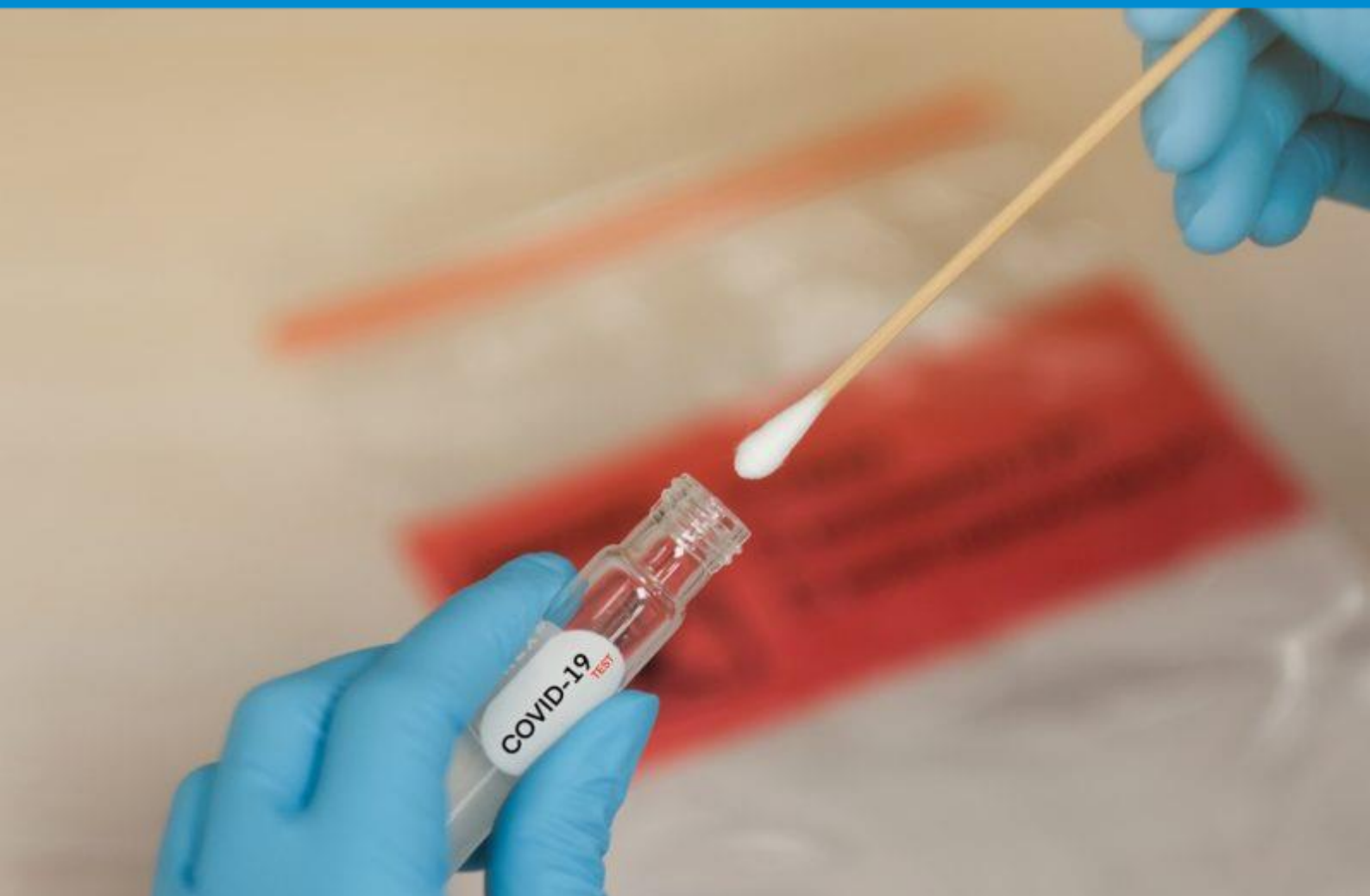


# COVID-19

Situation update for the WHO African Region  
29 July 2020

## External Situation Report 22



REGIONAL OFFICE FOR

World Health  
Organization  
Africa

# COVID-19

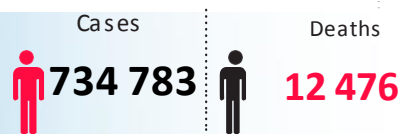
## WHO AFRICAN REGION

### External Situation Report 22

Date of issue: 29 July 2020

Data as reported by: 28 July 2020 as of 00:00 AM (GMT+1)

#### 1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to accelerate with over 700 000 cases and 12 000 deaths reported in the WHO African Region. Since our last [External Situation Report 21](#) issued on 22 July 2020, a total of 114 394 new confirmed COVID-19 cases (an 18% increase) was reported from 45 countries between 22 and 28 July 2020, compared to a 23% increase recorded during the previous reporting period (15 - 21 July 2020). Of the 114 394 reported new cases, the majority, 68% (77 963), were recorded in South Africa, which remains the hardest hit country across the continent and ranks fifth globally after the United States of America (3 748 248), Brazil (2 098 389), India (1 155 191), and the Russian Federation (783 328). Even with high case numbers in South Africa, the reported deaths are comparatively low.

From 22 to 28 July 2020, Gambia (which had previously reported the least case incidence in the past months) registered the highest percentage increase of 147% (132 to 326 cases). This was followed by Zimbabwe with a 55% increase (from 1 820 to 2 817 cases) and Zambia (50% increase; from 3 326 to 5 002 cases). Other countries with high percentage increase included; Botswana 42% (from 522 to 739 cases), Lesotho 41% (from 359 to 505 cases), and Namibia 40% (from 1 366 to 1 917 cases).

United Republic of Tanzania did not officially submit reports indicating any confirmed case. A total of 147 new health worker infections were recorded from nine countries: Madagascar (68), Senegal (25), Gambia (23), Malawi (19), Sudan (4), Namibia (3), Mozambique (2), Togo (2) and Sierra Leone (1). Algeria retrospectively reported 2 300 health worker infections during this reporting period, while Uganda recorded two new deaths for the first time since the beginning of the outbreak. The WHO African Region and South Africa hit an unfortunate milestone with their highest daily deaths of 625 and 572, respectively, on the 22 July 2020.

During this period, 2 360 new COVID-19 related deaths (23% increase) were reported from 33 countries, with 1 889 (80%) of the deaths recorded in South Africa. This was followed by Algeria, with 74 (3.1%) deaths and Nigeria with 63 (2.7%) deaths. Other countries that reported new deaths during the reporting period include; Ethiopia (59), Kenya (49), Malawi (32), Madagascar (28), Senegal (24), Angola (17), Eswatini (15), Ghana (15), Zambia (14), Zimbabwe (14), Democratic Republic of the Congo (12), Cameroon (9), Lesotho (6), Côte d'Ivoire (5), Guinea (5), Central African Republic (4), Congo (4), Gambia (3), Togo (3), Gabon (3), Benin (2), Liberia (2), Mali (2), Uganda (2), Botswana (1), Cabo Verde (1), Mauritania (1), Namibia (1), and South Sudan (1).

As of 28 July 2020, a cumulative total of 734 783 COVID-19 cases have been reported in the region, including 734 782 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has registered more than half, 63% (459 761) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (41 804), Ghana (34 406), Algeria (28 615), Kenya (18 581), Cameroon (17 179), Côte d'Ivoire (15 713), Ethiopia (15 200), Madagascar (10 104) and Senegal (9 805). These 10 countries collectively account for 89% (651 168) of all reported cases. Of the 734 783 COVID-19 cases reported, 457 619 (62%) have recovered from across all the 47 countries in the region.

The total number of deaths reported in the region is 12 476, reported in 45 countries, giving an overall case fatality ratio (CFR) of 1.7%. Two countries, including Eritrea and Seychelles have not registered any COVID-19 related deaths since the beginning of the pandemic.

Since the beginning of the outbreak in the region, the majority of the deaths have been reported from: South Africa 58% (7 257), 9.4% (1 174), Nigeria 7.0% (868), Cameroon 3.1% (391), Kenya 2.4% (299), Ethiopia 1.9% (239), Democratic Republic of the Congo 1.7% (207), Senegal 1.6% (198), Ghana 1.4% (168), Mauritania 1.3% (156), and Zambia 1.1% (142). The top five countries, South Africa, Nigeria, Algeria, Cameroon and Kenya, account for 80% (9 989) of the total deaths reported in the region.

Chad (8.1%), Liberia (6.2%), Niger (6.1%), Mali (4.9%), Burkina Faso (4.8%), Angola (4.7%) and Algeria (4.1%) have registered the highest case fatality ratios

The current figures in the region represent 4.5% of confirmed COVID-19 cases and 1.9% of deaths reported worldwide. **Table 1** shows the list of affected countries and their corresponding number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in Figures 1 and 2, respectively. **Figures 2** and **3** show the distribution of cases and deaths with case fatality ratio by reporting date in the most affected country, South Africa, and in the other top six countries.

More infections continue to be detected among health workers, with 14 148 (1.9%) infections reported in 41 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 4 821 (34%) health workers infected, followed by Algeria (2 300), Ghana (2 065), Nigeria (987), Cameroon (593), Senegal (271), Guinea-Bissau (268), Malawi (264), Guinea (244), Côte d'Ivoire (187), Liberia (184), Niger (184) and Sierra Leone (168). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Gambia 20% (64/326), Niger 16% (184/1 132), Liberia 16% (184/1 167), Guinea Bissau 14% (268/1 954) and Mozambique 9.4% (162/1 720) have the highest country specific proportion of health worker infections among confirmed cases **Table 1**.

Complete data on age and gender distribution is only available for (1.0%) 7 616 cases. The male to female ratio among confirmed cases is 1.6, and the median age is 36 years (range: 0 - 105). Males (62%) 4 729 in the 31-39 and 40-49 age-groups are more affected than females (38%) 2 887 across the same age-groups. The distribution of cases by age and sex is presented in **Figure 4**.

Currently, 33 (70%) countries in the region are experiencing community transmission, 10 (21%) have clusters of cases and four (9%) have sporadic cases of COVID-19. The region continues to observe increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.

As of 28 July 2020, the seven African countries in the WHO Eastern Mediterranean Region reported a total of 137 424 confirmed COVID-19 cases: Egypt (92 482), Morocco (20 887), Sudan (11 496), Djibouti (5 068), Somalia (3 196), Libya (2 827) and Tunisia (1 468). Additionally, a total of 5 958 deaths has been recorded from Egypt (4 652), Sudan (725), Morocco (316), Somalia (93), Tunisia (50), Djibouti (58) and Libya (64).

To date, a cumulative total of 872 207 confirmed COVID-19 cases 18 434 deaths (case fatality ratio 2.1%) with 523 291 cases that have recovered have been reported in the African continent.

**Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 28 July 2020 (n =734 783)**

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Worker infections	Proportion of health worker infections (%)
South Africa	459 761	7 257	287 313	0	1.6	4 821	1.0
Nigeria	41 804	868	18 764	0	2.1	987	2.4
Ghana	34 406	168	30 621	0	0.5	2 065	6.0
Algeria	28 615	1 174	19 233	0	4.1	2 300	8.0
Kenya	18 581	299	7 908	0	1.6	64	0.3
Cameroon	17 179	391	14 747	0	2.3	593	3.5
Côte d'Ivoire	15 713	98	10 537	0	0.6	187	1.2
Ethiopia	15 200	239	6 556	0	1.6	87	0.6
Madagascar	10 104	93	6 613	0	0.9	70	0.7
Senegal	9 805	198	6 591	0	2.0	271	2.8
Democratic Republic of the Congo	8 873	207	5 930	1	2.3	158	1.8
Gabon	7 189	49	4 682	0	0.7	57	0.8
Guinea	7 126	46	6 312	0	0.6	244	3.4
Mauritania	6 249	156	4 683	0	2.5	0	0.0
Zambia	5 002	142	3 195	0	2.8	115	2.3
Central African Republic	4 599	59	1 546	0	1.3	1	0.0
Malawi	3 738	103	1 728	0	2.8	264	7.1
Congo	3 200	54	829	0	1.7	144	4.5
Zimbabwe	2 817	40	604	0	1.4	2	0.1
Mali	2 520	124	1 919	0	4.9	0	0.0
Eswatini	2 404	39	1 025	0	1.6	17	0.7
Cabo Verde	2 354	22	1 616	0	0.9	40	1.7
Equatorial Guinea	2 350	41	660	0	1.7	53	2.3
South Sudan	2 322	46	1 205	0	2.0	119	5.1
Guinea-Bissau	1 954	26	903	0	1.3	268	13.7
Rwanda	1 926	5	1 005	0	0.3	0	0.0
Namibia	1 917	8	104	0	0.4	10	0.5
Benin	1 805	36	1 157	0	2.0	139	7.7
Sierra Leone	1 786	66	1 336	0	3.7	168	9.4
Mozambique	1 720	11	602	0	0.6	162	9.4
Liberia	1 167	72	646	0	6.2	184	15.8
Uganda	1 135	2	989	0	0.2	27	2.4
Niger	1 132	69	1 027	0	6.1	184	16.3
Burkina Faso	1 105	53	931	0	4.8	90	8.1
Angola	1 000	47	266	0	4.7	1	0.1
Chad	926	75	810	0	8.1	75	8.1
Togo	874	18	607	0	2.1	35	4.0
Sao Tome and Principe	867	14	759	0	1.6	40	4.6
Botswana	739	2	63	0	0.3	3	0.4
United Republic of Tanzania	509	21	180	0	4.1	1	0.2
Lesotho	505	12	128	0	2.4	20	4.0
Comoros	378	7	330	0	1.9	0	0.0
Burundi	378	1	301	0	0.3	24	6.3
Mauritius	344	10	333	0	2.9	30	8.7
Gambia	326	8	66	0	2.5	64	19.6
Eritrea	265	0	191	0	0.0	0	0.0
Seychelles	114	0	68	0	0.0	0	0.0
<b>Total (N=47)</b>	<b>734 783</b>	<b>12 476</b>	<b>457 619</b>	<b>1</b>	<b>1.7</b>	<b>14 184</b>	<b>1.9</b>

\* Chad and Liberia are implementing community mortality surveillance that could have attributed to high case fatality ratios.

Figure 1. An epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 28 July 2020 ( $n=734\,783$ )

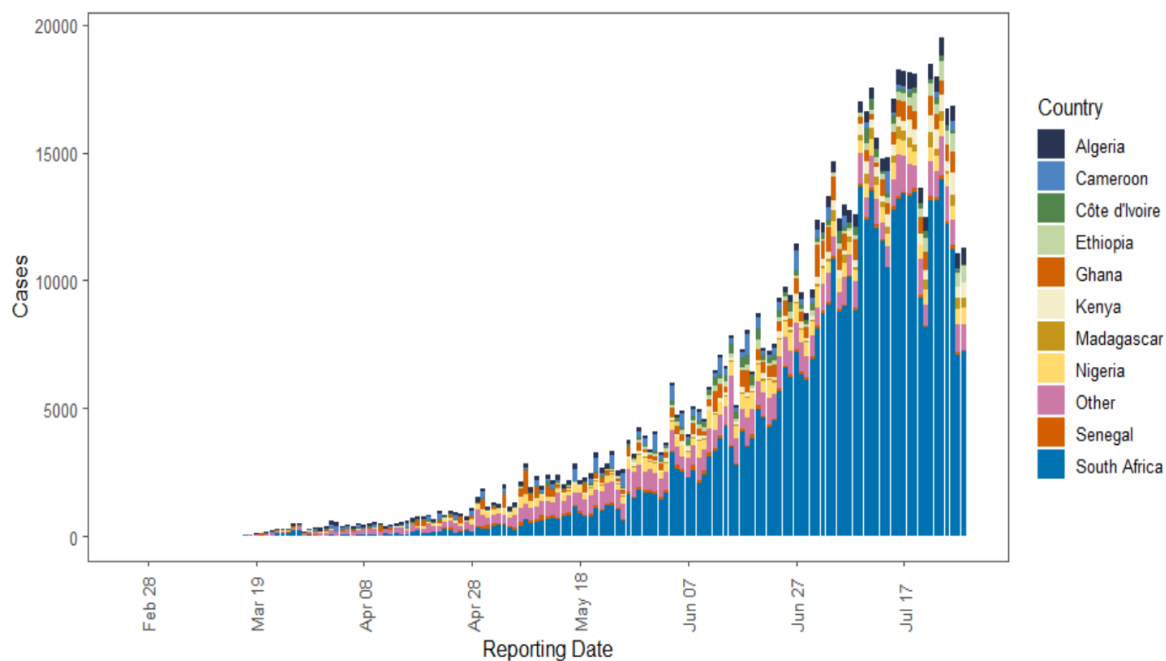
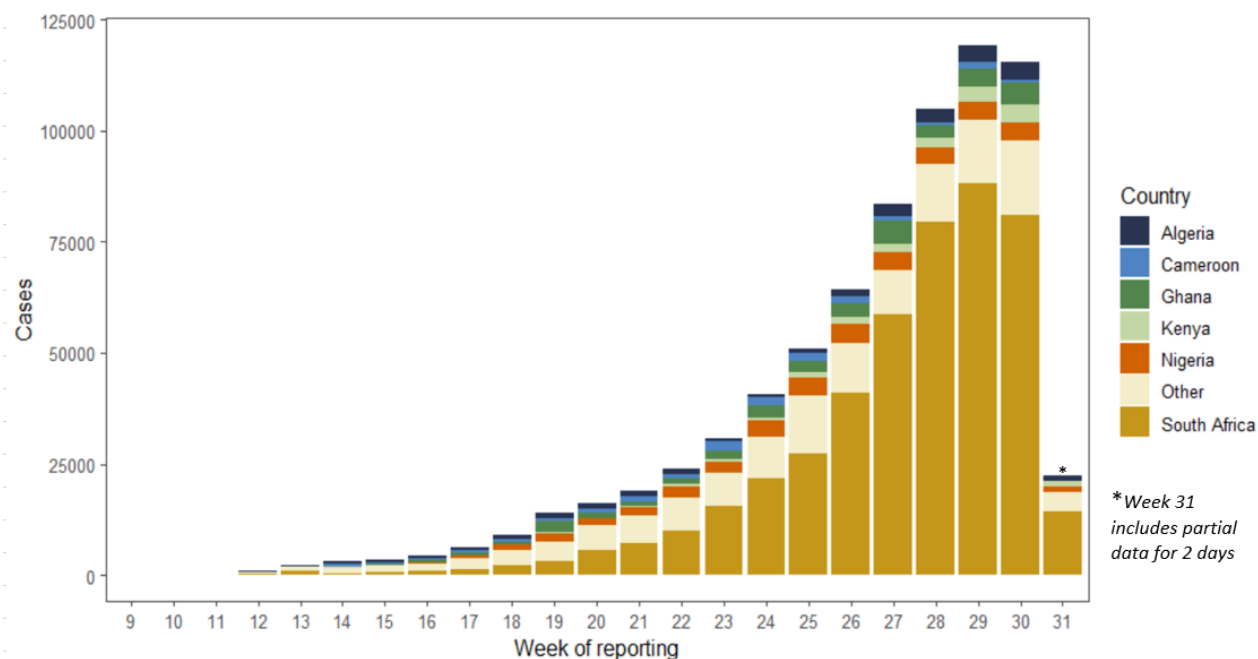
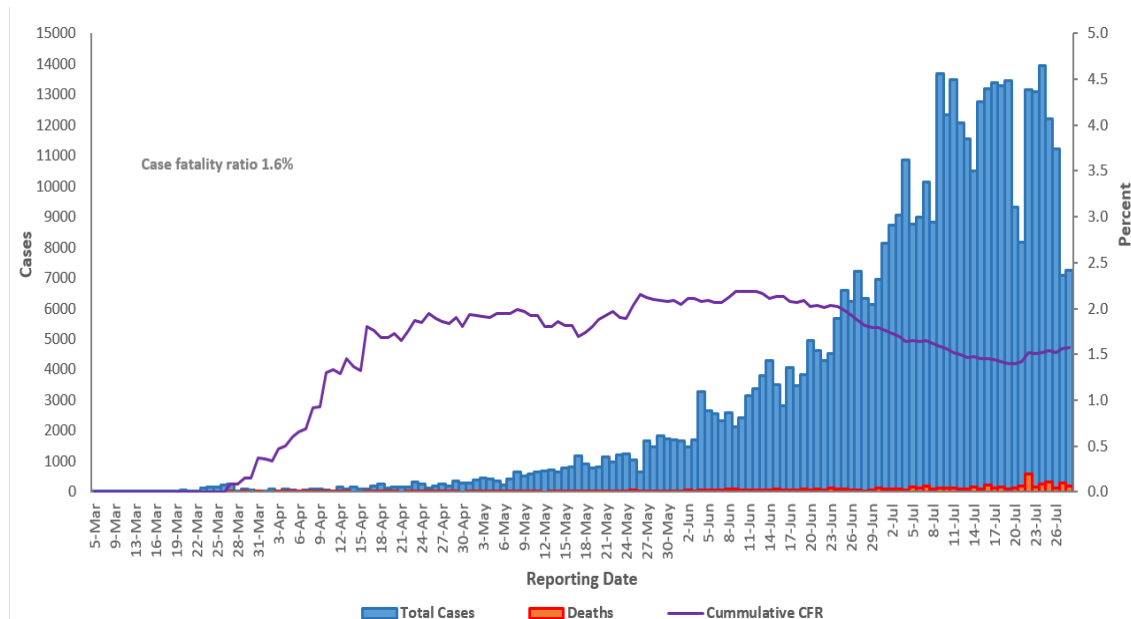


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 28 July 2020 ( $n=734\,783$ )



**Figure 3. The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio for South Africa by date of notification, 5 March – 28 July 2020 (n=459 761)**



**Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Kenya, Cameroon and Côte d'Ivoire, 25 February – 28 July 2020 (n=156 298)**

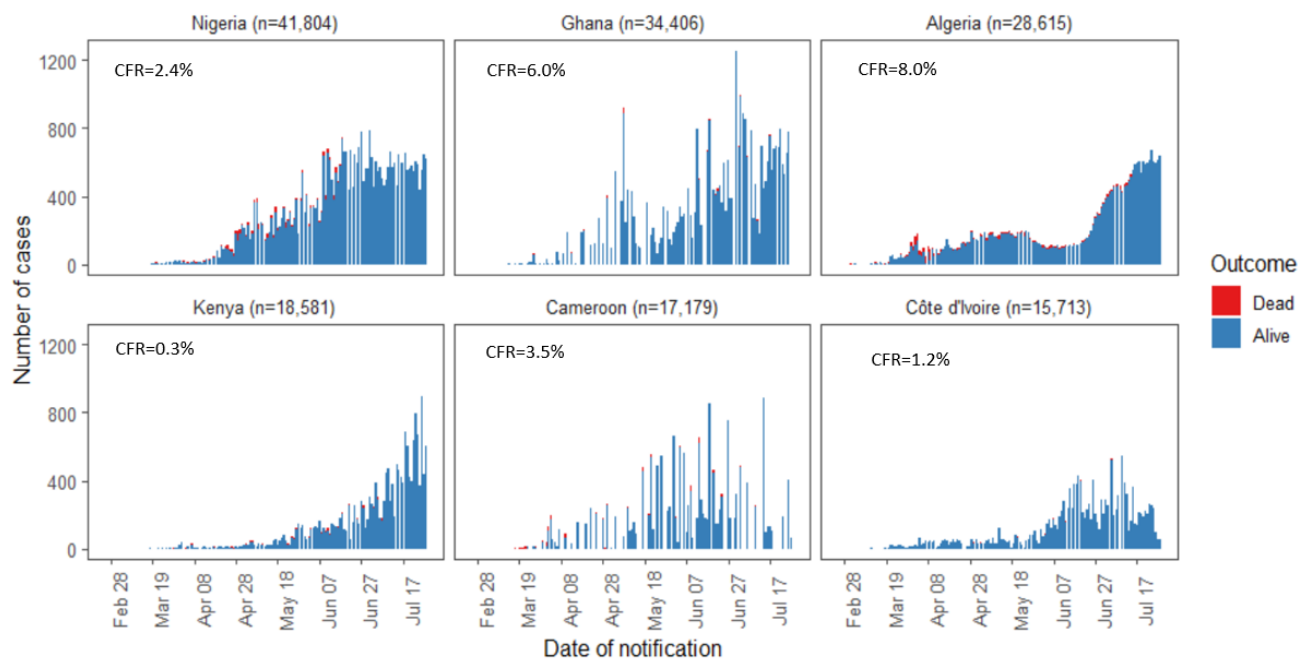
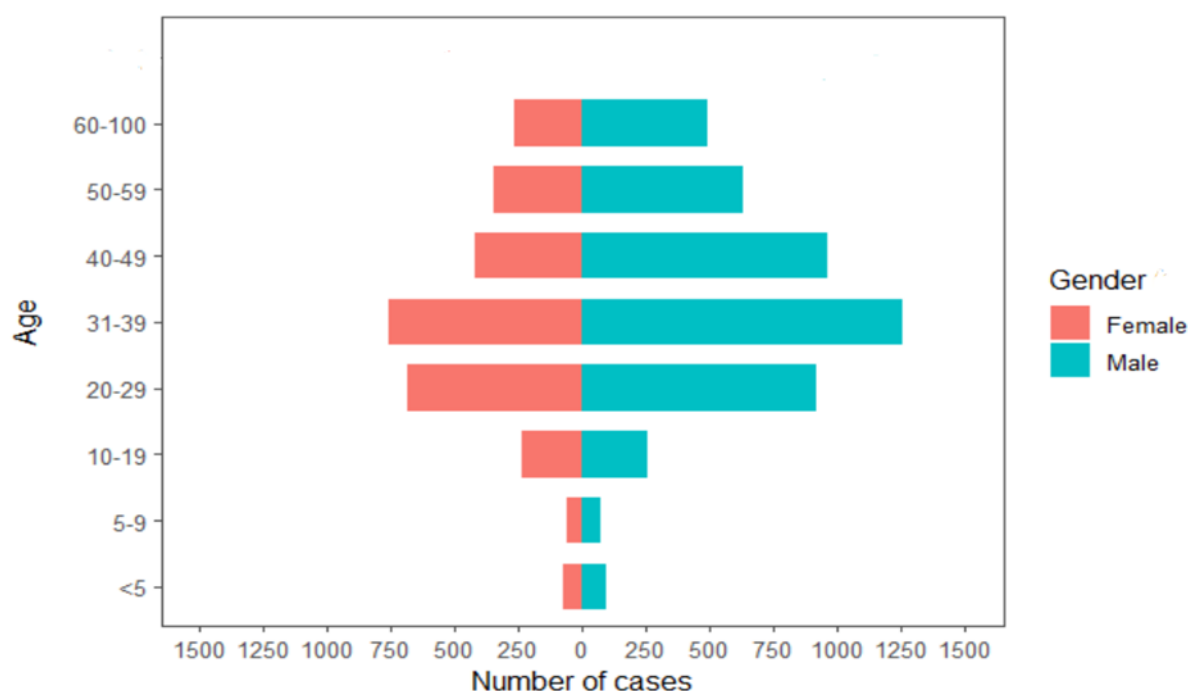




Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 28 July 2020 (n=7 616)



## 2. Global update

As of 28 July 2020, at 18:00 CET, a total of 16 341 920 confirmed cases, including 650 805 deaths (CFR 4.0%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past weeks. To date, 215 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (4 209 509), Brazil (2 419 091), India (1 483 156), the Russian Federation (823 515), South Africa (459 761), Mexico (390 516), Peru (384 797), Chile (347 923), the United Kingdom (300 115) and Iran (Islamic Republic of) (293 606).

All affected countries have reported new confirmed cases in the past week. Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

## 3. Current risk assessment

**On 11 March 2020, the WHO Director-General characterized the COVID-19 as a pandemic.**

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have

emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

### 3. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

#### Coordination

- An agenda was developed for documenting best practices and lessons learned in the response to COVID. A list of topics for best practices and lessons learned (collected through deep dive sessions, webinars and general interaction with partners and countries) and leads have been identified and the possibility of publication in a supplement of the *Pan-African Medical Journal* is being explored.
- A three level coordination meeting was held with Nigeria concluding that the country office is to provide update on progress with home and community case management and an update on state level case management.
- The WHO AFRO continues to support countries with a special focus on high risk countries such as South Africa by mobilizing surge support and envisaging repurposing of staff from stable countries to support crisis affected countries and schedule deep dive operational discussions to understand the situation in these countries.
- The team at Nairobi Hub held a meeting “Addis Ababa Humanitarian Hub-regional logistics meeting (RLWG)” that was intended to bring visibility of the hubs operations and align with RLWG with a focus on improving un-interrupted availability of COVID-19 supplies in-country and use the Humanitarian Hub for the distribution of COVID-19 vaccines in the future.
- The team at Dakar Hub supported Guinea, Liberia and Côte d'Ivoire to strengthen cross-border collaboration in the context of COVID-19 and KOICA project countries (Guinea, Liberia, Côte d'Ivoire, Sierra Leone and Senegal) to organize a simulation exercise in the context of COVID-19.
- Technical support to countries on continuity of essential services was continued; in this regard, discussions were held with Malawi to support the revision of the National Response Plan, including a pillar on continuation of essential services.
- Several constraints and increasing inequalities have been posed by COVID-19 regarding the ability of the WHO and countries to address other health issues, therefore they should use this opportunity to call for funding for other health issues beyond COVID-19.

#### Surveillance

- The team developed and is now implementing tools to investigate health worker's infections to ascertain where, how and why, contamination rates are increasing across the region.
- The Surveillance Pillar of the IMST continues to provide technical support to Member States to improve active surveillance, including alert management systems, case investigations and contact tracing. During the reporting week, technical support was provided to many countries.
- A mechanism for tracking of cases in neighbouring countries in order to report confirmed cases during cross-border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.

#### Infection Prevention and Control (IPC)

- The team at Nairobi Hub held an in-depth review of IPC implementation with focal persons of three countries (Zimbabwe, Seychelles and Zanzibar) and discussed use of IPC tools, training and implementation. IPC focal persons from Uganda, Kenya and Malawi also attended the meeting to share experiences. Links to the WHO IPC tools and guidance on how to use them to improve IPC performance in countries were provided.
- Investigations of health workers exposed to COVID-19 patients is underway in Sierra Leone. A protocol for health worker infections was developed and approved by the Ministry of Health.



- The AFRO IPC team shared an IPC evaluation template with countries; only (55%) 26 of the 47 countries have provided data following a survey campaign that was concluded in June.

## Laboratory

- The AFRO laboratory team held a meeting with Burkina Faso and Mali on STRONGLABS project including testing strategy adopted by the country based on the epidemiological situation, border reopening and with lead and co-lead partner's platform, Dakar discussed countries' lab testing strategies in the context of reopening of Points of Entry (POEs). Guinea and Côte d'Ivoire were supported on testing strategy including use of Rapid Diagnostic Tests at the PoEs, particularly airports that are opening up.
- The development of a COVID-19 national testing strategy and research was supported in Côte d'Ivoire, Eswatini, Guinea, Ghana, Seychelles, Mauritius, Burkina Faso and Mali. Zambia Laboratory received funding to develop video recording.
- WHO AFRO held a meeting with Africa CDC, IOM and UNICEF; Africa CDC proposed South Africa as the reference laboratory for the External Quality Assessment Project (EQAP) in the African region. There is currently a need to harmonize efforts in EQAP to minimize duplication.
- The laboratory team appreciates the need to decentralize the lab testing capacities and improve the turnaround time of the laboratory results in all Member States and efforts to address this challenge are underway.

## Case management

- The team at Nairobi Hub developed Fact Sheets on case fatality ratios of COVID 19 as well as the status of research about therapies for COVID 19, based on RCCE feedback, to counteract the current rumors and misbeliefs on COVID 19.
- Conducted a teleconference meeting with Guinea-Bissau and concluded that WHO and other UN agencies continue purchasing oxygen cylinders on a rotational basis, redistribution of oxygen cylinders from facilities that are not in need and continue with provision of clinical bed-side support in three hospitals. In Madagascar, there is a need for health facilities to be repurposed for use as isolation or treatment centres.
- The AFRO case management team held a meeting with WHO country office, Seychelles and Nairobi Hub, and agreed on training more healthcare workers on COVID-19 case detection and reporting at health facility level, strengthening of triage and continued enhanced care of all patients under investigation.
- The meeting with Lesotho had the following action points: challenges in supply of oxygen cylinders as they are leased from South Africa, isolation of patients who meet the case definition of COVID-19 as they await results, triage, treat appropriately and daily for worsening symptoms and a need to enforce personal protective equipment (PPE) among healthcare workers even when not attending to COVID-19 patients.
- A curriculum was developed for community health workers along with guidelines on healthcare workers performing CPR in a COVID-19 patient. General and specific technical advice was provided on prone position ventilation and home management of COVID-19 patients.

## Risk Communication

- The risk communication team at AFRO Developed Draft Guidelines for schools opening during COVID-19 pandemic.
- They also participated in Africa CDC final preparation for Joint Forum on Public Health Risk Communication for Africa.
- They conducted Regional Risk Communication and Community Engagement (RCCE) coordination meeting and shared progress on implemented activities, challenges experienced, and opportunities identified. The team was also involved in weekly Community feedback meetings in which they reviewed key feedback and discussed strategies to address challenges.
- Weekly countries reports were captured in the RCCE Monitoring and Evaluation system. RCCE Gap Analysis for Nigeria, Mali and Ghana will be finalized as per recommendation emanating from IMST daily meetings.
- Cross border preparations are underway in West and Central African Countries based on reopening of borders including forthcoming "Tabaski" religious Holiday.
- With the support of the Communications team and other technical staff at WHO AFRO, the social media team has shared COVID-19 related messages that have reached over 150 000 000 people on French and English Twitter and Facebook pages.
- Technical advice was provided on weekly country support forums for Malawi and Lesotho

## Logistics

- The AFRO logistics team is currently addressing issues regarding the use of the UN supply portal and also mapping out countries that are manufacturing supplies for COVID-19 and offering guidance to countries on how to procure supplies within the region.
- Through the UN supply portal: 2.2 million laboratory tests were shipped for a value of US\$ 16.7 million and 1.2 million laboratory reagents are in the pipeline. A total of 9.6 million PPE components were shipped for a value of US\$ 10 million and 33 million PPE components are in the pipeline. 2 500 oxygen concentrators were shipped for a value of US\$ 2 million and 600 units are in the pipeline.
- A total of 629 requests were received from the 47 countries. These requests were worth US\$ 28.8 million including, laboratory supplies worth US\$ 16.7 million, PPE worth US\$ 10.1 million and another US\$ 2.0 million.
- Currently, 883 534 tests, 381 600 collection kits, 893 174 reagents and 620 oxygen concentrators are under procurement, 2 157 138 tests, 1 844 040 sample collection kits, 2 996 946 reagents, 9 596 482 PPE and 2 472 oxygen concentrators are being shipped.
- Supplies under preparation for shipment include ; 370 600 tests, 330 540 sample collection kits, 574 504 reagents and 33 039 567 PPE components.

## Emergency Medical Team

- A partnership was launched between WHO AFRO and the Veolia Environment Foundation to support EMT activities by improving access to water in COVID-19 treatment facilities and supporting community activities.
- A teleconference meeting was held with Ethiopia Ministry of Health and WHO country office on the way to move forward in the process of implementation of National EMT in Ethiopia. In addition, specific support was offered to the WHO country Office-Ethiopia, for the Regional Training Center and COVID-19 Treatment Center in Addis Ababa.
- Malteser EMT activities were continued in IPC training, assessment of WASH components and clinical management of COVID-19 patients. Also, there was an assessment of a primary health facility outside the major city to get a comprehensive picture of preparedness and response measures related to COVID 19.
- A meeting of the regional focal point was held with the EMT Secretariat in Geneva who will support the national EMT implementation process in the AFRO region.

## Human Resources

- Since the outbreak started in the region, a total of 266 experts have been deployed to 41 countries, including the Regional Office in Congo, to support: Coordination (33), Surveillance (21), Laboratory (14), IPC (24), Case Management (19), Point of Entry (5), Epidemiology (11), Risk Communication (22), Media Communication (10), Logistics (19), Partnership coordination (2), Data Management (15), Information Management Officer (1), SHOC Support (1), Training and Capacity Building (2), Planning and Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (2), Planning and Information Management (1), Translator (2), staff wellbeing (1), Emergency Operations Centre (1) Technical advisor (1) and Writing and Reporting (1).
- Currently, 184 experts are supporting the COVID-19 response in 38 countries.
- HR are leveraging on deployment arrangements with Africa CDC for better coordination in addressing human resource gaps.
- The lockdowns and international flights restrictions in most African countries remain the main challenges affecting the deployment of experts to support national responses.

## 5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

WHO continues to monitor IHR measures being implemented by countries in the region:

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.
- A total of 24 countries are implementing lockdown; nationwide lockdown in 13 countries and lockdown in affected areas in 11 countries.
- Eight countries have started a phased easing of the lockdown measures.

## 6. Conclusion

The COVID-19 outbreak continues to accelerate across the WHO African Region and South Africa remains the epicenter of the outbreak in the African continent, and is now ranked fifth globally, although with comparatively low reported deaths.

The WHO AFRO continues to support countries with a special focus on high risk countries by mobilizing surge support and envisaging repurposing of staff from stable countries to support the most affected countries. The WHO is also currently leveraging on deployment arrangements with Africa CDC for better coordination in addressing human resource gaps amidst travel restrictions.

The communication team emphasises that “Everyone is at risk, and everyone has a role to play in fighting this pandemic. Each person must equip themselves with the right information and use it to assess risk and make the best decisions to protect themselves and their communities”.

As the region continues to respond to the pandemic, the WHO encourages member countries not to lose focus on other pressing health needs. We must minimize healthcare disruptions caused by COVID-19 and ensure the continued delivery of essential health services such as immunization efforts. Several constraints and increasing inequalities have been posed by COVID-19 regarding the ability of the WHO and countries to address other health issues, therefore we should use this opportunity to call for funding for other health issues beyond COVID-19.

## Annex 1. Global and Regional time line for COVID-19 as of 14 July 2020

