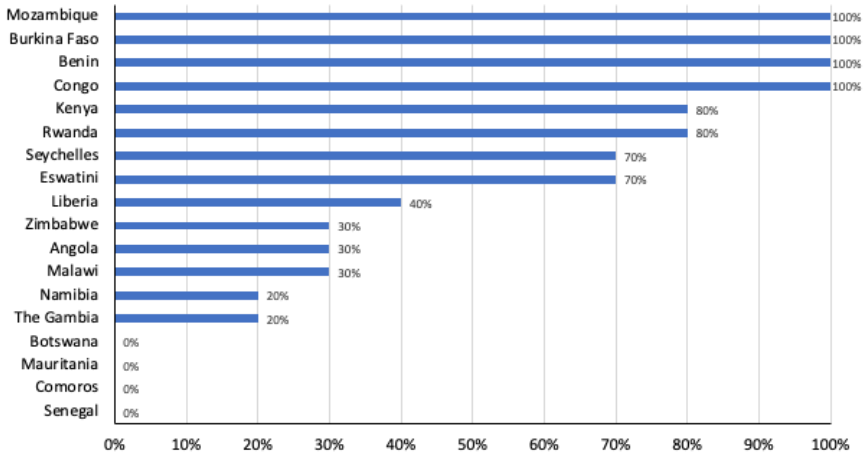
Percentage of key response pillar functions filled by dedicated experts at national level



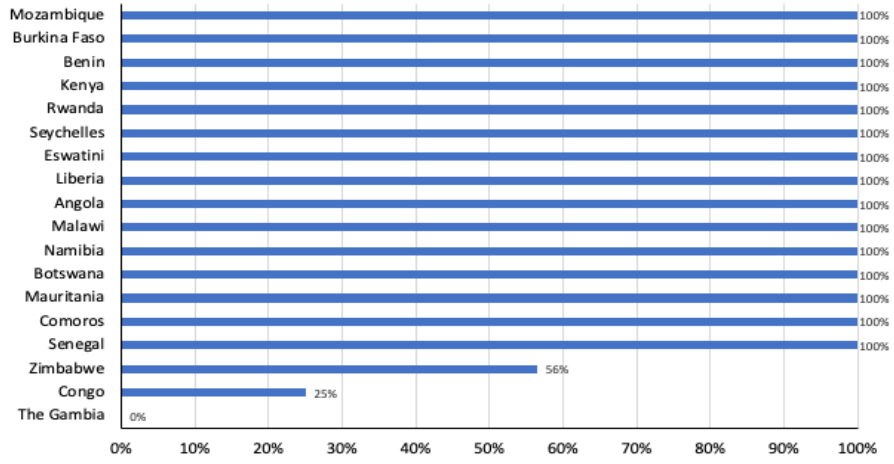
Percentage of allocated fund utilized/encumbered and documented for the critical review period



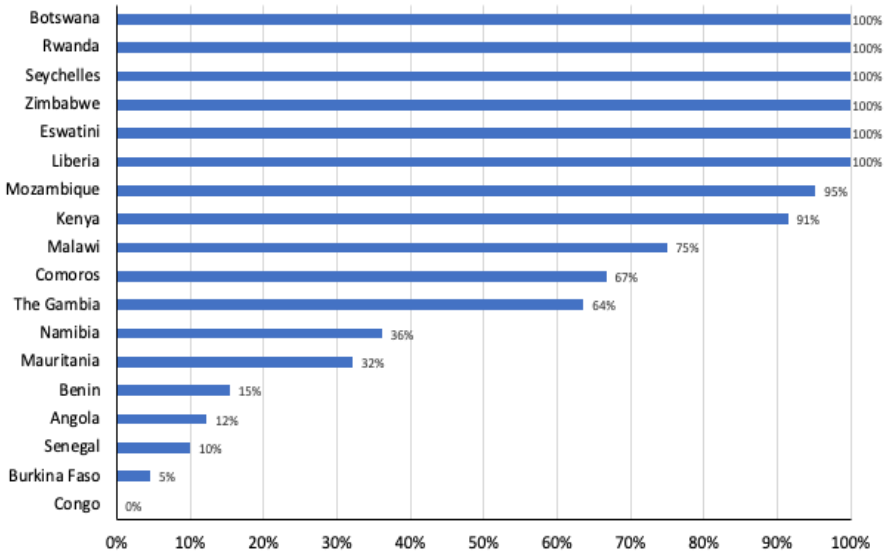
Percentage of implementation of key planned RCCE activities such development, adaptation and rolling out of new messages to the population, engagement of most vulnerable groups



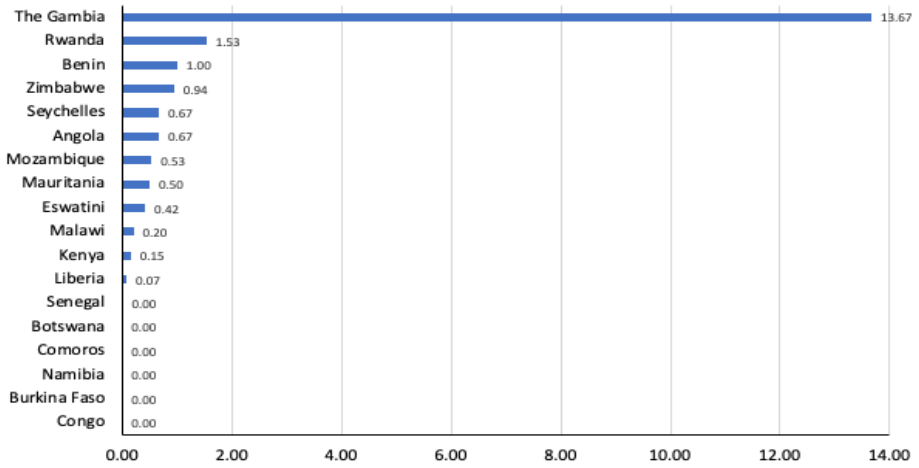
Percentage of districts (or regions) sharing timely and complete epi surveillance data on COVID-19



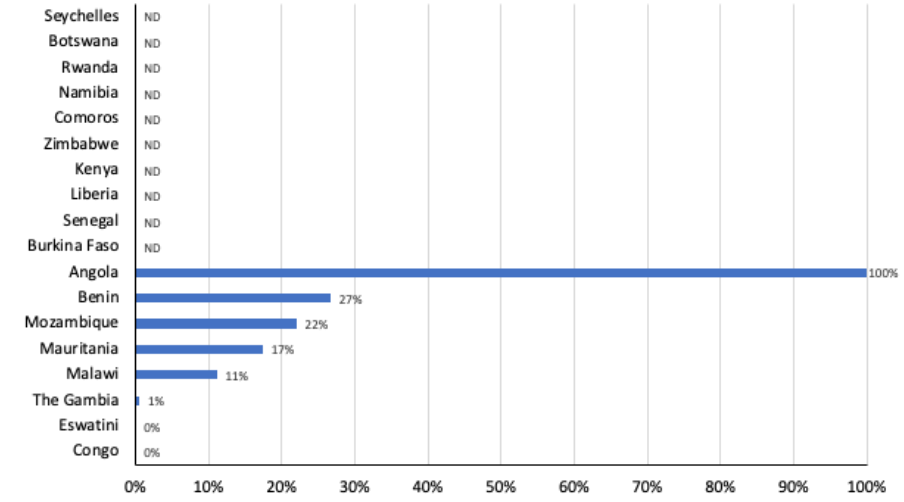
Percentage of designated points of entry with screening for COVID-19



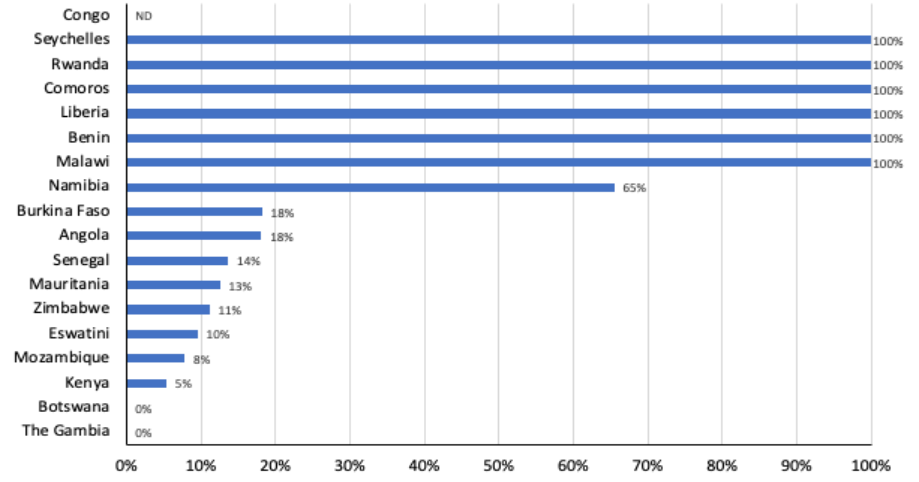
Percentage of specimens of confirmed cases sequenced (through WHO monitored genomic surveillance centers and/or country labs supported by these centers)

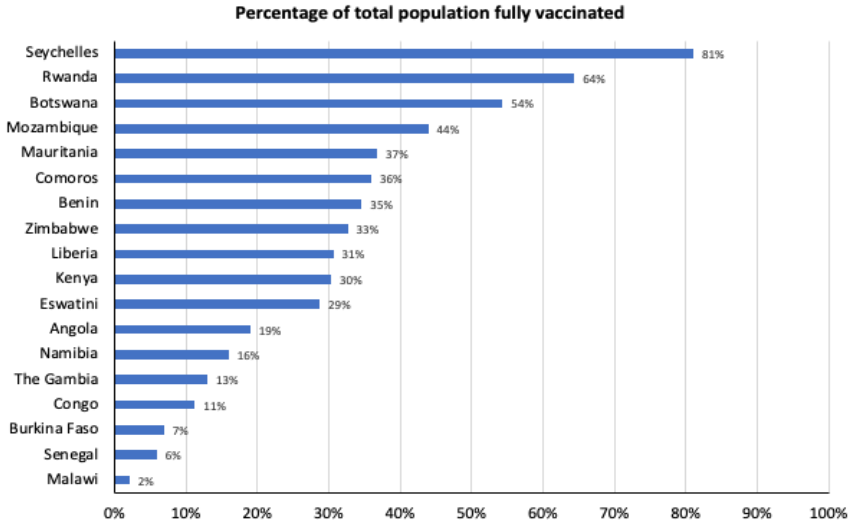


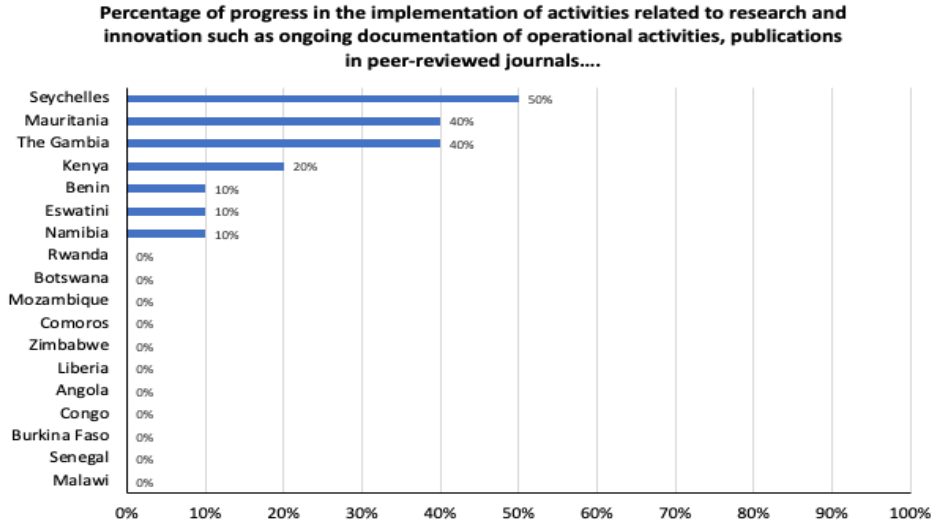
Percentage of healthcare facilities with an IPC score of 75% or higher (using the IPC scorecard) using self assessment procedures



Percentage of COVID-19 treatment facilities with standard ICU care required for the management of severe and critical COVID-19 cases




Percentage of total population fully vaccinated
Seychelles 81%
Rwanda 64%
Botswana 54%
Mozambique 44%
Mauritania 37%
Comoros 36%
Benin 35%
Zimbabwe 33%
Liberia 31%
Kenya 30%
Eswatini 29%
Angola 19%
Namibia 16%
The Gambia 13%
Congo 11%
Burkina Faso 7%
Senegal 6%
Malawi 2%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%


Percentage of progress in the implementation of activities related to research and innovation such as ongoing documentation of operational activities, publications in peer-reviewed journals....
Seychelles 50%
Mauritania 40%
The Gambia 40%
Kenya 20%
Benin 10%
Eswatini 10%
Namibia 10%
Rwanda 0%
Botswana 0%
Mozambique 0%
Comoros 0%
Zimbabwe 0%
Liberia 0%
Angola 0%
Congo 0%
Burkina Faso 0%
Senegal 0%
Malawi 0%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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The pillar teams provided the biweekly updates for the Regional Director's briefs, which have been extensively used to inform the bulletin.

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