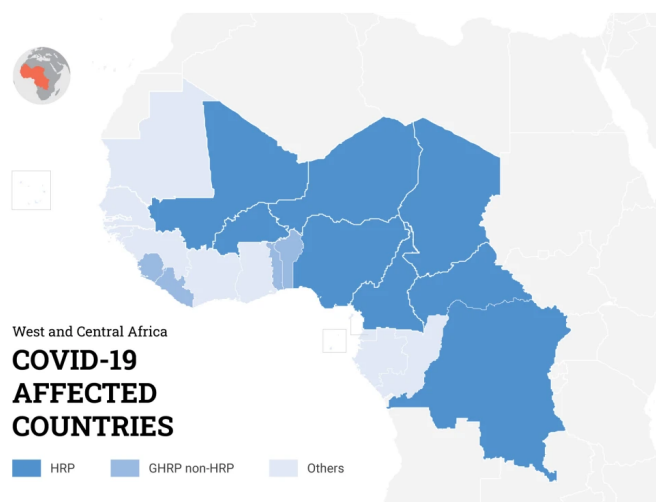


HIGHLIGHTS (15 Sep 2020)

- Humanitarian needs have reached an unprecedented level across the region - resulting from escalating conflict and rising food insecurity - exacerbated by the spread of COVID-19.
- In 2020, prior to the COVID-19 outbreak, a record high of 44 million people across the region – 6 million more than in 2019 – required humanitarian assistance and protection.
- Where the global health crisis intersects with conflict, the effects of climate change and chronic vulnerabilities, including weak national health systems, new crises may emerge.
- As the COVID-19 pandemic and restrictive measures impact economic activities, food production, flows, markets and livelihoods, food insecurity could double.
- Health care facilities in remote or conflict areas lack testing capacities and equipment, limiting their ability to manage a sudden influx of critical cases.



KEY FIGURES

293,775

Number of cases in WCA (as of 24 Sep.)

5,688

Number of deaths

FUNDING

\$1.3B

WCA GHRP Requirement (US\$)

24%

Funded (as of 28 September)

\$5B

WCA HRPs Requirement (US\$)

35%

Funded (as of 28 September)

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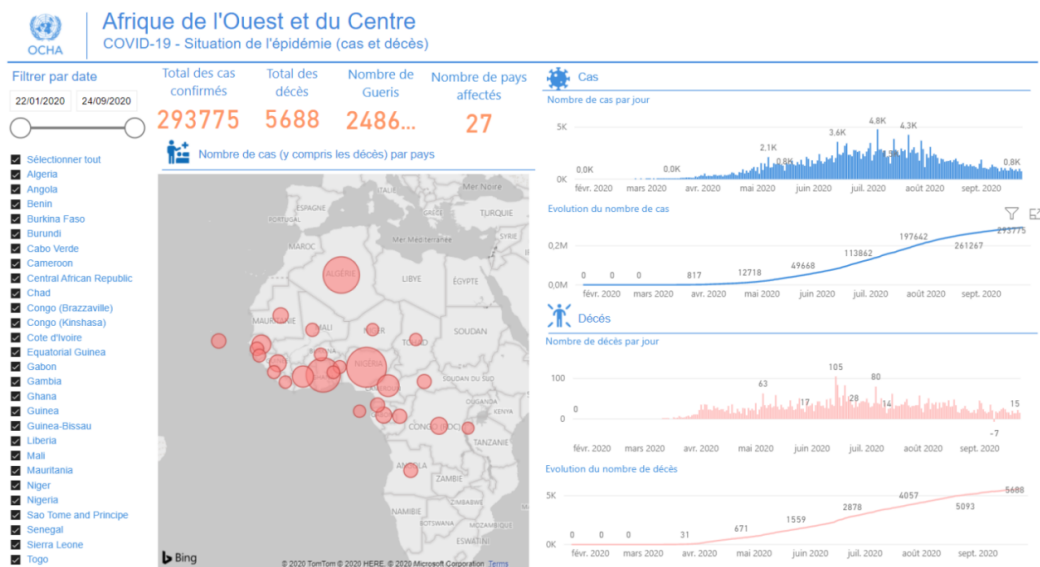
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INTERACTIVE (15 Sep 2020)

West and Central Africa COVID-19 Dashboard

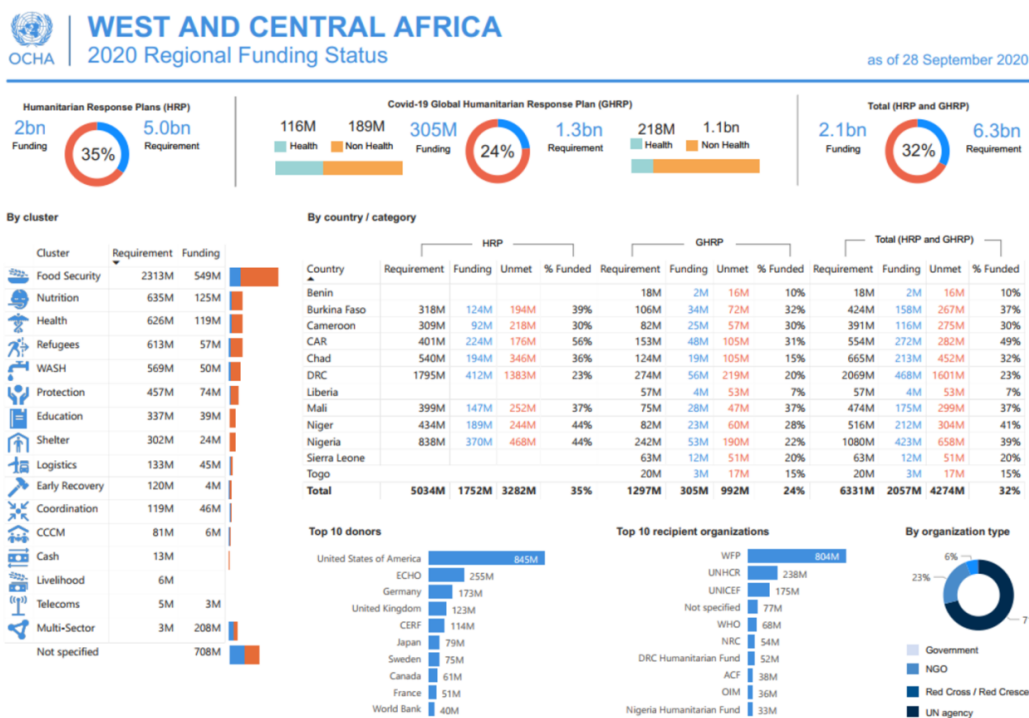
[COVID-19 dashboard](#) for West and Central Africa country monitoring.



INTERACTIVE (15 Sep 2020)

West and Central Africa 2020 Funding Overview

[Funding overview](#) including funding for West and Central Africa Humanitarian Response Plans (HRPs) and the Global COVID-19 Humanitarian Response Plan (GHRP) funding for WCA countries.



BACKGROUND (1 Jul 2020)

1- COUNTRIES WITH EXISTING HUMANITARIAN RESPONSE PLANS INCLUDED IN THE COVID-19 GHRP

In West and Central Africa, **Burkina Faso, Cameroon, the Central African Republic (CAR), Chad, the Democratic Republic of the Congo (DRC), Mali, Niger and Nigeria** have existing 2020 Humanitarian Response Plans (HRPs). The [COVID-19 Global Humanitarian Response Plan](#) (GHRP), issued in March 2020, considered countries with ongoing HRPs a priority due to prevailing needs and pre-existing low national response capacity. The GHRP also emphasizes the imperative to sustain funding for HRPs and preparedness to other disasters, beyond COVID-19.



Food distribution in Kaya, Burkina Faso - March 2020 (WFP/Mahamady Ouedraogo)

Existing HRPs and Refugee Response Plans (RRRPs) are being adjusted to address the additional consequences of the COVID-19 pandemic. While the GHRP is highlighting emergency and short-term requirements until the end of 2020, those will be progressively integrated into country plans and programmes. HRPs across the region remain severely underfunded, yet they are critical to avoid further loss of life and suffering, a rise of affected people's vulnerabilities and ever-decreasing capacities to cope with the new emergency.

TRENDS (26 Jul 2020)

Burkina Faso

Uptick in new cases brings Burkina Faso above 1,000 total cases

- **First case:** 9 March 2020
- **Total cases:** 1070 (as of 22 July 2020)
- **Total deaths:** 53
- **Schools:** Closed
- **Borders/flights:** Air borders reopening on 1 August, land and rail borders will remain closed until further notice.
- **Containment measures:** Quarantine measures announced in March were adjusted and partially relaxed in early May. Curfew introduced from 9 p.m. to 4 a.m. is still in place.

Situation: Burkina Faso reported 1,003 total confirmed cases of COVID-19 on 5 July (652 men and 351 women), with 96 new cases in the 15 days prior; a marked rise in new confirmed cases after a period in which few cases were reported, just 22 total in the preceding 15 days. Four regions currently have active confirmed cases, including Centre (Ouagadougou, from which the majority of cases have been reported), Sud Ouest, Haut Bassins and the Sahel region, where one active case has been reported in Gorom Gorom at the Essakane mining site (not in the general population).

The further spread among communities affected by the ongoing crisis, particularly the displaced population, could be catastrophic. Quarantine measures announced in March were adjusted and partially relaxed in early May. Land and air borders remain closed and restrictions may further affect supply chains.

Burkina Faso has minimal capacity to hospitalize and manage COVID-19 cases. In the northern and eastern regions, 1.6 million people have limited or no access to healthcare services. The adverse economic impacts will have consequences across all sectors, particularly in areas affected by insecurity and displacement. Increased food insecurity will lead to higher mortality and morbidity. Distance learning remains inaccessible to most children, especially in rural areas and for displaced and refugee children. The pandemic has put vaccination campaigns on hold, which could lead to further outbreaks, including of life-threatening diseases such as measles. Protection concerns are on the rise.

Response:

A National Pandemic Crisis Management Committee of COVID-19 has been set up in Burkina Faso.

The Burkina Faso COVID-19 Preparedness and Response Project will strengthen the public health systems' capacity to prevent, detect, and respond to the pandemic. It will increase emergency funding up to \$4 million for the Health Services Reinforcement Project (PRSS), which supports efforts to protect health care workers and trace people who have come into contact with confirmed COVID-19 cases.

Official links:

[Comité national de gestion de la crise de la pandémie du COVID-19 au Burkina Faso: Réformer pour être plus efficace](#)

TRENDS (17 Jul 2020)

Cameroon

Cameroon has the third highest cases in West and Central Africa

- **First case:** 6 March 2020
- **Total cases:** 16,057 (as of 16 July 2020)
- **Total deaths:** 369
- **Schools:** On 1 June, reopening of universities and schools (only for exams)
- **Borders/flights:** All borders closed.
- **Containment measures:** The government has put in place a series of strict measures to contain the spread of COVID-19 (closing schools and educational or training institutions, banning gatherings of all kinds, imposing the use of face masks on public transport), although a comprehensive lockdown has not been promulgated to date.

Situation:

As of 16 July, Cameroon had confirmed 16,057 cases and 369 deaths. Ongoing transmission is placing a massive strain on a health-care system already overwhelmed by lack of capacity and ongoing disease outbreaks. Nine out of ten regions are affected by the pandemic including the South West and North West. People in the regions affected by humanitarian crises face significant difficulties in accessing essential services, including health and food. The situation is expected to worsen due to the strain on the weakened health system and decreased coping strategies.

Response:

The multisectoral response has been put into place through the direct involvement of the United Nations Resident Coordinator (UNRC).

The IMF approved on 4 May a disbursement under the Rapid Credit Facility (RCF) of US\$ 226 million to support the authorities' efforts in addressing Cameroon's urgent balance of payment needs stemming from the COVID-19 pandemic and the terms of trade shocks from the sharp fall in oil prices. *Official links:*

[Cameroon: Plan de préparation et de réponse au COVID-19](#)

TRENDS (26 Jul 2020)

Central African Republic

Schools to gradually reopen

- **First case:** 14 March 2020
- **Total cases:** 4,561 (as of 23 July 2020)
- **Total deaths:** 55
- **Schools:** Primary and secondary schools gradually reopened on 15 July. By the end of August, all schools across the country will have reopened.
- **Borders/flights:** All borders closed.
- **Containment measures:** The authorities have adopted a response plan for the health sector and enacted social distancing measures, including the closing of borders, schools, and most public establishments, a ban on meetings of more than 15 people, and restrictions on the movement of people from Bangui.

Situation:

On 22 July, the Ministry of Health reported 13 new COVID-19 cases. Since the first case was detected on 14 March, 4,574 cases have been confirmed including 1,437 recoveries and 57 deaths. So far, 29,068 people have been tested. WHO specifies that the decrease in the number of new cases in recent weeks does not mean an improvement in the epidemiological situation but is related to the new diagnostic strategy that limits testing to symptomatic suspected cases and people at risk. On 10 July, the government announced that primary and secondary schools would gradually reopen starting on 15 July. By the end of August, all schools across the country will have reopened. Schools were closed on 27 March, two weeks after the country's first COVID-19 case was reported. Alternative assessment criteria have been agreed upon for pupils to pass from one class to the next despite the interruption of classes. As COVID-19 cases continue to rise, the inter-ministerial decree announcing the gradual reopening of schools mentions specific measures to be taken to reduce the risk of contamination with COVID-19, including the division of classrooms and classes, in addition to the usual hygiene measures.

Response:

On 18 June, as part of the European Union's response to the COVID-19 crisis in Africa, the European Commission announced a €54 million grant to the Central African Republic to help the government shore up public expenditure negatively affected by the fight against the virus. Slowing the spread of the COVID-19 virus means that the Central African government must use part of its resources for preventive health measures, which significantly increases pressure on public finances. The EU is therefore intervening with two budget support programmes going towards consolidating the State (€45 million) and reforming the security and governance sector (€9 million).

The Central African Republic (CAR) government intends to implement a response plan for the health sector that was prepared in collaboration with WHO, with an estimated cost of \$6.3 billion (1.9 percent of GDP). This plan goes beyond an immediate response plan and contains measures to strengthen the ability of the healthcare system to deal with such pandemics in the future. It notably aims at: (i) providing medical care for confirmed cases; (ii) improving the monitoring of the country's points of entry; and (iii) strengthening the capacities of the medical staff, laboratories and hospitals. The government has requested the help of its development partners to finance this plan through grants and loans. On 8 May, in collaboration with OCHA and WFP, France and the European Union organized a humanitarian airlift to support the response to COVID-19. The plane arrived in Bangui from France with 70 front-line humanitarian workers on board and 40 tons of medicines and personal protection equipment (PPE). The European Commissioner for Crisis Management, Humanitarian Aid and Civil Protection met with government representatives, the Humanitarian Coordinator, and representatives from the Humanitarian Country Team to discuss the humanitarian situation as well as the ongoing response and gaps.

The World Bank approved on 23 April a grant of \$7.5 million from the International Development Association (IDA) to help respond to the threat posed by the Coronavirus outbreak and strengthen national systems for public health preparedness. The [COVID-19 Preparedness and Response Project](#) will provide immediate support to CAR to prevent the spread of COVID-19 through containment strategies and by strengthening public health emergency response capacities. The project will bring in essential medical supplies and drugs, testing kits, PPE for frontline health workers, and water and hygiene supplies for the population. In addition, it will help strengthen the coordination and support for preparedness, train health workers, and carry out risk communication campaigns and community outreach.

TRENDS (26 Jul 2020)

Chad

New cluster of contamination in Chari-Baguirmi province

- **First case:** 19 March 2020
- **Total cases:** 889 (as of 23 July 2020)
- **Total deaths:** 75
- **Schools:** Closed
- **Borders/flights:** All borders closed. Reopening of the airport on 1 August for international flights.
- **Containment measures:** On 17 July, the government announced the extension of the curfew by two weeks starting 20 July from 22:00 to 5:00 in many provinces and the city of N'Djamena. On 17 June, they announced the reopening of places of worship, examination classes and universities, which have been closed for three months to counter the Covid-19 pandemic.

Situation:

On 22 July, Chad reported 26 new COVID-19 cases, all from the oil zone of Koudalwa, in the Chari-Baguirmi province bordering N'Djamena. The new cases are all men, aged 26 to 54, and have been placed in isolation to stop the contamination. Additional tests are ongoing on this site to identify other potential cases. This latest cluster contrasts with the relatively stable epidemiological situation of the past few weeks and puts an end to the positive trend from the last five weeks with less than 10 new cases reported weekly. Curfew is still in place in border provinces as a means to limit cross-border movement and potential COVID-19 transmission. On 17 July, the government announced the extension of the curfew by two weeks starting 20 July 2020 from 22:00 to 5:00 in the provinces of Guéra, Kanem, Logone Occidental, Logone Oriental, Mayo-Kebbi Ouest, Mayo-Kebbi Est, in the city of N'Djamena, in Mandelia, in Logone-Gana and from N'Djamena-Farah to Guitté.

Following the announcement of the reopening of the airport to international passengers starting 1 August, the Government is imposing reciprocity measures: its borders will remain closed to countries banning incoming flight passengers from Chad, except for those on official business (prior to Government's agreement). The health status of the population is a major concern, particularly among the oldest population, people with underlying conditions and women whose access to health services remains dependent on social and cultural norms. There is widespread malaria and an ongoing measles epidemic. Vaccinations are impacted by restrictions on movement and large gatherings. Major challenges pertain to limited, poorly equipped and under-staffed health facilities, even in the capital.

Chad anticipates significant deterioration in the nutritional situation during the lean season. The closure of schools impacts on both essential education and school meals for 3 million children. Containment measures have significantly restricted the protection space and exacerbated the vulnerabilities of forcibly displaced persons.

Humanitarian partners have worked closely with local authorities on COVID-19 prevention measures. Since the notification of a first confirmed case on 1 May, only five cases of COVID-19 have been confirmed in Lac province.

Response:

After announcing the reopening of commercial flights starting 1 August, the Health Crisis Management Committee adopted a new health protocol for all passengers coming from abroad: this includes proof of a negative PCR COVID-19 test undertaken within 72 hours of departure; a 7-day quarantine period (reduced from 14 days), and respecting barrier measures, following arrival in Chad; and another PCR test to be taken on the seventh day in one of the designated hospital sites. The certification from this test will have to be presented to the authorities to allow travelers to retrieve their passports, which will be held from their first arrival. Travelers staying less than seven days will have to respect barrier measures for the entirety of their stay and declare their contact information (hotel, workplace) to ensure epidemiological surveillance.

Sixteen community teams have been deployed in N'Djamena province to sensitize the population on prevention measures. Radio spots are broadcast in local languages on 17 local radio stations in the 10 major urban centres. In the meantime, UN agencies and international NGOs are working closely with WHO and the Ministry to accelerate and help deliver the response, including the provision of epidemiologic monitoring, health and hygiene promotion, and treatment of COVID-19 cases in public health centres in N'Djamena and other areas.

Chad's Government is implementing stricter measures to reduce population movement, and thus curtail transmission between N'Djamena and other urban centres. The use of masks is required in all public spaces until further notice.

Official links: <https://sante-tchad.org>

TRENDS (26 Jul 2020)

Democratic Republic of The Congo

Government lifts COVID-19 state of emergency

- **First case:** 10 March 2020
- **Total cases:** 8,626 (as of 22 July 2020)
- **Total deaths:** 197
- **Schools:** Closed
- **Borders/flights:** All borders closed

- **Containment measures:** State of emergency lifted on 22 July. National and international air traffic will reopen on 15 August.

Situation:

On 21 July, President Tshisekedi announced that the health state of emergency, that was imposed in mid-March in the wake of the COVID-19 pandemic, is lifted in phases, starting today, 22 July. Among other things, national and international air traffic will reopen on 15 August, a move that will facilitate the movement of aid workers. Many local analysts believe that the lifting of measures is in response to a dire economic situation, rather than an indication that the country has control over the disease. More than 8,000 COVID cases have been reported in the country since early March. As of 17 July, 14 out of the 26 provinces that make up the country, have recorded at least one COVID-19 case. More than 8,200 cases have been reported to date, with 7,030 in Kinshasa, followed by Kongo-Central (353). To lessen the pressure on the sole testing capacity in the country located in Kinshasa, new laboratories have been installed in two health clinics in Kinshasa, and in Lubumbashi and Bukavu. A health state of emergency which has been in effect since 24 March has been extended for an additional two weeks, from 6 to 20 July. There are growing calls, including from members of parliament, to lift the measure on account of the economic toll on the country.

Among challenges directly linked to medical capacities, misinformation has led to disbelief and distrust in the existence of the disease. On 9 June, police clashed with store owners of Kinshasa's largest market as they were demonstrating against the economic impact of the pandemic.

Response:

As part of the EU humanitarian airlift, three flight were scheduled to transport aid workers and essential supplies to help the country fight the coronavirus pandemic. On 8 June, a first flight arrived in Kinshasa with Janez Lenarčič, European Commissioner for Crisis Management, Philippe Goffin, Belgian Minister for Foreign Affairs and Defence and Jean-Yves Le Drian, French Minister for Europe and Foreign Affairs. They were received by the President Félix Tshisekedi and met representatives of humanitarian organisations and civil society in Kinshasa and in Goma, North-Kivu province. The cargo of the three flights of the EU humanitarian airlift included, among other things laboratory equipment, masks, and other general medical equipment.

The World Bank and UNICEF handed over an important lot of equipment and health materials worth approximately US\$ 3 million for health facilities in various provinces including Kinshasa, Kongo-Central, Kasai-Central, and Maniema. The European Union also announced that it was allocating 5 million euros to support the Saint-Joseph hospital for a stronger response capacity to the virus and improved provision of health services. The multi-sectoral humanitarian plan specific to the COVID-19 response is an addendum to the 2020 Humanitarian Response Plan (HRP) in order to integrate the impact of the COVID-19 pandemic on existing humanitarian needs and on the activities of humanitarian partners.

The plan is in line with :

- 1) The COVID-19 Global Humanitarian Response Plan (GHRP) - US\$ 288 million for DRC.
- 2) The COVID-19 epidemic preparedness and response plan in the Democratic Republic of Congo developed by the government

This multi-sectoral humanitarian plan describes the humanitarian needs and response to assist the most vulnerable people affected directly or indirectly by the COVID-19 epidemic in the Democratic Republic of Congo. The plan supports the national response plan but is not limited to its activities. The plan is established until December 2020 in alignment with the GHRP and the 2020 HRP.

The World Bank has approved the disbursement of US\$ 445 million under its Eastern DRC Stabilization for Peace Project (STEP 2). Through this funding nearly 2.5 million people will benefit from the construction and maintenance of 2,000 basic infrastructure facilities, including at least 500 schools to support the free primary education program, and 300,000 people will receive cash transfers in the 1,000 targeted communities worth \$100 million. As part of the COVID-19 response, this project aims to reallocate and mobilize funds to mitigate socio-economic impacts on the Congolese population and better protect the most vulnerable households, via schemes such as creating more than 1.3 million temporary work days for vulnerable people, equipping 45,000 households with improved agro-pastoral technologies. Official sources:

[Ministry of Health Official Twitter](#)

Other links:

[Global Humanitarian Response Plan 2020](#)

[DRC World Health Organisation Country Office](#)

TRENDS (26 Jul 2020)

Mali

COVID-19 has hit at a time when Mali is facing a challenging security situation in the northern and central regions.

- **First case:** 25 March 2020
- **Total cases:** 2,477 (as of 23 July 2020)
- **Total deaths:** 122
- **Schools:** Reopened on 2 June
- **Borders/flights:** Air borders reopen on 25 July; land borders reopen on 31 July.
- **Containment measures:** Curfew has been lifted on 8 May but masks must be worn in public spaces.

Situation:

As of 23 July, the state health structures recorded 2,477 cases of COVID-19 and 122 deaths. More than 80 per cent of confirmed cases are recorded in the district of Bamako and the conflict-affected regions of Timbuktu and Mopti. The weakened health system will not be able to cope with an increase of cases. In conflict-affected areas, 23 per cent of facilities are not functioning, the remaining lack required equipment and treatment capacity.

As COVID-19 spreads, resources are being diverted from basic healthcare and other health emergencies. Vaccinations and primary healthcare, including related to malnutrition, are likely to be severely impacted. Risk of widespread contamination is high in crowded places where vulnerable people gather, such as IDP sites. The situation may increase inter-community tensions over access to services, food or medical supplies.

Response:

UN agencies support students to access to education within the COVID-19 context: On 21 July, WFP started the distribution of food to children in schools with canteens within the framework of the response to COVID-19. This assistance will reach a total of 98,000 children in the regions of Gao, Menaka, Timbuktu and Kidal. Furthermore, with the support of Education Cannot Wait, UNHCR has distributed 5,500 radios and school kits to 11,000 children. In line with the Ministry of Education's distance learning programme, UNHCR makes sure that children continue learning via broadcast by radio.

The Malian government has set up a crisis response unit, a hotline for signalling any suspicious case, stepping up sensitization campaigns, strengthening testing capacities, expanding quarantine and hospitalization facilities, and improving medical care capacities.

Education Cannot Wait announced the availability of additional funds for Mali totaling US\$5 million. The funds will be used to address emergency needs and potential activities related to the COVID-19 response or to address indirect consequences of the pandemic.

The World Bank has approved on 10 April a \$25.8 million International Development Association (IDA) 50% grant and 50% credit to support Mali's response to COVID-19. The COVID-19 Emergency Response project will help improve access to health care services and promote an integrated response through greater screening, detection and treatment of patients, as well as improved laboratory capacity and surveillance.

The United States is already helping Mali meet its immediate needs in the face of COVID-19. They provided test kits early in the crisis and supplied material and technical support to the Ministry of Territorial Administration to mitigate the risk of COVID-19 during the legislative elections.

The United Arab Emirates sent on 10 May an aid plane containing six metric tons of medical supplies and testing kits to Mali to bolster the country's efforts to curb the spread of COVID-19.

Links:

[Mali: Plan humanitaire COVID-19](#)

[Plan d'Actions pour la Prévention et la Réponse à la Maladie à COVID-19](#) [COVID-19 au Mali: Communiqués du Gouvernement](#)

TRENDS (22 Jul 2020)

Niger

WHO donates 100,000 masks

- **First case:** 19 March 2020
- **Total cases:** 1,113 (as of 22 July 2020)
- **Total deaths:** 69
- **Schools:** Reopened on 1 June
- **Borders/flights:** Air borders will reopen on 1 August.
- **Containment measures:** On 8 May, the National Assembly of Niger renewed the state of emergency measure already in place in the regions of Diffa, Tillabéri and Tahoua for a period of three months starting 10 May.

Situation:

On 15 July, the Ministry of Health reported 1 new case of COVID-19 out of 64 tests. Since the first case was detected on 19 March, 1,100 cases have been confirmed including 993 recoveries, 38 patients and 69 deaths. So far, 8,961 people have been tested. On 22 May, taking into account the decrease in the pandemic's transmission rate, the government decided to lift the ban on workshops and seminars, to reinstate usual working hours and to lift the measure on the strict minimum staff reduction in vigour in the public administration, from 25 May. On 12 May, the Government announced the end of the curfew in Niamey and the reopening of places of worship from 13 May.

On 8 May, the National Assembly of Niger renewed the state of emergency measure already in place in the regions of Diffa, Tillabéri and Tahoua for a period of three months starting 10 May. For Tillabéri region, the implementation of this measure mainly concerns 11 departments out of the 13 in the region, while in Tahoua region, only the departments of Tillia and Tassara are concerned.

As a result of the state of emergency, humanitarian operations are carried out in limited areas of the Country.

Response:

On 8 July, WHO supported government efforts in the fight to contain the spread of COVID-19 by facilitating the production of 100,000 non-medical masks. The masks are being produced by local factories and vocational training schools. During the first half of 2020, the Central Emergency Response Fund (CERF) allocated US\$ 18.6 million to support ongoing humanitarian assistance in the country and address increasing needs as a result of the COVID-19 pandemic. This highly needed funding will enable UN agencies (UNHCR, IOM, WHO, WFP, UNHAS, UNFPA, FAO and UNICEF) and their implementing partners to provide multisectoral assistance to about 284,860 vulnerable people including IDPs, refugees, returnees and host communities. Priority sectors consist of nutrition, protection, food security, health, WASH, shelter/NFIs and education. Projects will be implemented over a nine-month period in the regions of Tahoua, Tillabéri, Maradi, Diffa, Agadez, Dirkou, Zinder and the nation's capital city, Niamey.

On 15 April the World Bank approved a \$13.95 million to prevent, detect and respond to the threat posed by the COVID-19 and strengthen national systems for public health preparedness in Niger. The Niger COVID-19 Emergency Response Project will support the government's plan with rapid procurement of critical medication and equipment needed for treatment of coronavirus infections. In addition, the project will support the government's campaign to mitigate the spread of the coronavirus by raising awareness throughout the country on how to prevent the spread of the disease. The project will focus on strengthening preparedness through early screening, detection and treatment of patients; as well as improved laboratory capacity and surveillance.

Useful links: Dispositif National de Prévention et de Gestion des Crises Alimentaires: [Plan de soutien aux populations vulnérables actualisé COVID-19](#)

TRENDS (26 Jul 2020)

Nigeria

Total COVID-19 confirmed cases nears 39,000; Partners intensify emergency response across camps

- **First case:** 27 February 2020
- **Total cases:** 38,948 (as of 23 July 2020)
- **Total deaths:** 833
- **Schools:** from 1 July, universities, high schools and secondary schools reopened so final-year students can prepare for exams. Primary schools and nurseries will remain closed.
- **Borders/flights:** Domestic flights resumed from 21 June
- **Containment measures:** an interstate travel ban has been lifted on 29 June. On 1 June, the federal government relaxed the lockdown imposed on Kano State and the ban placed on religious gatherings and banking operations for a period of four weeks, while shortening the curfew from 10 pm to 4 am. The Presidential Task Force called on 15 June for strict enforcement of safety measures including the use of face masks in public and minimal gathering.

Situation:

On 23 July, the Nigeria Center for Disease Control (NCDC) confirmed some 604 new cases of COVID-19 across 21 states, including two in Borno, bringing the total confirmed cases to 38,948 cases since the country's index case on 27 February. Some 20 new deaths on 23 July, the highest daily count in recent weeks, took the total fatalities to 833, while some 16,061 cases have been discharged after recovery. With a population of over 200 million people, and despite confirmation of massive community spread and transmission of the virus, Nigeria has conducted only about 251,000 tests, falling short of the target to reach two million tests by end of July. All 37 states have reported positive cases, with authorities confirming massive community spread and transmission of the virus. Citing growing spread and the need to ramp up emergency measures, President Muhammadu Buhari on 29 June extended the second phase of the "gradual easing of lockdown" by another four weeks. On the same day, the Presidential Task Force (PTF) on COVID-19 said some 20 LGAs across the country still account for over 60 per cent of cases. Warning the peak of the pandemic is still to come, the PTF is considering "precision lockdown" of 18 of the worst affected LGAs in Lagos, Abuja FCT and Kano states. Implementation of the lockdown is still unclear considering the ban on inter-state personal movements was lifted on 1 July. The PTF repeatedly lamented disregard and poor compliance with prevention guidelines. More than 73 per cent of the confirmed cases have no traceable sources of infection, indicating community transmission, which could get worse with increased inter-state movements.

Amid reports of isolation and treatment facilities - which have less than 6,000 bed spaces - being overwhelmed by the spike in new infections, authorities have reviewed protocols and guidelines at least twice in recent weeks to enable early discharge of cases and remote monitoring of asymptomatic cases to free up bed spaces. Nigeria currently has a total of 15,358 active cases while 9,746 people have been discharged after recovery. More than 138,000 tests have been conducted and Cross River remains the only state (of 37) yet to confirm any positive case.

Response:

Humanitarian Coordinator stresses decongestion, protection of civilians and COVID-19 prevention during advocacy mission to Borno: Between 15-17 July, the Humanitarian Coordinator (HC), Mr. Edward Kallon led an advocacy mission to Borno State, the epicenter an 11-year conflict and the north-eastern state worst-affected by the COVID-19 pandemic. Joined by the Head of OCHA, the HC met with Governor Babagana Zulum to advocate accelerated action to decongest IDP camps - nearly half of which are overpopulated, increasing the risks of fire outbreaks and diseases including cholera and COVID-19. Reiterating the unwavering support of the humanitarian community, Mr. Kallon emphasized specific measures taken to curtail the spread of COVID-19, including risk communication, community mobilization and active case search, construction of isolation centers in IDP camps and of quarantine shelters across the state, technical support to isolation and treatment facilities, and support to the High-Level Committee on COVID-19. The HC also met with the military Theatre Commander to advocate on the protection of civilians, aid workers and humanitarian assets amid escalating clashes and attacks. More than 40,000 people were displaced by upsurge of clashes in different parts of the state between February and May alone, according to the latest IOM DTM report.

Amid escalating spread of COVID-19 throughout the country, humanitarian partners are intensifying emergency response and mitigation measures in Monguno LGA, the largest operation outside the capital. Partners are implementing a risk mitigation and hygiene promotion campaign which has already reached over 850 IDPs as of 15 July, emphasizing regular hand-washing, sanitation, social distancing, and protocols for reporting suspected cases to curb the spread of the virus. Over 500 households also received hygiene kits, including soap, as part of the ongoing campaign that also includes training for community mobilizer on monitoring and tracing of suspected cases. Over 100 transitional shelters, latrines and hand-washing points were also completed across Monguno camps.

On 15 June, the Nigeria Humanitarian Fund (NHF) announced a US \$22.4 million allocation to fund life-saving actions and COVID-19 response across Borno, Adamawa and Yobe (BAY) states. This is the fund's largest allocation since its creation in 2017. In a press release on 15 June, Humanitarian Coordinator, Mr. Edward Kallon, noted that the funding will "support urgent efforts" including the rapid scale up critical supplies such as food, water, shelters, and health services addressing pre-existing needs and new vulnerabilities triggered by COVID-19. The BAY states currently have a caseload of 636 confirmed COVID-19 cases as of 1 July. Emergency measures including restriction on movements and gatherings have impacted livelihood activities such as trading and communal farming. "The impact of COVID-19 has made it even more essential for donors to contribute to the NHF and support aid organisations in adapting their response," highlighted Mr. Kallon. In 2020, a total of US \$246 million is needed for COVID-19 specific humanitarian actions in north-east Nigeria, in addition to US \$834 million to respond to underlying humanitarian needs of 10.6 million people. The NHF has received contributions from 10 donor countries for urgent actions in 2020. On 28 February 2020, a multi-sectoral Emergency Operations Centre (EOC) was activated at Level 3 – the highest emergency level in Nigeria – led by NCDC in close coordination with the State Public Health EOCs (PHEOC).

On 28 April, the International Monetary Fund (IMF) approved \$3.4 billion in emergency assistance.

Official links:

<https://covid19.ncdc.gov.ng/>

BACKGROUND (9 Jul 2020)

2- COUNTRIES WITHOUT HRP_s INCLUDED IN THE COVID-19 GHRP

The [GHRP update](#) of May 2020, expanded its West and Central Africa coverage by including **Benin, Liberia, Sierra-Leone and Togo**. Criteria for the inclusion of non-HRP countries include the impact on affected people's ability to meet their essential needs, considering other shocks and stresses (e.g. food insecurity, insecurity, population displacement, other public health emergencies), the capacity of the Government to respond, and the possibility to benefit from other sources of assistance, development plans and funding.

TRENDS (26 Jul 2020)

Benin

Sharp rise in cases in Benin

- **First case:** 16 March 2020
- **Total cases:** 1,690 (as of 23 July 2020)
- **Total deaths:** 34
- **Schools:** Reopened since 11 May with strict instructions on distancing, hygiene and distribution of masks, after several weeks of closure.
- **Borders/flights:** Land and air borders with systematic screening of travellers on arrival in Benin. Only essential crossings will be allowed in connection with neighbouring countries.
- **Containment measures:** State of Emergency declared at the beginning of April. Easing of containment measures took effect on 2 June. Bars and places of worship, which have been closed since March are allowed to reopen. Barrier measures are still in place, including wearing a mask in public places, respecting social distancing, and hand

washing. Public transport, also stopped since March, can run again by imposing all these rules on their passengers.

Situation:

As of 17 July, Benin reported 1,602 total cases and 31 fatalities. Treatment centres are filling up and serious cases are being reported. Some 789 patients are under treatment. Three prefectures in the south of the country, including the economic capital Cotonou (959 cases), are the most affected. Some health and political sources explain this sudden outbreak by the massive screening in progress and a laxity in the respect of anti-Covid measures. Awareness-raising has resumed and the police are conducting operations to control the compulsory wearing of masks and respect for social distancing in passenger transport buses.

In addition to the health sector, the epidemic effects are being felt in key sectors such as: agriculture and food security, water hygiene and sanitation, sustainable production and consumption, transport and communication, health, education and consequently employment, economy, human rights and gender sectors.

Response: Government coordination arrangements include a High-Level COVID-19 Task Force, chaired by the Ministry of Health.

The government has developed a response plan for the construction and supply of equipment for two acute respiratory infection treatment centres, the modernization of ten existing health establishments to transform them into COVID-19 treatment centres and the capacity building of treatment centres staff as well as communication with communities.

UN agencies helped coordinate technical, material and financial support for the country. This includes: the development of the health contingency plan; development of the UN contingency plan; support for design and construction of COVID-19 treatment centers; support for surveillance at entry points; support on epidemiological monitoring; support with PPE availability, reagents and laboratory equipment; and support in awareness and communication.

The private sector mobilized close to US \$3 million. Ali Baba Foundation donated health equipment (a thousand medical protective uniforms with face shields and 100,000 face masks).

Official links:

<https://www.gouv.bj/coronavirus/>

<https://covid19.who.int/region/afro/country/bj>

TRENDS (26 Jul 2020)

Liberia

Liberia strengthens night curfew against the coronavirus, airport reopens

- **First case:** 16 March 2020
- **Total cases:** 1,108 (as of 23 July 2020)
- **Total deaths:** 70
- **Schools:** Reopened on 29 June for the 12th Graders to take the West African Examination Council's exam
- **Borders/flights:** The airport has been closed since 22 March and reopened on 29 June.

- **Containment measures:** Liberian authorities announced on 22 June a tightening of the night curfew and an extension of the state of emergency until 21 July, noting that Liberians were no longer complying with health regulations.

Situation:

The President George Weah announced on 22 June a tightening of the night curfew (now in effect from 6:00 p.m.) and an extension of the state of emergency until 21 July, noting that Liberians were no longer complying with health regulations. Monrovia-Roberts International Airport has been open for commercial flights since 29 June after three months of closure. Passengers on departure and arrival must submit to strict health measures: compulsory Covid-19 screening test, temperature measurement, social distancing, wearing a mask or registering on a mobile phone tracking application, among others. This reopening comes at a time when the country recorded 45 new coronavirus patients on 27 June, the highest number of daily cases since the start of the pandemic in mid-March. Liberia recorded its first COVID-19 case on 16 March 2020. Since then, the country has confirmed 804 people with the infection, including 37 who died. Immediate steps taken by the government after the detection of the first case included the declaration of a health emergency, which entailed certain restrictive measures from large gatherings, closure of all schools nationwide and enforcing social distancing among others. In addition to the confinement of the capital Monrovia and three other regions, movement is banned between all parts of the country in an attempt to stop the spread of the disease.

Already traumatized by the deadly Ebola epidemic and several civil wars between 1989 and 2003 that killed 250,000 people, Liberia is a country of about 5 million people in the grip of major economic difficulties including galloping inflation and fuel shortages.

Response:

- The Government has developed a preparedness and response plan with support from partners and activated the Incident Management System (IMS) to drive the response under the leadership of the Minister of Health supported by the national COVID-19 response coordinator.
- Liberia has made significant progress in testing and response with the establishment of the COVID-19 Laboratory, case tracking, a dedicated Treatment Unit and Precautionary Observation Centres.
- IMS has been activated in most counties with county-level preparedness and response plans; acceleration of risk communication and community engagement including a hand-washing countrywide campaign, data analysis and Infection Prevention and Control, country-wide surge capacity for case management are ongoing.
- The humanitarian community is working with the Government to address challenges amid COVID-19 through changing of modalities for intervention to reach those most in need and repurposing of existing funding in response to the pandemic. Some activities in the response will include: emergency social safety net interventions through in-kind food and cash-based transfer modalities; provision of assets and tools to increase agriculture and livestock production; continuation of essential life-saving interventions; capacity strengthening of health and social welfare personnel and supply chain services.

Official sources:

<https://liberia.un.org/en/40820-coordinated-response-coronavirus>

TRENDS (26 Jul 2020)

Sierra Leone

COVID-19 lockdown restrictions eased

- **First case:** 30 March 2020
- **Total cases:** 1,727 (as of 23 July 2020)
- **Total deaths:** 66
- **Schools:** Closed (2.65 million school children from pre-primary to senior secondary are currently out of school)
- **Borders/flights:** Air borders will reopen on 22 July.
- **Containment measures:** On 9 July, President Julius Maada Bio announced the lifting of some restrictions as the country reopens after the lockdown. Three main areas are affected: reopening of places of worship, curfew hours and reopening of the main airport. All mosques, churches, and other places of worship will be open for congregation and worship from 13 July. On the same day, curfew hours will be eased to 11 pm to 5 am. And finally, Lungi International Airport will be re-opened on 22 July.

Situation:

On 9 July, President Julius Maada Bio announced the lifting of some restrictions as the country reopens after the lockdown. Three main areas are affected: reopening of places of worship, curfew hours and reopening of the main airport. All mosques, churches, and other places of worship will be open for congregation and worship from 13 July. On the same day, curfew hours will be eased to 11 pm to 5 am. And finally, Lungi International Airport will be re-opened on 22 July.

The Ministry of Health and Sanitation has strengthened its surveillance, emergency preparedness, resilience and response systems to effectively manage Public Health Events and Emergencies. COVID-19 could overwhelm an already weak health system and reduce services for endemic health concerns such as malaria, tuberculosis, and malnutrition. Maternal and child mortality rates are among the highest worldwide, and there are only 3 physicians and 50 nurses/mid-wives for every 100,000 persons.

Response:

The Government has developed a National Response Plan, prepared in consultation with key partners and following recommendations from WHO guidance documents. This plan organized the response effort into 7 pillars of activity, with the following response activities currently underway: surveillance (quarantine management and point of Entry management, contact listing and tracing), laboratory systems (rapid results), case management, information and communication, ICT, logistics and security (enforcement of recommended public health interventions such as restriction on movement and quarantine).

The World Bank approved a \$7.5 million International Development Association (IDA) grant to help Sierra Leone respond to the threat posed by the COVID-19 outbreak and strengthen national systems for public health preparedness.

The humanitarian response to the indirect effects of COVID-19 pandemic targets the most vulnerable and affected population of Sierra Leone. It encompasses activities that directly respond to the identified needs, particularly in food security, livelihood and agriculture, sustainable provision of critical services and psychosocial support, education, logistics and supply chain.

Sierra Leone established a Presidential Task Force to serve as the COVID-19 decision-making body and provide the strategic direction of the response. The Emergency Operations Centre was also established for coordination, command, and control of operations. These groups regularly meet with development partners and NGO partners, forming working groups under technical pillars identified by the response plan.

Useful links:

[Support to the National Response to Contain the Impact of COVID-19](#)

TRENDS (26 Jul 2020)

Togo

End of the curfew in the country

- **First case:** 6 March 2020
- **Total cases:** 790 (as of 23 July 2020)
- **Total deaths:** 15
- **Schools:** Closed
- **Borders/flights:** All borders closed.
- **Containment measures:** The Togolese government has decided that as of 9 June 9: - The total lifting of the curfew; - The lifting of the closure of the cities initially concerned; - The obligation to wear a protective mask for all.

Situation:

In Togo, the sanitary curfew decreed at the beginning of April ended on 9 June. The government also lifted the entry and exit ban that was in effect in some cities, such as the capital Lomé, Tsévié, Kpalimé and Sokodé. Wearing a mask is now compulsory across the country.

The first confirmed case of COVID-19 was notified in Togo on 6 March 2020. To limit the spread of COVID-19, the authorities closed schools and universities, places of worship, bars and restaurants. Meetings are prohibited and a curfew was imposed from 9 p.m. to 5 a.m. in certain regions.

All five regions are affected, with the Maritimes accounting for 61% of cases. Free care and a toll-free number for infected people has been set up, but the common nature of symptoms and poor access to the mobile network hamper reporting and monitoring.

The healthcare system is extremely fragile. Given limited health services, the redeployment of resources to manage COVID-19 will negatively impact on access for vulnerable groups (pregnant women, People living with HIV/AIDS, and populations with underlying health conditions) to adequate healthcare.

An estimated 3% fall in GDP will negatively impact public finances and household consumption. Restrictive measures will hit the agricultural sector that provides more than 20% of export earnings and employs over 80% of the rural population. This will in turn impact food availability and household purchasing power. Limiting agriculture and subsistence activities of the informal sector (3.34 million people including 52,7% of women) leaves the vulnerable households without livelihoods.

Food security analysis of the "Cadre Harmonisé-IPC" (CH), which covered 37 prefectures in the country, indicates for the period of June-August 2020, nearly 535,000 people are under pressure (CH phase 2) and 5,946 people in crisis (CH phase 3), with three prefectures in phase 2 "under pressure", Bas-Mono, Lacs and Tône. With the current COVID-19 outbreak, the number of people in a fragile situation is expected to increase. It should also be noted that most of these areas are also affected by floods and the forthcoming rainy season might worsen the situation.

In addition, the closure of schools resulted in more than 2.7 million learners (including 40% girls) being kept at home. More than 91,000 students in 315 public primary schools who received school meals had their source of balanced daily meals suspended. Similarly, nearly 50,000 primary school students waiting to benefit from the school canteen programme were not

able to join the programme.

Refugee camps are high-risk locations for the spread of communicable infections as they often lack adequate healthcare, food and water, sanitation and hygiene. Togo is currently hosting 12,336 refugees, 9,747 of whom are rural and 2,589 urban, 1,182 of whom are in Avépozo camp, near the capital Lomé. The congested living conditions in the camp limit social distancing measures.

Response:

The United Nations System and its partners work with the Government in the various sectors to prepare for and respond to COVID-19 emergencies. WHO is the Lead Agency for the health response to the COVID-19 epidemic in Togo.

The country has set up an inter-ministerial body to manage the health crisis with the National Coordination of Response Management at Covid-19 in Togo (CNGR Covid-19).

To support eligible Togolese citizens in the informal sector whose daily income has been disrupted by the Coronavirus crisis, the Government of Togo has set up the "NOVISSI" cash transfer scheme. NOVISSI provides monthly financial aid to the most vulnerable individuals and families throughout the duration of the state of health emergency.

The National Communication Commission with the support of UN agencies developed awareness-raising products (100,500 Flyers, 50,000 posters, 300 banners, audio spots in 18 languages); a media campaign, through 36 radios, 3 televisions, 12 press organs and two mobile operators were also launched; Key messages have been developed on knowledge of the disease, modes of transmission, means of prevention as well as what to do in the event of detection of the disease; a capacity building program for the various actors (Health personnel, Community health workers, community relays, traditional and religious leaders and other community development agents) is being developed and will be implemented in the coming days.

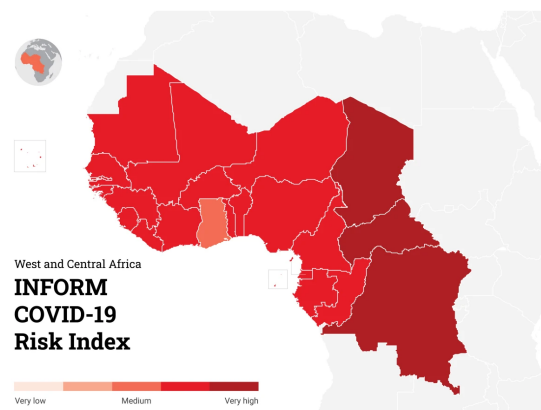
Useful links: <https://covid19.gouv.tg/>

<https://novissi.gouv.tg/en/home-new-en/>

BACKGROUND (9 Jul 2020)

3- OTHER COUNTRIES

With all countries in West and Central Africa affected by the COVID-19 pandemic, specific vulnerabilities and the humanitarian impact of the pandemic are continuously monitored and re-assessed. Currently, **Côte d'Ivoire** and **Guinea** are considered at particular risk and on the watchlist for future updates of the GHRP.



The INFORM COVID-19 Risk Index is a composite index that identifies: "countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance". More information: <https://bit.ly/COVID19InformRiskIndex>

TRENDS (18 Sep 2020)

Cabo Verde

External air borders remain closed

- **First case:** 25 March 2020
- **Total cases:** 4,904 (as of 16 September 2020)
- **Total deaths:** 46
- **Schools:** Closed
- **Borders/flights:** The external air borders remain closed until further notice, and commercial air traffic is still suspended. Exceptions are made for cargo aircraft and flights with special permits (e.g. TAP and TUI). Travellers must present a negative COVID-19 test that is less than 72 hours old.

Domestic air links and inter-island sea links have all resumed, subject to compliance with the health control standards set by the local authorities.

Whether they travel by air or sea, passengers departing from Praia and Sal must take a test 72 hours before the journey and present a negative result certificate at check-in. These tests can be carried out in the "Health Delegations" or in private laboratories.

- **Containment measures:** The Cape Verdean government has lifted the state of emergency for all the islands; shops, hotels, restaurants and bars have reopened, albeit to a more limited extent than before the pandemic.

The islands of Santiago, Sal and Fogo have been placed in a "state of health calamity" until 31 October 2020 (a measure that may be renewed). Under this regime, compliance with the rules of social distancing, including the wearing of masks in closed public places, is compulsory.

Situation:

Cabo Verde has reported 4,904 confirmed COVID-19 cases and 46 deaths as of 16 September.

Response:

The authorities prepared a contingency plan and put in place a rapid response team.

With the World Bank's support, COVID-19 Emergency Response Project is to prepare and respond to the pandemic in the country. This project has two components. 1) The Emergency COVID-19 Prevention, Preparedness and Response component, aims to provide immediate support to Cabo Verde to prevent COVID-19 from arriving into the country or limiting local transmission through prevention of person to person transmission with adequate personal protective equipment (PPE) for health and laboratory personnel. It has the following sub-components: (i) Prevention of new COVID-19 cases and propagation; (ii) Strengthen national and sub-national COVID-19 case detection; and (iii) Strengthen national system for public health preparedness and response. 2) The second component, Project Management and Monitoring and Evaluation aims to support the coordination and management of project activities, including procurement of goods and their distribution across health facilities within the country. *Official links:*

<https://covid19.cv/>

TRENDS (18 Sep 2020)

Côte d'Ivoire

Abidjan ends isolation

- **First case:** 11 March 2020
- **Total cases:** 19,100 (as of 16 September 2020)
- **Total deaths:** 120
- **Schools:** Reopened
- **Borders/flights:** Air borders reopened on 1 July. Land and sea borders remain closed. All travellers to Côte d'Ivoire must carry a negative Covid-19 test certificate dating back no more than 72 hours.
- **Containment measures:** Land and sea borders remain closed. The isolation of Greater Abidjan from the rest of the country is now lifted. Bars, nightclubs, cinemas and entertainment venues reopened on 1 August 2020. The wearing of masks remains in force in public places.

Situation:

As of 16 September, the authorities reported 19,100 cases and 120 deaths.

Response:

Continuing their support to the Government according to their comparative advantages, the various agencies of the United Nations Development System are contributing to the implementation of the national response plan for COVID-19, through multisectoral interventions aligned with the various strategic axes of this plan. These include interventions in: epidemic preparedness, health, risk communication, education and access to water, hygiene and sanitation.

Official links:

[PNUD: Réponses COVID-19](#)

TRENDS (18 Sep 2020)

Congo Republic

The river border with the Democratic Republic of Congo remains closed

- **First case:** 14 April 2020
- **Total cases:** 4,934 (as of 16 September 2020)
- **Total deaths:** 88
- **Schools:** Reopened on 2 June
- **Borders/flights:** The air borders, closed for a few months, reopened on 24 August. Regular flights have since resumed, including four weekly Air France flights.

However, the river border with the Democratic Republic of Congo remains closed, as do the land borders. There are exceptions for crossing the Congo River, however, including special permits and the transport of goods.

Travellers to the Congo are required to undergo a PCR test and observe a mandatory fourteen upon arrival. If they present a negative Covid-19 certificate that is at least 72 hours old, they can go directly to their home for their fortnight. If they present a negative certificate more than 72 hours and less than 10 days old, they are tested at the airport at their own expense and can go home for their fortnight. If they do not have certificates or certificates more than 10 days old, they are placed in a government-designated hotel fortnight and tested within 48 hours. Children under 11 years of age are exempt from testing. Transit passengers are isolated at their own expense in designated hotels. Other measures apply to travellers who are symptomatic or test positive.

- **Containment measures:** Wearing a mask is compulsory. A curfew is in effect from 8 pm to 5 am in Brazzaville and Pointe-Noire and from 10 pm to 5 am in the rest of the country. Other measures concerning gestures, gatherings and the closure of various establishments are in effect.

Situation:

As of 16 September, Congolese authorities reported 4,943 cases and 88 deaths.

Students in exam classes resumed schooling on 2 June, after just over two months of closure due to the Covid-19. Before the start of the school year, the Ministry of Education organized a screening campaign for teachers working in Brazzaville and Pointe-Noire, the two localities which concentrate most COVID-19 cases (97%) in the country.

Since 18 May, the Congolese population has been gradually returning to normal after 48 days at a standstill. On 31 March the country began a total lockdown, including a nighttime curfew, in order to deal with the coronavirus pandemic.

Response:

The Ministry of Health has prepared a national contingency plan in collaboration with WHO and other international partners.

The overall cost of the response plan to the COVID-19 epidemic has been estimated at \$170 million, equivalent to 1.6 per cent of their 2020 GDP, to date the government has made available to the Ministry of Health \$1.4 million. The EU, France and WFP are getting together to provide support for the poorest segments of the population with combined support amounting to about \$5.1 million as of now. Useful links: <http://sante.gouv.cg>

TRENDS (18 Sep 2020)

Equatorial Guinea

Relaxation of containment measures

- **First case:** 14 March 2020
- **Total cases:** 5,000 (as of 16 September 2020)
- **Total deaths:** 83
- **Schools:** Closed
- **Borders/flights:** The Equatorial Guinean borders are closed to all foreign travellers (with the exception of residents, diplomats and NGO representatives).
- **Containment measures:** Relaxation of containment measures

Situation:

The confinement imposed in Equatorial Guinea since mid-April has been relaxed on 15 June, allowing the resumption of trade between the island and mainland part of this small country in Central Africa, the government announced, two months after the country's two main cities, Malabo and Bata, adopted strict confinements to prevent the spread of the coronavirus pandemic. Domestic flights resumed on 15 June. International flights may also resume, but people arriving from abroad must have a Coronavirus negative diagnostic certificate dated less than 48 hours. In Malabo and Bata, which were subject to stricter confinement than elsewhere, shops and restaurants will be able to reopen, as well as places of worship. Discotheques and party halls will however remain closed during this first phase, specifies the government. Wearing a mask and social distancing remain compulsory in public places. **Response:**

A special emergency fund was created to curb the COVID-19 outbreak.

Useful links:

https://www.gq.undp.org/content/equatorial_guinea/es/home/coronavirus.html

TRENDS (18 Sep 2020)

Gabon

Greater Libreville is still confined

- **First case:** 13 March 2020
- **Total cases:** 8,654 (as of 16 September 2020)
- **Total deaths:** 53
- **Schools:** Closed
- **Borders/flights:** closure of all land and sea borders; limitation of international and domestic air links to two flights per week per airline; Gabon's borders are closed to all non-Gabonese travellers (with the exception of residents, diplomats and NGO representatives).

- **Containment measures:** Greater Libreville is confined and a curfew is in effect throughout the country: the limitation of international and domestic air links to two flights per week per airline; the obligation to wear a mask in public; a ban on gatherings of more than 10 people, the closure of schools ; the closure of pubs, restaurants and small hotels ("motels"); limiting the number of passengers on public transport and in private vehicles (maximum 3 people in taxis and private vehicles at a time) A night curfew throughout the country between 8pm and 5am

Situation:

As of 16 September, the country has recorded 8,654 confirmed cases and 53 deaths. Faced with this worrying progression of the pandemic, President Ali Bongo Ondimba, addressed the nation on 21 May saying that he favored mass screening of the population to allow rapid treatment of the sick. The country acquired a large COVID-19 screening laboratory capable of carrying out 10,000 tests per day. Ultimately, this structure, unique in Central Africa, would also support other countries on the continent. The president also announced the establishment of a "COVID-19 allowance."

Useful links:

[La réponse du Système des Nations unies au Gabon face à la pandémie du COVID-19](#)

TRENDS (18 Sep 2020)

The Gambia

State of emergency extended until 18 September

- **First case:** 17 March 2020
- **Total cases:** 3,440 (as of 16 September 2020)
- **Total deaths:** 107
- **Schools:** Extended closure of schools and universities and other educational institutions with exceptions for students in their final year.
- **Borders/flights:** Land, air and sea borders remain closed. The Gambia is prohibited from entering and leaving the country except for diplomats, drivers of essential goods and persons in need of urgent medical assistance. To enter The Gambia a negative covid test must be presented which has been carried out a maximum of 72 hours prior to arrival. Those who cannot present a negative test are quarantined for 14 days in a centre designated by the Authorities. The costs are to be borne by the traveller.
- **Containment measures:** The state of emergency is imposed until 18 September 2020 (and can be extended).

The following measures apply: Curfew from 10pm to 5am. Wearing a mask is mandatory. Public and social gatherings are prohibited. Shops and markets are open under strict conditions and with limited opening hours. Mosques and churches are open under strict conditions and with limited opening hours. The armed forces may be deployed in accordance with Section 187(1) of the Constitution to strengthen civilian authorities.

Situation:

The authorities reported 3,440 cases and 107 deaths.

Response:

Donor agencies, including UNDP, WFP, WHO, FAO, UNICEF, UNFP and UNICEF, have focused financial assistance (about \$1.5 million cumulatively) to strengthen social assistance support for programs aimed at vulnerable groups impacted by COVID-19 by improving communication, safeguarding nutrition and ensuring food security. On 2 April, The World Bank approved a US\$10 million grant for the COVID-19 Response and Preparedness Project to enhance case detection, tracing, prevention, and social distancing communication as well as the provision of equipment to isolation and treatment centres. The World Bank is accelerating the rollout of its Social Safety Net project to help mitigate the impact of COVID-19 on the most vulnerable population. The European commission provided at the end of April a EUR 9 million COVID-19 support to the Gambia.

TRENDS (18 Sep 2020)

Ghana

Ghana has confirmed more than 45,000 COVID-19 cases

- **First case:** 12 March 2020
- **Total cases:** 45,655 (as of 16 September 2020)
- **Total deaths:** 294
- **Schools:** Universities and schools reopened on 15 June to allow for final-year university, senior high and junior high school learners to resume classes for their exams.
- **Borders/flights:** Accra Kotoka International Airport reopened for regular international passenger travel on Tuesday, September 1, 2020. Ghana's land and sea borders remain closed until further notice.

Individuals arriving in Ghana by air must present a negative COVID-19 polymerase chain reaction (PCR) test conducted by an accredited laboratory in the country of origin not more than 72 hours prior to departure.

- Upon arrival, each traveler age five and over must undergo a COVID-19 test conducted at the airport.
- The test carries a \$150 fee per person. Each traveler must pay the fee online at
- and present proof of payment to the airline prior to boarding.
- Test results will usually be available within 30 minutes. Travelers who test negative for COVID-19 will be allowed to enter Ghana with no quarantine requirement. Those who test positive for COVID-19 will complete arrival procedures with the help of airport health officials before transfer to Ga East Municipal Hospital for clinical assessment and management.
- **Containment measures:**
 - Accra Kotoka International Airport reopened for regular international passenger travel on Tuesday, September 1, 2020. Ghana's land and sea borders remain closed until further notice. See the Entry and Exit Requirements section below.
 - The Ministry of Health has mandated the use of facemasks in public. The police are enforcing this directive.
 - Restaurants are operating with appropriate social distancing precautions. Conferences, workshops, weddings, and private burials are permitted with a maximum attendance of 100 persons. Religious services may operate at full capacity for up to two hours per service.
 - Large sporting events, political rallies, and festivals are suspended until further notice. Nightclubs, bars, beaches, and cinemas must also remain closed until further notice.

- Open-air drinking establishments and Ghana's national tourists sites/attractions are open.

Situation:

Ghana recorded more 45,655 cases as of 16 September and 294 deaths.

Response:

The Inter-Ministerial Coordinating Committee(IMCC) has been set up by President Nana Akufo-Addo, it is the apex coordinating body for the COVID-19 response.

The National Technical Coordinating Committee (NTCC) serves as a technical expert committee in the monitoring of the implementation. The NTCC is chaired by Ghana Health Service's Director General and co-chaired by WHO.

The National Public Health Emergency Operations Centre (PHEOC) is the mechanism responsible for coordinating COVID-19 response activities (Director, Public Health). It is activated when there is an outbreak and the activation scaled-up depending on the risks and epidemiological situation of the outbreak.

In Ghana, the UN coordination structure is as follows:

- UNRC a.i./Designated Official, advised by the COVID-19 Outbreak Coordination Committee
- UN Country Team/Security Management Team
- Five UNCT / SMT sub-working groups related to the COVID-19 response: 1) Medical SWG; 2) Psychosocial Support SWG; 3) Communications SWG; 4) Operations Management SWG; 5) Programme Response SWG.

UNDP is working with the UN Country Team to support Government in finalizing and implementing its response plan. The Programme Response Working Group of the Outbreak Response Coordination Mechanism for UN Ghana leads the development of a costed UN Country Preparedness and Response Plan (CPRP) for Ghana in partnership with the national authorities. UNDP is a member of the team that is mapping out UN Capacity, comparative advantage and coordinated offer (current and potential) to support the national response. The World Bank is providing \$100 million to Ghana to assist the country in tackling the COVID-19 pandemic as short, medium and long-term support. This financing package includes \$35 million in emergency support to help the country provide improved response systems. Under this emergency package the World Bank will support the Government of Ghana to help prevent, detect, and respond to the COVID-19 pandemic through the **Ghana Emergency Preparedness and Response Project (EPRP)**. The EPRP will help strengthen Ghana's National Laboratories by providing robust systems for the early detection of COVID-19 cases and providing real time disease surveillance and reporting systems of outbreaks. It will also improve the response system by providing social and financial support and free health services to COVID-19 patients and families who are isolated or quarantined.

Useful links:

<https://ghanahealthservice.org/covid19/>

<https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/undp-rba-covid-ghana-apr2020.pdf>

TRENDS (18 Sep 2020)

Guinea

New extension of the health state emergency for one month

- **First case:** 14 April 2020
- **Total cases:** 10,111 (as of 16 September 2020)
- **Total deaths:** 63
- **Schools:** Primary and secondary exam classes, as well as universities, reopened on 29 June.
- **Borders/flights:** Guinea reopened its air borders on 17 July. A negative covid-19 PCR test before departure is mandatory. It must be less than 5 days old. Quarantine (14 days) on arrival in Guinea is not mandatory but recommended. Travellers must fill out a health form on the plane before descending. Land borders are still closed.
- **Containment measures:** President Alpha Condé announced an extension of the state of health emergency for a further period of one month from 16 September 2020 for the entire national territory. A curfew has been introduced from midnight to 4am for the "Grand Conakry" (Conakry, Dubréka and Coyah); Travel from Conakry to the interior of the country has been banned, except in exceptional circumstances. Wearing a mask is compulsory in public areas. From 3 September, reopening of mosques and churches throughout the country.

Situation:

A state of emergency conferring special powers to the government across the country for 30 days was extended from 17 September. Some restrictions have already been eased by partially reopening schools and places of worship.

Response:

A National Emergency Preparedness and Response Plan for a COVID-19 outbreak was prepared, with the support of international development partners. Key measures focus on strengthening surveillance at ports of entry; reinforcing capacity for COVID-19 detection; increasing the number of quarantine centres; expanding treatment facilities and acquiring needed medical equipment; and conducting a communication campaign. The implementation cost of the National Emergency Plan is estimated at \$47 million (0.3 percent of GDP).

The World Bank has already made available \$12.9 million for immediate support in strengthening the public health response through the Programme for Strengthening Regional Disease Surveillance Systems (REDISSE).

Useful links:

[Agence Nationale de la Sécurité Sanitaire](#)

TRENDS (18 Sep 2020)

Guinea-Bissau

Extended state of health emergency, lifting of curfew

- **First case:** 25 March 2020
- **Total cases:** 2,275 (as of 16 September 2020)
- **Total deaths:** 39
- **Schools:** Closed
- **Borders/flights:** All borders closed.

- **Containment measures:** Guinea-Bissau announced on 10 July the reopening of places of worship that had been closed in March to try to stem the pandemic of the new coronavirus. The government has, in parallel with this reopening of mosques, churches and other places of worship, authorized the resumption of gatherings for events like weddings, baptisms or funerals, according to a decree Prime Minister Nuno Gomes Nabiam released on 10 July. He nevertheless called for strict compliance with measures against the coronavirus such as hand washing, wearing a mask, and physical distancing. Bissau announced the extension of the state health emergency. The curfew had been removed following this measure.

Situation:

The president called for the respect of barrier measures to stop the spread of the epidemic. Guinea-Bissau, with 1.8 million inhabitants, lacks health infrastructure to deal with a large-scale epidemic. The number of cases is increasing but the country has only three reception centres, which are now overcrowded. Medical oxygen is lacking, forcing staff to sort between patients, only giving oxygen to the most serious cases and leaving the less serious cases at home. This increases the risk of community contagion. Also, part of the population does not respect the preventive measures. To try to improve the situation, the authorities have set up a high commission coordinated by the former Minister of Health. As the country's health structures do not allow effective treatment, the government is therefore banking on raising awareness among the population.

Response:

A National Covid-19 Contingency Plan was adopted at the end of March.

TRENDS (18 Sep 2020)

Mauritania

Record increase in new coronavirus cases

- **First case:** 10 March 2020
- **Total cases:** 7,332 (as of 17 September 2020)
- **Total deaths:** 161
- **Schools:** Closed
- **Borders/flights:** All borders closed.
- **Containment measures:** A nightly curfew is in place and traffic between the thirteen regions banned. Obligation to wear masks in public spaces; mosques, large markets, restaurants and cafés are closed again.

Situation:

The country which declared itself without new positive case on 22 April suddenly saw the number of contamination jump in the space of a few weeks. To prevent the situation from worsening, the government took a series of measures on 21 May, for the holiday weekend marking the end of Ramadan. Schools and universities remain closed until at least the end of June.

On 14 May, the Interior Minister said that the country would continue to ease certain measures initially taken as part of the national response to the COVID-19 pandemic, but people have to wear masks in public spaces (markets) and mosques will be closed again.

Response

On the occasion of World Refugee Day on 20 June, local representations of the International Labor Office (ILO) and the United Nations High Commissioner for Refugees (UNHCR) set distributed 11,000 protective masks to Malian refugees in the Mbéra camp. Located 1,400 km from Nouakchott, it is currently hosting 63,000 refugees who have fled their country since 2012. Since the first cases of Covid-19 in Mauritania in March, ILO and UNHCR have carried out joint awareness-raising actions to avoid the spread of the virus in Mbéra.

The Mauritanian Minister of Defense was appointed by the President on 18 May, to ensure the implementation of the decisions to be taken by the inter ministerial committee in charge of the fight against Covid-19 led by the Prime Minister. This appointment happened in a context in which the Minister of Health is increasingly overwhelmed by the situation due to the appearance of cases of local transmission in the country and the initiation of a strategy that aims to gradually alleviate a containment that has had a strong impact on the informal sector, a source of income for the overwhelming majority of the Mauritanian population.

To help provide much-needed resources for health services and social protection programs, the IMF Board on 23 April 2020 granted to Mauritania an emergency financing of \$130 million under the Rapid Credit Facility. The country has also appealed to development partners for additional financing.

TRENDS (18 Sep 2020)

Sao Tome and Principe

Sao Tome and Principe goes from emergency to state of public calamity

- **First case:** 6 April 2020
- **Total cases:** 907 (as of 17 September 2020)
- **Total deaths:** 15
- **Schools:** Closed
- **Borders/flights:** All borders closed.
- **Containment measures:** State of Public Calamity

Situation:

Sao Tome and Principe entered, as of 15 June, a period of public calamity, in the scope of the fight against COVID-19. The balance between sanitary measures and the gradual return of economic activity, will be one of the essential goals of the period.

The state of public calamity comprises three phases and will remain in effect until 31 July. These are general and transversal measures, which include, among others, the reopening of some school cycles, restaurants, bars, cafes, hotels, as well as masses and services, on alternative days. Also included in the gradual reopening are airspace, maritime borders. According to the government, the process will be subject to constant evaluation and may change. The state of emergency declared on 17 March mandated in particular the wearing of masks in public, a lockdown after 7:00 pm, closing of non-essential commercial businesses, in addition to earlier measures that introduced social distancing, prohibited all public gatherings, and suspended all international passenger flights. **Response:**

The World Bank has approved a \$2.5 million International Development Association (IDA) grant to assist the government of Sao Tome and Principe in responding to the threat posed by the COVID-19 pandemic. The Sao Tome and Principe COVID-19 Emergency Response project will strengthen the government's immediate capacity to respond to the COVID-19 outbreak and

initiate the strengthening of its response to disease outbreaks and emergencies.

TRENDS (18 Sep 2020)

Senegal

Government announced lifting of state of emergency and upcoming resumption of international flights

- **First case:** 2 March 2020
- **Total cases:** 14,568 (as of 16 September 2020)
- **Total deaths:** 299
- **Schools:** Reopened on 25 June (for examination classes)
- **Borders/flights:** Air borders reopened on 15 July and international flights will resume according to a defined health protocol. Land and sea borders remain closed until further notice. Access to Senegalese territory by air remains limited to holders of a Senegalese passport or residence permit.
- **Containment measures:** The state of emergency and night curfew declared on 16 March have been lifted on 30 June. It is now possible to travel between the different regions of the country but in compliance with individual and collective protection measures. The rules are particularly strict for inter-city public transport. Wearing a mask is compulsory in all public administration services, the private sector, places of business and means of transport (including private vehicles). Prohibition of gatherings at beaches, sports grounds, public spaces and theatres a ban on all demonstrations on the public highway, especially in the Dakar region.

Situation:

Senegalese President Macky Sall announced on 29 June the lifting of the curfew and state of emergency established against the Covid-19 pandemic, from 30 June at 11p.m., as well as the resumption of international flights from 15 July despite the continued progression of the disease in the country. Mr. Sall spoke of the impact that the pandemic and restrictions had on the economy and affirmed the need to resume all productive activities to get it back on track. Air borders will be reopened from 15 July and international flights will resume according to a defined health protocol. Land and sea borders will remain closed until further notice. Compulsory wearing of masks in public places and other restrictions are maintained among all those imposed since the first confirmed case of Covid-19 on 2 March.

The restrictions imposed on Senegalese territory were increasingly challenged. On the nights of 2 and 3 June, violent demonstrations broke out in several cities of the country against the curfew instituted on 23 March to stem the pandemic. More than 200 people were arrested.

On 2 June, the Senegalese authorities decided to postpone the return to school just a few hours before the deadline on 2 June for hundreds of thousands of students. Classes have been suspended since March due to the coronavirus pandemic. The resumption was postponed until 25 June.

Response:

The United Nations System in Senegal presented on 8 May its [Covid-19 Preparedness and Response Plan](https://reports.unocha.org/en/country/west-central-africa/) to the Minister of Economy, Planning and Cooperation. In line with the recommendations of Secretary General Antonio Guterres and the UN's response at the global level, the Plan takes into account the three global priorities of the UN, which are the suppression of

the virus for the control of the pandemic; the safeguarding of lives and livelihoods; and post-COVID-19 construction. The Plan calls for \$203.8 million in funding of which \$157 million has already been mobilized by the various United Nations entities in Senegal.

The IMF approved emergency financing of US\$442 million to provide much-needed liquidity to support the authorities' response to the crisis.

UNESCO is providing the government with \$1 million to mitigate the impact of COVID-19 on education. This support will involve the deployment of a range of distance learning solutions to adapt to different contexts and conditions, in particular to the learning needs of most marginalized children and young people.

Official links:

<http://www.sante.gouv.sn>

[Plan de préparation et de réponse au COVID-19 du Système des Nations unies au Sénégal](#)

For more information on the humanitarian situation in the region:

<https://www.unocha.org/rowca>

<http://humanitarianresponse.info/EN/OPERATIONS/WEST-AND-CENTRAL-AFRICA>

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