World Health Organization

REGIONAL OFFICE FOR Africa

THE CORONA VIRUS DISEASE 2019 (COVID-19)

STRATEGIC RESPONSE PLAN FOR THE WHO AFRICAN REGION

February – December 2020
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INTRODUCTION

Since the importation of the first case in the WHO African Region, the coronavirus disease 2019 (COVID-19) pandemic has spread to 46 of the 47 countries in the African region and caused unprecedented societal and economic disruptions. Populations are being severely impacted with measures taken to curb the pandemic. These include closure of borders and schools; restriction of travel, trade and mass gatherings; reduction of economic productivity and public services among others. Therefore, causing hardships and socio-economic consequences.

This document is a guide for public health response to COVID-19 and Humanitarian Response Plan in the context of COVID-19 response of WHO in the African Region at regional, national and subnational levels. It also outlines a regional strategy to respond to COVID-19 building on the Global Strategy Update published on 14 April 2020. It takes into account lessons learnt since the implementation of the first Regional COVID-19 Strategic Preparedness and Response Plan starting end of February. This updated response plan provides guidance for Member States strategic actions to be adapted to national and subnational levels context. It also highlights the support from WHO and partners to complement existing plans such as National Development Plan, Health Sector Plan, National Action Plan for Health Security (NAPHS). This document also expresses the required resources to strengthen countries' response capacities to mitigate and contain the pandemic. In addition, there is need to ensure continuity and maintenance of other essential health services.

OVERVIEW

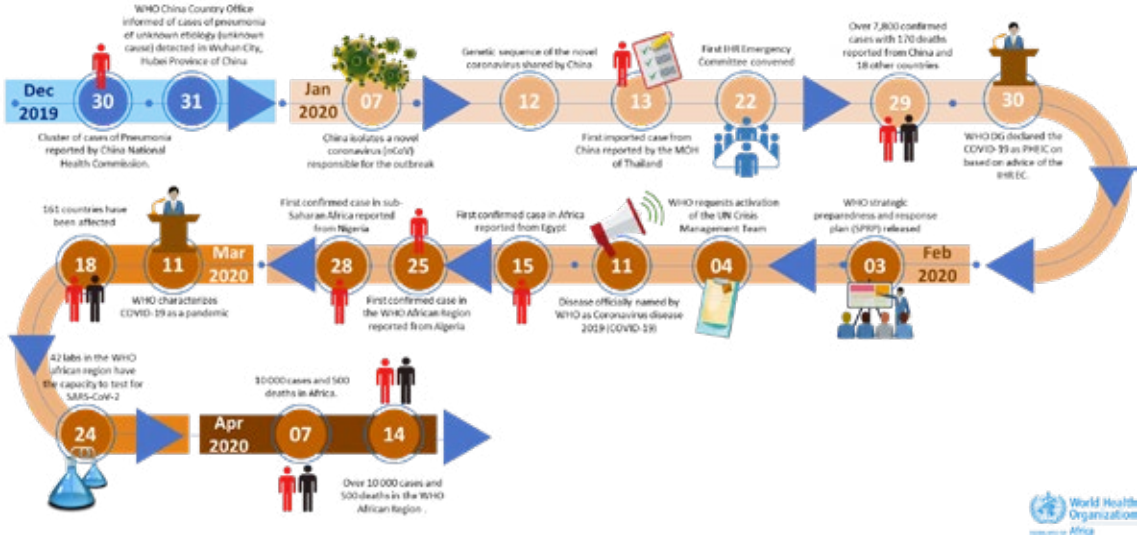
Epidemiological situation

The COVID-19 epidemiological situation is evolving rapidly and expanding geographically in affected countries. The WHO African Region has witnessed a significant increase in the number of confirmed COVID-19 cases with over 200 new confirmed cases reported daily. Of the 47 countries in the WHO African Region, 46 countries have reported confirmed cases with local transmission occurring now in most of the countries.

As of 3 May 2020, cumulatively, over 3.3 million confirmed cases and nearly 240,000 deaths have been reported globally from over 210 countries, areas or territories. In the WHO African Region, 46 countries have reported a total of 29,463 confirmed cases and 1,079 deaths with case fatality rate (CFR) of 3.7%. South Africa (6,782); Algeria (4,474); Nigeria (2,388); Ghana (2,169); Cameroon (2,077); Guinea (1,650); Côte d'Ivoire (1,398); Senegal (1,273); Niger (750); Democratic Republic of the Congo (682), Burkina Faso (662); and Mali (563) have reported over 500 confirmed cases. A total of 10,082 patients have recovered from COVID-19.

Sub-Saharan Africa had 26.4 million Internal Displaced Populations (IDPs), refugees and other humanitarian groups affected by crises representing 35% of the total population globally by end of 2018.

The figure below shows the global and Regional time line for COVID-19 as of 14 April 2020.



Current risk assessment

In December 2019, the People's Republic of China reported a novel Coronavirus (SARS-CoV2) originating from Wuhan, China. The epidemiological situation has rapidly evolved and the virus has spread to over 200 countries outside of China, including the six WHO African Region. On 30 January 2020, the World Health Organization (WHO) Director-General (DG) re-convened the Emergency Committee (EC) on COVID-19 outbreak, and the outbreak was declared a Public Health Emergency of International Concern (PHEIC).

On 11 March 2020, the WHO DG characterized the COVID-19 outbreak as a pandemic and requested all countries to adopt a "whole-of-government, whole-of-society response" built around a comprehensive, blended strategy to prevent infections, save lives and minimize impact. WHO revised the risk assessment of COVID-19 and considers the overall risk as very high globally? There has been increased of international spread of the disease to other countries with cases reported in over 210 countries worldwide and to almost all countries in the WHO African Region.

The pandemic may have a different face due to age structure of Africa vs. China and Europe. This could have important implications for severe COVID-19 cases, mortality & health services demand. In China, Europe and North America, 90% of COVID-19 deaths occurred in individuals aged above 65 years; severe and critical disease in this population has been the main driver of overwhelmed health services. In sub-Saharan Africa, however, less than 3% of the population is above 65 years while

more than 10% in China and above 20% in Europe. In Sub-Saharan Africa more than 60% of the total population is under 25 years of age. In Africa, three of the most important co-morbidities associated with poor COVID-19 outcomes are cardiovascular disease, diabetes and chronic respiratory diseases. However, Africa has the highest rates of HIV/AIDS, TB and Malaria in the world.

In the African region, COVID-19 has spread rapidly from nine (11 March 2020) to 46 countries (3 May 2020) due to i) delays in confirmation, limited testing capacity, few diagnostic centres and shortage of sample collection tools; ii) late admission of cases to the isolation treatment centres and iii) other challenges including contact tracing. These risk factors among others undermine the containment and mitigation strategies.

OVERVIEW

Lessons learnt

During the preparedness readiness and response Interventions, rapid assessment and direct interaction were made with the countries to review the preparedness and readiness status and progress in the response

The following strengths, shortcomings and challenges were as follows:

Strengths:

Containment measures put in place to prevent importation of cases, quarantine of new arrivals

- Laboratory capacity for testing for COVID-19 increased from two to 45 countries, (from 3 February to 3 May 2020)
- South-South cooperation between China and Africa and partnerships from other donors (i.e. Jack Ma donations of PPEs and testing kits)
- Intercountry collaboration and cooperation in the African Region (exchange of human resource, referral of laboratory samples, sharing the kits and reagents, etc.)
- North-South cooperation
  - cooperation in the area of capacity building: UK, USA, etc.
  - deployment of emergency medical teams from United Kingdom to some countries.
  - financial support to countries and the Regional office from bilateral donors and philanthropists
- Enhanced Partnerships: UN agencies, Africa CDC, NGO, IFRC, other Regional and Sub-regional institutions.
- Strong political commitment: all government approach led by the highest government office, special emphasis to include the most vulnerable members of the population, decentralization of the response to subnational levels.

Challenges:

- Inadequate planning, awareness and compliance with lockdown implementation.
- Illegal border crossing at non-official points of entry.
- Inadequate quantity and quality of personal protective equipment for frontline health workers.
- Insufficient quantity and quality of masks for other high-risk groups.
- limited availability of water and disinfection products.
- Limited data sharing particularly line lists of cases.
- Importation/exportation of equipment and other health products from and to other countries.

This strategy will address the above challenges and weaknesses among others.

International and regional response

At global, regional and country levels, WHO has activated an incident management system (IMS) together with technical and operational partners. Technical support is being provided to countries through regional and country offices. Existing coordination mechanisms of global and regional expert networks and partnerships have been activated to provide a comprehensive technical package and guidance materials on COVID-19, which are updated and adapted regularly as the pandemic evolves. Critical epidemiological updates are being collected, verified and shared with countries and partners through Event Information System (EIS), Disease Outbreak News, External SitReps and the WHO website. Public health risk communication and advice for international travel and trade is being provided through various traditional and social media channels.

The WHO Regional Office for Africa organized two sub-regional partners' meetings early March in Nairobi, Kenya (for East and Southern Africa) and Dakar, Senegal (for West and Central Africa) to sensitize and increase their engagement in COVID-19 preparedness and response and trigger the development of a joint regional partners' plan in countries of the African region. The regional partners agreed to strengthen coordination through technical working groups with shared roles and responsibilities and establish mechanisms for tracking and monitoring regularly the response.

At national level, with the support of WHO and partners, countries developed COVID-19 national preparedness and response plans which are being implemented. Furthermore, WHO and UN Country Teams developed operational plans to support implementation of national plans. Most countries have implemented additional health measures that are significantly disrupting international traffic since the characterization of the COVID-19 outbreak as a Pandemic. Almost all countries in the region have closed their POE except for air, sea and ground crossing cargos.

A total of 35 countries are implementing total refusal of entry into their territories; of these, 22 countries allow cargo, humanitarian or emergency flights. Nine countries are implementing refusal of entry of passengers from high risk countries and three countries allow entry with days 14 quarantine upon arrival. A total of 23 countries are implementing lockdown - nationwide in 12 countries and in affected areas in 11 countries.

Curfew has been put in place in eight countries. The WHO in collaboration with other partners continues to monitor, provide guidance and support Member States for effective implementation of these public health measures.

WHO AFRICAN REGION STRATEGY

Goal and strategic objectives

Goal

To ensure that ALL countries in the WHO African Region establish and sustain the response capacities and capabilities at national and subnational levels to contain the spread and mitigate the impact of the COVID-19 pandemic.

Strategic Objectives

- Strengthen the existing regional coordination mechanisms for strategic, technical, and operational support to countries in collaboration with regional, sub-regional, national and international partners
- Scale up country readiness and response interventions to contain and mitigate COVID-19 and support continuity of the routine health services
- Strengthen public awareness through an integrated risk communication and community engagement approach on the COVID-19 including a psycho-social component in 47 Member States
- Accelerate support for a clear and transparent process to set research and innovation priorities to fast track and scaleup research, development, and the equitable availability of candidate therapeutics, vaccines, and diagnostics.
- Conduct robust and continuous monitoring and evaluation of the response capacities using Key Performance Indicators (KPIs) in ALL countries.

The Specific core areas of focus are:

- Limit human-to-human transmission, including reducing secondary infections among close contacts and health-care workers through effective contacts tracing, preventing transmission amplification events, and preventing further spread from affected capital or urban cities to non-affected provinces.
- Expanding testing to identify, isolate, and care for patients early, including providing optimized care for infected patients and capacity building of health workers.
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, and treatment options, and accelerate the development of diagnostics, therapeutics, and vaccines.
- Communicate critical risk and country situation, inform publics and communities on preventive measures and guidance to protect themselves and seek necessary timely assistance.
- Coordinate with multi-sectoral partners and agencies to support countries to implement protective measures, address barriers and possible immediate socio-cultural and economic impacts (especially impacts on the most vulnerable populations) due to preventive and protective measures, ensuring accessibilities, acquiring means for survival (e.g. food aids), and staying informed. Assess and plan for social and economic impacts through multi-sectoral partnerships.

Planning assumptions and scenarios

The impact of the pandemic in the region may be different from the rest of the world due to demographics, social, environmental and economic development factors in Africa. This may have implications for severe COVID-19 cases, mortality & health services demand.

In the African context, the following are the possible drivers of COVID-19 transmission

Risk of exposure: The high season for respiratory pathogens (e.g. influenza) in Southern Africa hemisphere may lead to more intense transmission of COVID-19. In addition to this, are practice of sanitation and hygiene, access to water, poor road networks, population density, urban slums, social- cultural, living conditions and other contextual factors.

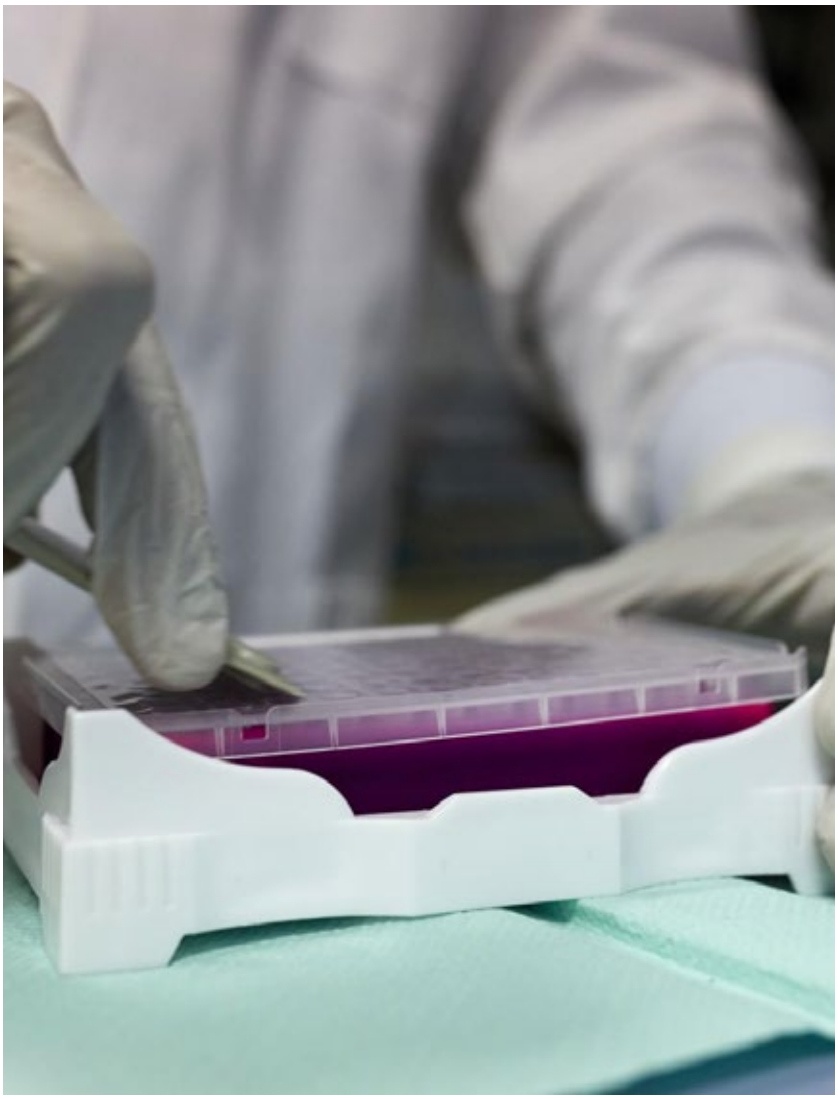
Demographics: Everyone is susceptible to contracting the disease, however, the available data so far reveals that there is an association between the age and the severity of disease mainly due to the high prevalence of underlying disease. The most affected population in Africa is younger people and probably with no underlying disease. Although they may require ventilator support, it is probable that the majority may survive with simpler, more rapidly scalable interventions such as finger oximetry and high-flow oxygen. Severe and critically ill COVID-19 patients often require weeks of ventilator support to survive. Such capacities are particularly limited in Sub-Saharan Africa.

Health systems: In the African Region, health systems are generally weak with shortage of skilled health workers, lower density of health infrastructures and inequity in distribution, inadequate or poor medical equipment's and medical supplies, among others. The health systems are already overstretched with the routine service needs and are at risk of amplifying the COVID-19 disease. Indeed, this pandemic is testing the health system and services. In COVID-19 affected countries, nosocomial transmission has been a particularly important factor as several health care workers have been infected. May be due to a combination of low awareness, lack of sufficient PPE, inappropriate PPE use and unrecognized disease (e.g. due to lack of diagnostics). The current international air travel restrictions exacerbate the challenge of a widespread lack of appropriate medical equipment and PPE in the region.

Disease burden: The African region has a high burden of chronic communicable and non-communicable conditions particularly among the economically active age group. These conditions fuelled by the prevailing high level of poverty are being associated with more severe COVID-19 outcomes. We therefore expect more severe outcomes in the affected population.

Socio-economic, cultural and political factors:

In many African societies, cultural and social activities tend to encourage congregation of people. Strong community structures in Africa can be leveraged for critical public health measures. Based on the lessons learned during the Ebola outbreak in Africa, there is a clear demonstration on the important role of the community structures in outbreak response. Although this was mainly rural areas, there is a need to explore the most effective way of using similar structures in urban settings. Currently, more males than females are affected in the age groups of 31 to 49 years. However, this might change given the expected intense community transmission and increased home-based care, women and children may be more affected. The type of housing (less spacious houses), the conditions in public transport, the low coverage of safe water are all limitations in the application of social distancing, isolation in the home and hand washing. The economic activities in Africa are mainly informal making it more difficult to identify and track contacts and put in place economic mitigation measures.



Testing capacities: The capacity for COVID-19 testing has improved from 6 national laboratories to currently 44. However, the delays in confirmation due to challenges in procurement of testing kits may require WHO to fast track validation of new COVID-19 rapid diagnostics tests.

Scenarios

The regional office has structured the COVID-19 response approach into containment and mitigation. This is to ensure countries with sporadic cases contain the outbreak and those with community transmission should mitigate and control the spread.

Three scenarios for the ongoing COVID-19 have been identified.

Containment scenario: This scenario envisages a situation in countries where containment measures are possible. These countries have either i) limited **number of cases or suspected cases** (countries without laboratory capacity), ii) or **have few imported cases** and iii) **the two situations above plus sporadic localised transmission**. As of 3 May, this scenario applies to six countries in the Region.

Mixed containment/ mitigation scenario: This scenario describes countries with some areas where containment is possible and other areas with sustained transmission leading to challenges in implementing control measures. As of 3 May, 11 countries are in this scenario.

Mitigation scenario: This takes into account situations in countries with **widespread and intense transmission in the community.** This means that containment measures have failed. Therefore, countries take appropriate intervention measures to slow the spread of COVID-19 among communities. As of 3 May, this scenario applies to 29 countries in the Region.

The above scenarios are dynamic as the pandemic in the Region evolves as well as the proposed strategies. Therefore, countries need to adjust the implementation of these scenarios based on their regular assessment.

The WHO Regional office has performed some initial morbidity and mortality peaks predictions based on sustained community-based transmission scenario and weak response using modelling. For the Africa region, the modelling estimates a possible number of total infections of 150.2 million; with total estimated asymptomatic infections of 124.9 million; 11.9 million mild infections; 13.1 million moderate infections; 84,000 severe infections; 53,000 critical infections; and anticipated deaths of 44,000. The anticipated ventilation capacity needed is 5,184 and approximately 88,000 cases may require hospital admission, with over 5,000-10,000 requiring intensive care treatment.

Response strategy

This plan will cover WHO support strategies, critical gaps in terms of human resources and logistics supplies to countries. Countries will be categorized based on their response capacities. The WHO will monitor the implementation of the national response plans taking into consideration the sub-national level including the continuity of basic health service to respond to others needs of community.

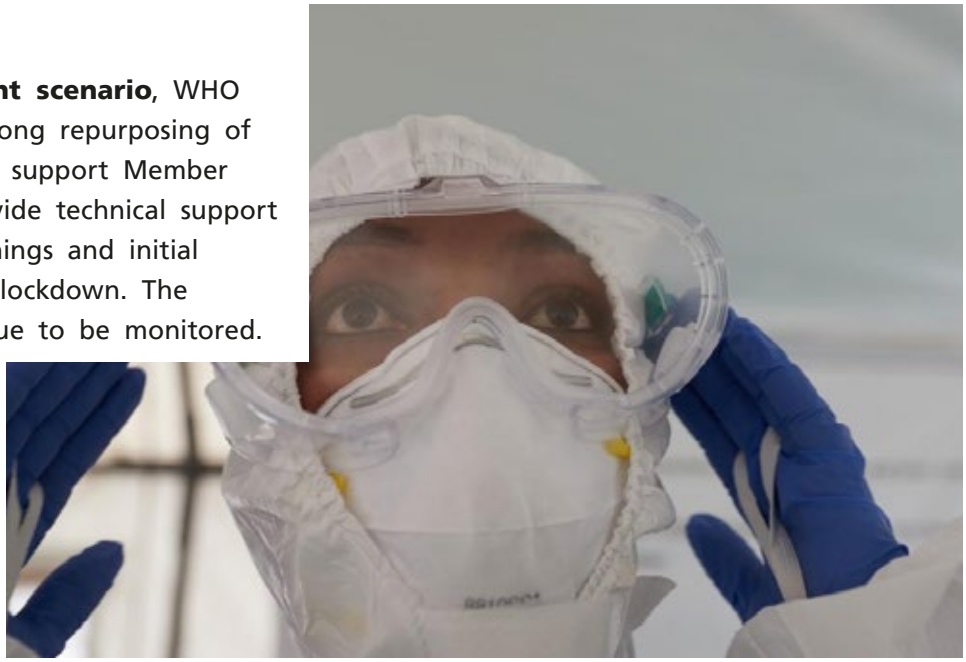
The overall approach will be to ensure strong comprehensive interventions for countries to ensure mitigation and containment. This can be done by countries with strong support from WHO and partners to scale up (repurposing and training) including testing and isolation structure. All countries should decentralize the response in preparation of mitigation phase. It will allow the response to have one step ahead.

For the **containment scenario**, WHO offices will need strong repurposing of staff at all levels to support Member States and also provide technical support through virtual trainings and initial supplies during the lockdown. The situation will continue to be monitored.

For the **mixed containment/mitigation scenario**, countries will have maximum technical support through national surging capacity and virtual trainings, where possible with additional external surge support, as well as essential supplies and the situation will continue to be monitored.

In the case of **mitigation scenario**, countries will be provided with major surge, partnership with NGOs to rescue a country with our internal team, guidance, training and logistics supplies for critical gap filling with partners.

In the two above scenarios, WHO African Region will continue to deploy experts in the most top priority countries to support national incident management system.



WHO AFRICAN REGION STRATEGY

Strategic areas of engagement and support

Based on the identified areas, gaps in the self-assessment by Member States and the key priorities identified by WHO to meet the strategic objectives, WHO will undertake actions focusing on capacity building and operational support in the following 12 areas:

1) Coordination, Planning and Monitoring
2) Surveillance, rapid response teams and case investigation
3) Points of entry (PoE)
4) National laboratory system
5) Case management
6) Continuity of health services
7) Wash and Infection prevention and control
8) Risk communications and community engagement (RCCE)
9) Operational support and Logistics (incl. supply management)
10) External communication
11) Research, Innovations and Vaccines
12) Human Resource to support countries

1. Coordination, planning and monitoring

- Support Member States, stakeholders and partners to ensure better coordination of early detection, clinical care and decentralization of response.
- Enhance collaboration/ coordination with the Africa CDC, the Regional Economic Communities (RECs), National and International NGOs and United Nations Resident Coordinators for mobilization of experts and safe deployment to support the response.
- Strengthen solidarity systems for action in Africa and mitigate socio-economic disruption. This includes North-South and South-South cooperation. Solidarity can also be within communities in the same country.
- Support review and update national plans to align with SPRP COVID-19 guidelines
- Support effective functioning multi-sectoral multi-partner coordination mechanisms (PHEOC, National Taskforce, etc.).
- Build capacity of the IMSTs, PHEOCs staff, and decision makers at national/sub-national levels as appropriate.
- Strengthen identification of Risk Communication and Community Engagement actions tailored toward specific population groups and settings to address knowledge, rumours and misinformation.
- Strengthen procedures to share data and risk assessment findings with national and international stakeholders including mapping of vulnerable populations.
- Assist countries to monitor the implementation of their COVID-19 response plans.
- Support the mobilization of local resources from in country partners.
- Conduct after action reviews in accordance with IHR (2005) as required.
- Support decentralization of the coordination structure at regional and district levels.

2. Surveillance, rapid response teams and case investigation

- Establish or strengthen and maintain regional and country surveillance system to gather data on alerts, suspected cases and confirmed COVID-19 cases in collaboration with partners.
- In the context of IDSR and in line with HR (2005), build capacity of health workers and RRTs on case detection of COVID-19, specimen collection, contact tracing, and reporting including event-based surveillance, at both national and sub-national levels.
- Enhance use of existing surveillance systems for influenza like illness and Severe Acute Respiratory Infections to identify COVID-19.
- Strengthen or establish national systems for contact tracing and alert monitoring taking

stock of the polio GIS surveillance capacity.

- Roll out community-based surveillance, strengthen event-based surveillance and investigation and reporting of all suspected cases of COVID-19 in collaboration with partners.
- Monitor and report disease trends, impacts, population perspective (including refugees, IDPs) to global laboratory/ epidemiology systems.
- Provide robust and timely epidemiological and social science data analysis to continuously inform risk assessment and support operational decision making for the response.
- Produce weekly epidemiological and social science reports and disseminate to all levels and international partners.
- Conduct forecasting using statistical modelling for predictive analysis of epidemiologic trends at national and regional level. Statistical modelling will also be used to gain insights into key epidemiological features of the outbreak such as outbreak dynamics, basic reproductive number, severity, infectiousness.

3. Points of entry (PoE)

- Support the implementation of the PoE Public Health Emergency Response Plans including multi-sectoral coordination.
- Strengthen capacity building for PoE screening, isolation and management of ill travellers (staff, training, equipment, electronic tools, etc.) as well as ensure link to the national surveillance system.
- Reinforce/Establish a mechanism for systematic follow-up of asymptomatic travellers arriving from all countries especially those with local transmission of COVID-19.
- Strengthen mechanisms and procedures for communicating information on ill travellers between relevant stakeholders and authorities such as aviation and airline authority.
- Support/Establish mechanisms and procedures for communicating information about the disease to travellers and airline staff.
- Support preparation of rapid health assessment/ isolation facilities to manage ill passenger(s) and to safely transport them to designated health facilities.
- Regularly monitor and evaluate the effectiveness of measures being implemented at points of entry and adjust as appropriate especially after re-opening of the borders.
- Recommend to Member States appropriate confinement measures to reduce the risk of social economic disruptions.

4. National laboratory system

- Provide laboratory support at national and sub-national levels,

including reagents and other supplies.

- Enhance technical and financial support for specimen collection, management and transportation.
- Develop testing algorithms and strategies in line with the evolving epidemiological situation.
- Support countries to develop surge plans to manage increased demand for testing.
- Support establishing access to a designated international COVID-19 reference laboratory.
- Build decentralized laboratory and human resource capacity in countries to test for COVID-19.
- Regularly disseminate standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID-19 diagnostic testing.
- Identify hazards and perform a biosafety risk assessment at participating laboratories; use appropriate biosafety measures to mitigate risks.
- Encourage countries to share genetic sequence data and virus materials according to established protocols for COVID-19.
- Monitor and evaluate diagnostics performance and data quality and incorporate findings into strategic review of national laboratory plan and share lessons learned.
- Develop a quality assurance mechanism for testing COVID-19.

5. Case management

- Conduct mapping and capacity assessment of identified health facilities for case management including the Intensive Care Units
  - Screening and Isolation facilities
  - Intensive Care Units.
- Support the assessment of designated referral facilities for case management and map existing public and private health facilities including their levels of care including capacities for surge.
- Support the regional training on Case management with a focus on the management of patients with Severe Acute Respiratory Infection (SARI) associated with COVID-19.
- Assist in mobilization resources for equipment, PPE and supplies for isolation facilities and health facilities.
- Support countries to adapt and disseminate guidelines and modules for clinical management and non-pharmaceutical interventions.
- Provide guidance on comprehensive medical, nutritional and psycho-social care for the COVID-19 patients.
- Support to setup a COVID-19 adapted triage in all health facilities.
- Set up a complete emergency response team at regional level ready for deployment in less than 24 hours after re-opening of the borders in support of

the management of severe cases in countries with limited human and logistical capacities.

- Support cascade trainings on COVID-19 case management at sub-national levels.
- Set up two regional mobile intensive care units for use as Medvac facilities for UN and WHO staff operating in countries with weak health facility for COVID-19 treatment.
- Support clinical case management in treatment facilities through Training of and refreshing medical ambulatory teams on Severe Acute Respiratory Infection associated COVID-19 care.
- Coordinate partners support of vulnerable countries (particularly those with refugees and displaced populations) with widespread transmission including set up a complete emergency response team at regional level capable of intervening in less than 48 hours in support of the management of severe cases in countries with limited human and logistical capacities.
- Ensure that guidance including hotline contact information is made available for the self-care of patients with mild COVID-19 symptoms, including guidance on how and when referral to healthcare facilities is recommended.
- Disseminate COVID-19-specific protocols based on international standards and WHO clinical guidance on setting up triage and screening areas at all healthcare facilities and other areas with quarantine contacts.
- Evaluate implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, immunocompromised), and adjust guidance and/or address implementation gaps as necessary.
- Provide special guidance to healthcare providers including visitors to nursing homes, long term care facilities for elderly, and mental health care facilities to prevent group infections due to mobility issues.
- Strongly encourage all government institutions with special capacity such as the military services (building isolation treatment centres and deployment), the private sector and other partners with expertise in case management to scale up treatment capacities in countries.
- Support research and development on case management.

6. Continuity of health services

- Conduct a rapid assessment of selected health facilities on readiness for continuity of routine essential service in case of a COVID19 outbreak (adapting existing tools for assessments).
- Adapt the global guidance of continuity of essential health services to African context and disseminate through IMST and WCO Health Systems

Focal points in all 47 Countries.

- Provide guidance for a strong triage system to ensure routine services while dealing with COVID-19.
- Facilitate the integration of HSS FPs in all 47 countries into the WCO IMST with specific TORs focusing on ensuring continuity of access to essential health services, as well as indicators for tracking performance in this area.
- Support countries in development and implementation and monitoring of their essential package taking account of the dynamic of the COVID-19 pandemic.
- Support effective (human resources, medicines and other commodities) continuity of routine services for vulnerable people (Refugees, Internal Displaced People as Migrants) in select fragile countries.
- Provide technical guidance on the approach for decentralization of the COVID-19 response at sub-national level.
- Build capacity of all WCO Focal Points in charge of health systems and services on services continuity as pillar in IMS and their roles in IMS.
- Develop a virtual Healthcare service delivery resource mapping for the Region based on an already existing framework, a critical resource for planning and implementation of service delivery in the current and future outbreaks.
- Ensure alignment of existing plans and strategies in the countries with health services managers at sub-national and district health systems on routine essential healthcare service continuity (facilities, personnel, medicines, supplies, medical devices).
- Support the promotion of safe hospitals and quality health services during outbreaks to eliminate poor service uptake by patients living with conditions requiring continued care as well minimize disruption of routine MCH/ immunization services. Specifically
  - Support availability of routine immunization
  - Ensure sustainability of COVID-19 as broader health system strengthening efforts.
- Regularly monitor delivery of routine or essential health services to avoid disruption and particularly to have a good balance of health care workers while repurposing staff to COVID response.
- Ensure adequate tailored assistance to them and continuity of essential service to vulnerable populations including those with pre-existing conditions and the socio-economically compromised are the most affected.

7. Infection prevention and control (IPC) and WASH

- Develop and support the introduction of Control Assessment

Framework for rapid implementation of IPC measures in healthcare facilities (HCFs), the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool.

- Conduct IPC needs assessment in high-risk facilities at all levels of healthcare system, including public and private spaces, communities, traditional practices and pharmacies.
- Build capacity of health workers on IPC for COVID-19 and SARIs (staff, training, supplies, PPEs, equipment etc.) to allow for appropriate triaging.
- Support countries to review, update and disseminate existing and interim infection prevention and control protocols, including for triage.
- Monitor, report and analyse data on healthcare-associated infections among health workers and patients.
- Review and update existing national IPC guidelines including defined patient-referral pathway, measures for referral systems for public places such as schools, markets and public transport as well as community, household, and family practices.
- Engage trained staff with authority and technical expertise to implement IPC activities, prioritizing based on risk assessment and local care-seeking patterns.
- Support the development of systems for visual alerts (educational material in appropriate language) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette.
- Support disinfection of households, HCFs and public places as recommended by evidence-based guidelines.
- Work with key partners in supporting access to water and sanitation for health (WASH) services in public places and community spaces most at risk.
- Establish and implement IPC measures in refugee camps, IDPs and urban slums.

8. Risk communications and community engagement (RCCE) including during lockdowns

- Support regional training of trainers for RCCE and to ensure leadership in management and coordination at country level.
- Support Implementation of national risk-communication and community engagement plans for COVID19, based on agreed anticipated public health measures.
- Facilitate rapid national risk behaviour assessment across population groups to assess gaps in knowledge, attitudes and practices; and to identify potential key determinants to positive behaviour change and preferred communication channels

of key target audience. Based on outcome of this assessment Support countries to develop and disseminate appropriate IEC materials on COVID-19.

- In collaboration with partners, support national authorities to identify and work with trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local NGO networks (women's groups, transport sector, youth groups, business groups (small enterprises), traditional healers, etc.) on COVID-19.
- Support countries to strengthen participation of key stakeholders in improving health literacy and empowerment of communities on COVID-19.
- Establish systems to detect and rapidly respond to misinformation and rumours.
- Support the establishment of clearinghouse for IEC materials including timely translation into local languages and dissemination through preferred communication channels.
- Support monitoring of the implementation of agreed RCCE actions including social media monitoring; community perceptions, knowledge, attitude and practice, and direct dialogues and consultations.
- Link with psycho-social support team to assist vulnerable groups such as refugees, IDPs against stigmatization and multiple forms of violence.
- Document lessons learned to inform policies and strategies as well as future preparedness and response activities.

9. Operational support and Logistics (incl. procurement and supply management)

- Support establishment of humanitarian corridors to ease surge deployments and supply shipments.
- Continue engaging partners in the Region including the private sector to boost production of laboratory, critical medical supplies and equipment.
- Assess and map available resources and supply system for critical medical and non-medical items base on COVID-19 and list of essential items for the different response pillars activities.
- Support countries to strengthen supply mechanism and management of warehousing for medical and non-medical supplies.
- Support countries to establish emergency transport and distribution systems including regional or sub-regional logistics hubs, air transportation.
- Support countries to set systems to scale up response capacities (IT, Communication equipment, Transport).
- Strengthen local procurement capacity

including purchase of contingency stocks.

- Support countries to establish triage, temporal treatment centres and/or upgrade facilities in identified major hospitals in accordance to COVID-19 standards.
- Where needed, identify and support critical functions of the IMST during the widespread outbreak of COVID-19 including WASH; transportation of goods and persons, fuel and energy; accommodation/food; telecommunications/IT by providing necessary resources and essential technical workforce.
- Train experts in health logistics at national and regional level by promoting covid-19 standards and norms used in treatment health facilities and with on-the-job training when possible.

10. External communication

- Ensure that health authorities, policy makers and the public receive up-to-date information on COVID-19 through media coverage, newsletters, public service announcements and social media.
- Demonstrate WHO and partners' activities, ensuring that people have confidence in WHO through impact stories and multimedia products.
- Monitor media and social media for misinformation and harmful rumours and address this through social media messages.
- Supporting risk communications and community engagement by ensuring the dissemination of critical health information to all including vulnerable population such as refugees/IDPs by traditional and social media.

11. Research, innovations and vaccines

11.1 Research and Innovations

- Early investigations of COVID-19 cases in countries: WHO AFRO will engage with countries to introduce the five WHO standard protocols for early investigation of COVID-19 cases in the Region. Give orientation to countries that indicate interest on any or all the five protocols as well as provide both technical and financial support on the implementation of the selected protocols.
- Research on priority questions around COVID-19: To provide evidence for decision supporting response to COVID-19 in the region, several priority research questions covering diverse thematic areas have been developed. A strategy for supporting countries to answer these research questions have also been developed. WHO AFRO will provide both financial and technical support to countries to develop and implement research protocols to answer these priority research questions and provide evidence for the response in countries.
- Hosting an Innovation Challenge for COVID-19: Leveraging the database of innovators from continent through several

innovation hubs and accelerators across the continent, WHO AFRO shall call for innovations that are suitable for the African region context to help respond to the current COVID-19 response. Further financial support will be provided to potential innovations for adoption and scaling up.

- Online innovation market place platform for COVID-19: WHO intends to develop a web-based platform for collating innovation submissions for COVID-19. The platform will be accessible to Member States to identify appropriate innovative solutions that they will to adopt and scale in their respective countries. A review committee will be constituted to periodically review the science and maturity of the innovations, and their potential impact to develop a pipeline fit for adoption and scale up in the Region.
- Develop a database for innovations for COVID-19 scaled up in other regions: WHO AFRO will implement a systematic approach to identify the innovations that were developed in other regions, for instance in China and Europe. Perform implementation research and gain knowledge on whether those solutions can be adapted to the current African context.
- Innovation training for the health workforce: Health workers, including community health workers, should be provided a capacity-building innovation toolkit to develop the skills needed for adoption and scaling of new technologies and innovations. An innovation toolkit will be developed to establish a common understanding of the role of innovation for COVID-19 response; the scaling pathways including financing mechanism; and addressing regulatory and risk management requirements
- Assist Member States to establish, strengthen or reactivate scientific and research teams to guide the response, considering Africa's specificities.

11.2 Vaccines

- Prepare the region and national authorities for possible accelerated registration and availability of new Coronavirus vaccines including introduction of these vaccines, by facilitating regulatory cooperation, communication, and exchange of expertise and experience and seeking to minimize future divergence of new registration requirements.
- Provide a forum using the AVAREF network for discussion between African regulators to build awareness of Covid-19 vaccines regulatory considerations.
- Support National Regulatory Authorities (NRAs) and ethics committees through AVAREF, to conduct joint evaluation and approvals for multinational clinical trial of COVID-19 vaccines

using expedited review process.

- Support the establishment of regulatory mechanisms and assisted reviews for the registration of vaccines in countries that have not yet fully developed the expertise for the review of such technical applications.
- Support NRAs to expedite the regulatory process for emergency use of COVID-19 therapeutics including Convalescent Plasma for COVID-19 patients.
- Support NRAs to get up-to-date information on current/future clinical trials on COVID-19 therapeutics and vaccines in African continent through AVAREF consultation.
- Support countries by establishing an optimized safety monitoring mechanism using the African Advisory Committee on Vaccine Safety platform and other means allowing countries to share safety information for the early detection, assessment, minimization and communication of a vaccine's risk.
- Support countries for immunization supply chain and logistics to access the vaccine and ensure availability of appropriate and sufficient cold chain capacity.
- Support countries to introduce the vaccine to selected countries in the region using the agreed upon modalities whether under study protocol, compassionate use or general introduction.
- In collaboration with countries and other partners, establish a monitoring and evaluation mechanism for the vaccination progress and documentation.

12. Human resources to support countries

- Increase capacity of countries with the required expertise to enable them to contain and mitigate the spread of the outbreak in collaboration with partners (health professional associations, universities, medical schools and local partners) within the Region.
- Conduct the training through virtual training platforms, wherever possible, and share generic training materials in the different response areas to enable them to cascade the trainings nationwide.
- Work with global and regional partner's networks and institutions to identify experts to support the response.
- Deploy appropriate experts to identified countries to provide the necessary technical support.
- Repurpose existing WHO staff at regional, Hubs/ ISTs and country levels.
- Recruit consultants (local or international) to fill the gaps.

MONITORING OF THE RESPONSE STRATEGIC PLAN

The monitoring of this plan will reside on key performance indicators (KPIs) below. The systems for periodicity, collection and reporting will be established ensuring minimal deviations from existing data collection systems.

Area	Key performance Indicators		Notes / Justification / Questions
	Indicator	Target	
Regional response program management	% of response plan budget that is funded	80%	This measure helps to assess the financial support to the regional operational plan
Coordination	Number of countries with COVID-19 preparedness and response plan	47	Strategy to mobilise resources
	Number of countries with fully implemented plan	100%	This is an indication that sufficient resources were mobilized
Surveillance, rapid response teams and case investigation	% of countries reporting confirmed cases of COVID-19 to AFRO	100%	This measure tracks timely information sharing as per IHR (2005) requirements
	% of countries with functional contact tracing system	90%	Indicates the performance of contact trancing
	Number of countries with functioning respiratory surveillance system in place	47	To quickly detect a case of COVID-19
	Number of countries with trained RRTs at sub-national level on COVID-19 that are readily available for deployment	47	To quickly investigate reported alerts
Laboratory	% of countries with laboratory testing capacity at national and sub-national levels for COVID-19 confirmation	80%	To rapid establish testing capacity
Infection Prevention and Control	% of countries with adequate health facilities with isolation capacity	80%	Health facilities to have infrastructure as well as SOPs
	% of healthcare workers infected by COVID	0%	Overall well trained and continuous practice of IPC
Case management	% of countries with adequate referral system to care for COVID-19 patient	100%	Countries should have designated hospitals for patient
	% of countries with adequate new ICU facilities for COVID set up	100%	Health facilities to have infrastructure as well as SOPs
	% of countries with trained case managers for all severity spectrums of COVID-19 patients	100%	Health facilities to have infrastructure as well as SOPs

Area	Key performance Indicators		Notes / Justification / Questions
	Indicator	Target	
Health systems and services	% of health facilities with appropriate triage set up	100%	Continuity of essential services
	% of countries that have identified a set of core essential services	100%	Continuity of essential services
	% of countries that have mapped core essential services to resource requirements [among those that have identified a set of core essential services]	100%	Continuity of essential services
External communication	# of news public events and articles published mentioning quoting positively WHO AFRO spokespeople	At least 5 per week	Visibility; Advocacy
Points of Entry	% of countries with adequate screening, isolation facilities and appropriate communication on COVID-19 at major PoEs	80%	To quickly detect a case of COVID-19 To rapid isolate sick cases at PoEs
Risk communication and community engagement	% of countries able to mitigate misinformation and successfully increase compliance of preventive measures	80%	Country capacity to detect and address misinformation enhancing corrective understanding of the diseases and increase cooperation toward preventive measures and build trust in community and the public through community and media engagement.
Logistics	% of countries that received PPEs after a formal request	100%	Capacity to deploy supplies to the countries during an event

RESOURCE REQUIRE-MENTS

Regional Office:

The resources required for the WHO Regional Office strategic area of engagement and support are summarized in the table below.

Strategic Area	Human Resources (US$)	Activities (US$)	Total (US$)
Coordination, Planning and Monitoring	8,707,158	2,612,147	11,319,305
Surveillance, rapid response teams and case investigation	1,642,860	492,858	2,135,718
Points of entry (PoE)	1,642,860	492,858	2,135,718
National laboratory system	1,314,288	394,286	1,708,574
Case management	1,314,288	394,286	1,708,574
Continuity of health services	1,314,288	394,286	1,708,574
Infection prevention and control & WASH	2,464,290	739,287	3,203,577
Risk communications and community engagement (RCCE)	1,478,574	443,572	1,922,146
Operational support and Logistics (incl. procurement and supply management)	985,716	295,715	1,281,431
External communication	985,716	295,715	1,281,431
Research, Innovations and Vaccines	1,971,432	591,430	2,562,862
Core support services (Finance, administration, procurement and staff welfare, safety & security)	5,585,724	3,882,859	9,468,583
TOTAL	**29,407,194**	**11,029,300**	**40,436,494**

RESOURCE REQUIREMENTS

Country Offices:

The resources required for the WHO Country Offices for deployment of emergency medical teams (EMTs) to strengthen case management, human resources, activities procurement and humanitarian response are summarized in the table below.

Country	COVID-19 Public Health Response			Operations support for COVID-19 humanitarian response (US$)	Total Country Office (US$)
	Human resources (US$)	Activities (US$)	Procurement (US$)		
Algeria	477,900	238,950	716,850	-	1,433,700
Angola	1,593,000	796,500	2,389,500	1,233,000	6,012,000
Benin	477,900	238,950	716,850	-	1,433,700
Botswana	477,900	238,950	716,850	-	1,433,700
Burkina Faso	955,800	477,900	1,433,700	5,945,000	8,812,400
Burundi	1,593,000	796,500	2,389,500	1,962,000	6,741,000
Cabo Verde	477,900	238,950	716,850	-	1,433,700
Cameroon	955,800	477,900	1,433,700	5,700,000	8,567,400
Central African Republic	1,115,100	557,550	1,672,650	6,805,000	10,150,300
Chad	2,070,900	1,035,450	3,106,350	4,255,000	10,467,700
Comoros	637,200	318,600	955,800	-	1,911,600
Congo	637,200	318,600	955,800	2,857,000	4,768,600
Côte d'Ivoire	477,900	238,950	716,850	-	1,433,700
Democratic Republic of the Congo	2,708,100	1,354,050	4,062,150	80,000,000	88,124,300
Equatorial Guinea	318,600	159,300	477,900	-	955,800
Eritrea	477,900	238,950	716,850	-	1,433,700
Eswatini	637,200	318,600	955,800	-	1,911,600
Ethiopia	5,894,100	1,768,230	7,662,330	10,635,000	25,959,660
Gabon	637,200	191,160	828,360	-	1,656,720
Gambia	318,600	95,580	414,180	-	828,360
Ghana	796,500	238,950	1,035,450	-	2,070,900
Guinea	1,274,400	382,320	1,656,720	-	3,313,440
Guinea-Bissau	796,500	238,950	1,035,450	-	2,070,900
Kenya	1,911,600	573,480	2,485,080	5,526,000	10,496,160

RESOURCE REQUIREMENTS

Country	COVID-19 Public Health Response			Operations support for COVID-19 humanitarian response (US$)	Total Country Office (US$)
	Human resources (US$)	Activities (US$)	Procurement (US$)		
Lesotho	637,200	191,160	828,360	-	1,656,720
Liberia	955,800	286,740	1,242,540	-	2,485,080
Madagascar	1,752,300	525,690	2,277,990	-	4,555,980
Malawi	477,900	143,370	621,270	-	1,242,540
Mali	955,800	286,740	1,242,540	8,465,000	10,950,080
Mauritania	1,115,100	334,530	1,449,630	-	2,899,260
Mauritius	477,900	143,370	621,270	-	1,242,540
Mozambique	1,593,000	477,900	2,070,900	-	4,141,800
Namibia	796,500	238,950	1,035,450	-	2,070,900
Niger	2,230,200	669,060	2,899,260	4,367,000	10,165,520
Nigeria	8,124,300	2,437,290	10,561,590	16,865,000	37,988,180
Rwanda	955,800	286,740	1,242,540	1,585,000	4,070,080
Sao Tome and Principe	318,600	95,580	414,180	-	828,360
Senegal	955,800	286,740	1,242,540	-	2,485,080
Seychelles	796,500	238,950	1,035,450	-	2,070,900
Sierra Leone	2,708,100	812,430	3,520,530	-	7,041,060
South Africa	1,752,300	525,690	2,277,990	-	4,555,980
South Sudan	3,982,500	1,194,750	5,177,250	17,388,000	27,742,500
Togo	796,500	238,950	1,035,450	-	2,070,900
Uganda	1,433,700	430,110	1,863,810	7,325,000	11,052,620
United Republic of Tanzania	1,593,000	477,900	2,070,900	5,112,000	9,253,800
Zambia	1,433,700	430,110	1,863,810	5,270,000	8,997,620
Zimbabwe	955,800	286,740	1,242,540	-	2,485,080
Regional EMTs (targeted countries)	-	-	-	-	50,000,000
TOTAL	**64,516,500**	**22,572,810**	**87,089,310**	**191,295,000**	**415,473,620**

ANNEX

ANNEX

ADVICE TO COUNTRIES

The following critical actions are recommended to countries.

Prepare, protect and be ready

- Initiate emergency mechanisms for national and local alert, response & coordination. This includes reviewing and testing capacity through simulations depending on context and stage of outbreak.
- Assess and map existing health service delivery resources throughout the country including HWF, infrastructure and equipment.
- Establish and rapidly expand capacity for investigation, of alerts and rumours, case finding, contact tracing and laboratory testing.
- Increase rapidly hospital and health care facility capacity to meet expected management needs
- Prepare for health care surge by repurposing staff at all levels.
- Protect and enhance resilient supply chains for essential medical supplies, cleaning materials and PPE.
- Communicate effectively and build trust with members of society and communities.
- Share key data and information with WHO as legally required by the International Health regulations (IHR 2005).

Find, test and isolate all suspect cases and contacts

- Declaration of suspect COVID-19 as an immediately notifiable disease.
- Enhanced surveillance to detect all suspect cases within 48 hours of symptom onset.
- Immediate testing of all suspect cases on day of detection.
- Aggressively identify all cases and effectively isolate confirmed cases as quickly as possible to limit the potential of transmission to other people and ensure compliance.
- Perform case investigation to identify and quarantine contacts and follow up for 14 days.
- Enhanced surveillance at all levels.

Prevent, suppress and slowdown transmission

- Prevent community level transmission through physical or social distancing, personal hygiene, use of masks and limiting public gatherings, social/cultural and religious gatherings
- Prevent transmission in education facilities by closing universities, vocational training, as well as pre-schools, primary and secondary schools and adopting distance learning strategies.

ANNEX

- Prevent national and global spread through conducting risk assessments for mass gatherings.
- Prevent transmission in workplaces by reducing non-essential business and industries while ensuring essential services.
- Restrict movement in and out care facilities, institutions and camps through to protect high-risk groups.
- Limit international and national travel in line with IHR (2005) and restrict movement within a city, area or outside households.

Provide safe and effective clinical care

- Implement strict infection prevention and control in hospitals and health care facilities.
- Expand clinical care capacity and dedicated facilities to effectively isolate all COVID-19 cases.
- Ensure the central system is not overloaded to prevent nosocomial transmission. Manage clinical pathways and referral systems so that those most at risk can access live saving care.
- Deliver maximum standard of care for all severe and critical patients.
- Train, equip and protect health care/ sanitation (environmental cleaning and waste management) workers.
- Maintain COVID-19 essential medical supplies through effective supply chain management.
- Ensure safe & dignified burial (dead bodies management), safe water provision and adequate waste management (including infectious waste).

Maintain core health services and systems

- Establish simplified purpose-designed governance and coordination mechanisms to complement response protocols.
- Identify context-relevant core services and redesign a package for basic services.
- Ensure access to services for vulnerable people in fragile countries and specific people (Refugees, IDPs and Migrants).
- Optimize service delivery settings and platforms.
- Establish effective patient flow (screening, triage, and targeted referral) at all levels.
- Rapidly re-distribute health workforce capacity including by re-assignment and task sharing.
- Identify mechanisms to maintain availability of essential medications, equipment and supplies.