

Photo Credit: UNICEF Kenya

UNDRR

COVID-19 BRIEF

Preliminary evidence  
from Sub-Saharan  
Africa

16 June 2020

#PreventionSavesLives

## Introduction

In Sub-Saharan Africa, the response to the pandemic is unfolding with various DRR governance approaches and initiatives to curb the spread of the disease as well as its interconnected socioeconomic impacts. As a result of an often resourced constrained environment and strong past experiences with the Ebola crises, approaches in Sub-Saharan countries have their own specificities and common trends.

This paper focuses on actions taken by disaster risk reduction actors in Africa in relation to COVID-19. The results from the information were gathered through both desk research and a survey. The responses to the survey were complemented with additional desk analyses of national DRR strategies, contingency and response plans, analysis of COVID-19 official websites as well as data from either the African Center for Disease Control or the World Bank and other online publicly available resources.

The results to the survey present the views of national DRR focal points related to the COVID-response and the involvement of the national disaster risk management agencies (NDRMAs). The survey was an early stocktaking exercise, not an exhaustive study of national activities. The questionnaire was disseminated on 6<sup>th</sup> April 2020 to the national DRR focal points, SFM focal points, DesInventar focal points and in some cases other DRR stakeholders in 44 countries (questionnaire and list of responding countries and institutions in Annex). This paper has therefore benefited from responses from 31 countries received by end of April 2020.

This paper first describes the integration of biological hazards in DRR strategies, by looking at eight DRR strategies from countries in Sub-Saharan Africa. Secondly, it looks at roles and responsibilities of DRR agencies in the response to COVID-19 and, by looking at contingency plans available online, it describes common characteristics of response planning for COVID-19. Thirdly, by reviewing official websites to complement the responses to the questionnaire, it describes the risk communication activities ongoing in targeted countries. Finally, it looks at the main DRR policies across Sub-Saharan Africa and the involvement of NDRMAs to both lower the spread of the disease as well as to curb the socioeconomic impacts of the crisis. These elements are a preliminary attempt to capture the most recent measures undertaken by Governments, which are evolving fast<sup>i</sup>.

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<sup>i</sup> For additional information please contact: [roberto.schianolomoriello@un.org](mailto:roberto.schianolomoriello@un.org)

## National DRR strategies and epidemics

The Sendai Framework highlights the need to strengthen government coordination for the management of all risks, including biological hazards. Existing mechanisms and strategies for disaster risk management, such as those detailed in the Sendai Framework, offer concrete means to respond effectively to epidemics and even global pandemics such as COVID-19.

A review of eight<sup>ii</sup> national DRR strategies in Sub-Saharan Africa highlights that biological hazards are well recognized in national DRR strategies. The most common epidemics referred to are cholera, malaria, meningitis, measles and Ebola. Most countries also include zoonosis and epizooties as hazards, but no country has objectives or activities to reduce the risks associated with those.

In terms of risk data, some countries include historical data on epidemics in the context/background section of their strategies. This includes inconsistent numbers on deaths and affected people either aggregated over a long period of time or for one specific year (Guinea, Tanzania, South Sudan, Congo); however, sources of data are rarely mentioned. Only one country (Guinea) included data on socio-economic impacts of Ebola (0.7% to 2.3% loss of GDP). Finally, the vulnerability factors identified in the majority of those strategies are poor hygiene, access to clean water and waste treatment, amongst other.

Several strategies include the need to coordinate with the health sector and mention either the Ministry of Health or health experts as part of the coordination mechanism for DRR implementation. However, most National DRR strategies do not adopt a sectorial approach. All analyzed strategies mention the need to mainstream DRR into sectors and identify the health sector as a key sector affected by disasters. Nonetheless, most of them do not have specific objectives or activities related to strengthening health resilience.

When countries include activities related to the health sector, it is usually not comprehensive and focuses either on raising awareness or on protecting critical health infrastructures<sup>iii</sup>:

- Raising awareness on health risks and adopting prevention measures: Guinea includes actions related to strengthening health resilience under objective 4, aiming at increasing knowledge of populations on DRM. This includes awareness campaigns for the population on good hygiene practices and DRR (including washing hands); and disseminating information on public health codes.
- Protecting critical infrastructures: Zambia includes a specific target (4.1) on reducing disaster damage to critical infrastructure and disruption of services,

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<sup>ii</sup> Burundi, Congo (draft), Guinea, Madagascar, Rwanda (policy document), Tanzania, South Sudan (draft) and Zambia.

<sup>iii</sup>Rwanda had a more comprehensive approach to strengthening health resilience to deal with epidemic risks through awareness, research, surveillance systems and improved sanitation. The strategy included actions to (a) Improve sanitation and hygiene practices; (b) Promote research into modern emerging diseases; (c) Strengthen entomological and surveillance systems; (d) Create public awareness of the Community; (e) Avail vaccine to emerging diseases; (f) Strengthen surveillance systems from local to the national level. One country referred to mental health issues (Tanzania).

among them health and educational facilities. Madagascar also has an objective to protect and improve critical infrastructures such as clinics and hospitals.

Finally, in most strategies, it emerged that there is a clear need to coordinate at regional level to cope with transboundary risks of epidemics.

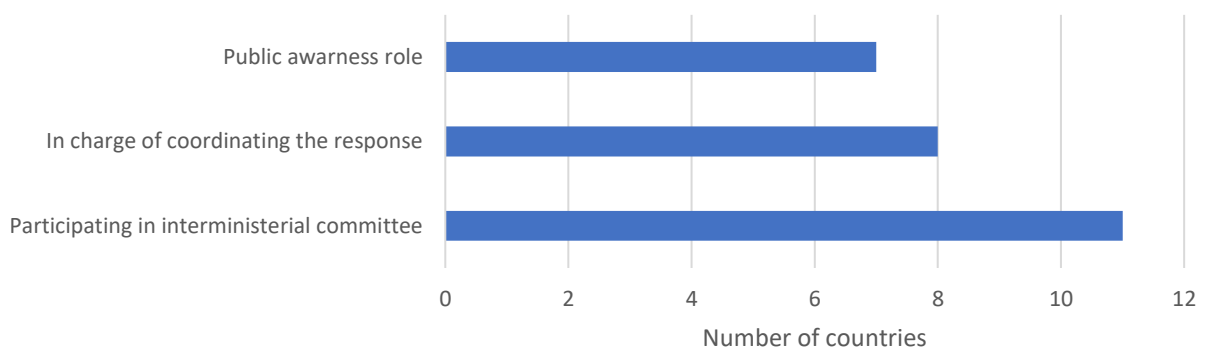
## Response and coordination

The Sendai Framework advocates for established engagements of multiple stakeholders and for active collaboration among them. Especially in times of crises such as for Covid-19, these multisectoral and multiparter mechanisms are essential for an effective coordination of response.

Results from the survey (Figure 1) show that NDRMAs' engagement vis-à-vis the COVID-19 response is mainly that of participating in several multi-stakeholder engagements mechanisms that have been established at the national level (11 out of 23 responding countries). In eight countries, the NDRMA reported having a leading role in coordinating the response, while in seven countries' NDRMA's have mainly a public awareness role.

When looking at the main role of DRR focal points in the crisis (Figure 2), ten reported that their role is mainly in participating in inter-ministerial committees specific to COVID-19. While most DRR focal points conduct mainly coordination activities, eight of them are engaged in planning and implementation phases. Fewer are engaged in providing strategic advice to the government and public awareness campaigns. Finally, two reported not to be involved in the response and one reported having a leadership role.

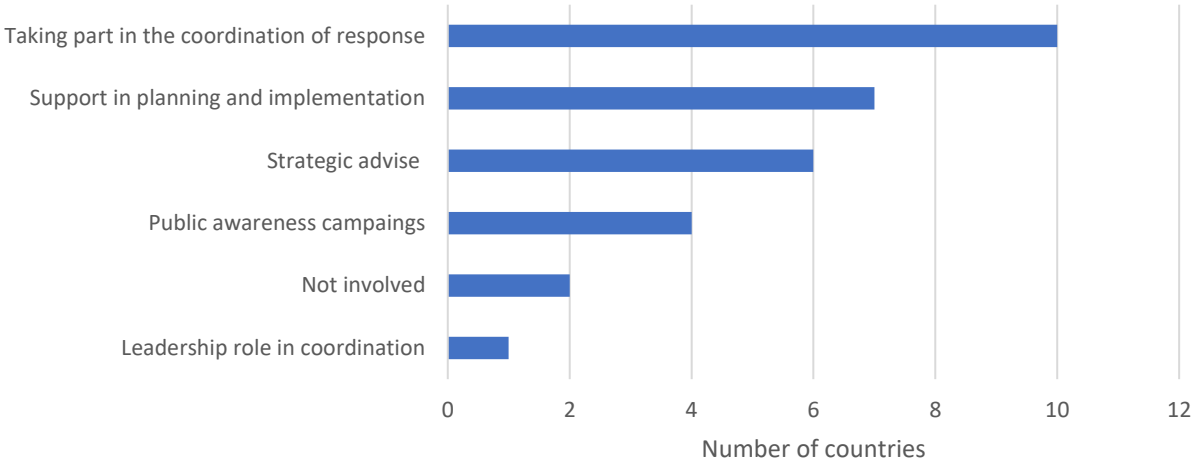
*Figure 1. NDMA's role in response to the pandemic*



Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 23/31

Figure 2. DRR focal points' role

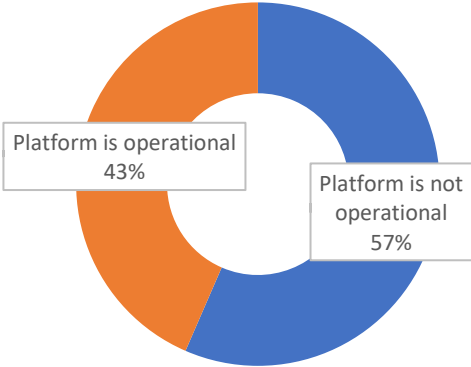


Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 23/31

The National Platform for Disaster Risk Reduction advocated for in the Sendai Framework is a network comprised of multiple stakeholders. Key stakeholders include members of civil society and NGOs, as well as representatives of international organizations, donors, private sector, and members of communities at risk. Results from the survey, however, highlight that 57% of responding countries do not have an operational platform for DRR that is actively engaged in the crisis.

Figure 3. National Platform for DRR



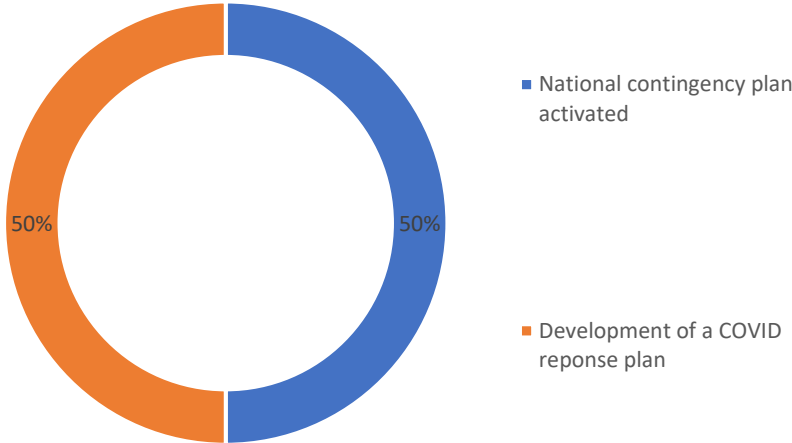
Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 22/31

## National response plans

The Sendai Framework calls for a strong foundation in national institutional frameworks with clearly assigned responsibilities and authority to, inter alia, identify sectoral and multisectoral disaster risk. Results from the survey show that about half of the countries already had a contingency plan, which was activated as a result of the declaration of state of emergency or alike, while the other half has reported being in the process of developing a specific response plan for COVID-19.

Figure 4. National contingency/response plans

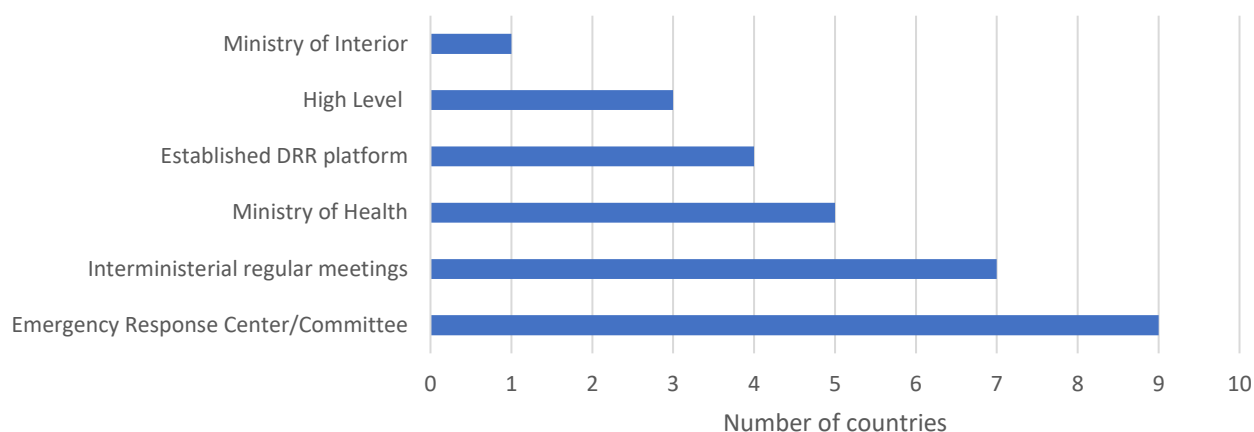


Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 20/31

The authority in charge of coordinating the response plans/contingency plans are mostly ad-hoc committees that have been established specifically for COVID-19's response (Figure 5). This is the case for 9 countries, while seven countries reported that the coordination for planning and implementation of the plan takes place through regular inter-ministerial meetings. Instead, in five countries the Ministry of Health directly coordinates the planning. In addition, four countries have reported that coordination is done through the national DRR platform, while three reported that coordination happens at high level. Lastly, one country reported that the coordination responsibility is under the Ministry of Interior.

Figure 5. Authority in charge of coordinating the response plan



Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 21/31

Desk research on the response plans that were publicly available online was undertaken for 16 countries<sup>iv</sup>. This research highlights that the elaboration of COVID-19 preparedness and response plans has been promoted and supported by WHO drawing upon the operational guidelines<sup>v</sup> developed for this purpose. In some countries, Health Emergency Operations Centers have been activated.

At least 16 countries have developed a COVID-19 preparedness and response plan (overview of websites and survey). These plans are developed under the coordination of the Ministry of Health and focus on the immediate response to avoid the spreading of the disease and respond to the first cases. The plans indicate the creation of inter-ministerial committees under the leadership of the Ministry of Health or Ministry of Interior, or the Head of States. For example in Tanzania, the task force is headed by the Prime Minister and assisted by the Minister of Health, Ministry of Community Development, Ministry of Gender, Elderly and Children and other experts appointed by the Prime Minister. The Disaster Management Agency seats directly under the Prime Minister Office.

In general preparedness and response plans do not explicitly mentioned that the disaster management agency had mandated responsibilities in the multisectoral national coordination mechanisms. For example in Malawi, according to the preparedness and response plan, the coordination is jointly led by the Ministry of Health and the Ministry of Disaster Management Affairs and Public Events.

The preparedness and response plans include mainly indications on the institutional arrangements to face COVID-19 at the early stages such as surveillance, rapid response teams and case investigation, case management and laboratory testing, infection prevention and control. Risk communication, community engagement and social mobilization are also integrated into the plan and immediate measures, mainly physical distance are listed.

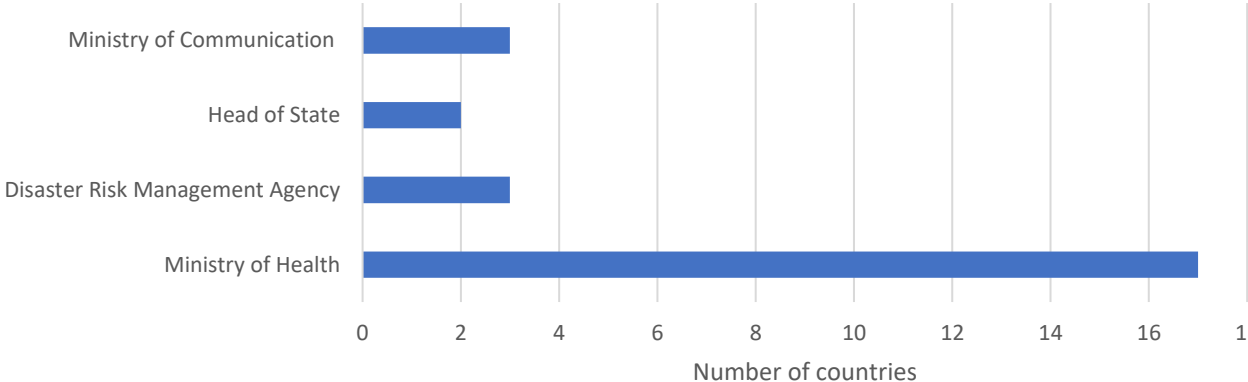
<sup>iv</sup> Angola; Burkina Faso; Burundi, Cameroon; Cabo Verde; Chad; Democratic Republic of the Congo; Eswatini; Malawi; Mali; Mauritius; Mozambique; Niger; Nigeria; Senegal, South Sudan, Liberia- stated in survey to be using the Ebola response plan.

<sup>v</sup> <https://www.preventionweb.net/publications/view/71027>

# Risk and crises communication

The Sendai Framework calls for the dissemination of non-sensitive disaster risk information and data. As showed in Figure 6, in most African countries, the Ministry of Health is responsible for the communication of COVID-19 related statistics. In a few cases, (3 countries) this responsibility lies either with the National Disaster Management Agency or the Ministry of Communication or the Head of State (Figure 6).

Figure 6. Authority leading communication on COVID-19

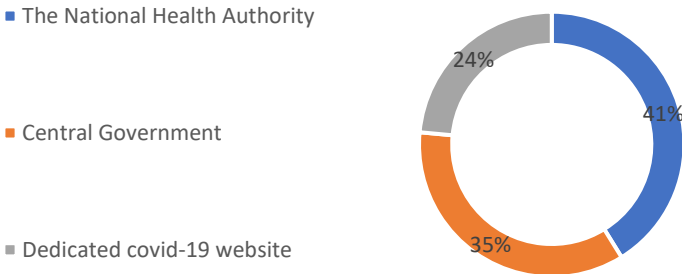


Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 23/31

Desk research of the official websites indicated by respondents highlights that the health authority is hosting and managing information in most of the countries (41%), followed by the central government with 35% (Figure 7). Only 24% of the countries had a dedicated COVID-19 designed website.

Figure 7. Authorities hosting the official COVID-17 website



Source: Analysis of websites communicated through the UNDRR ROA Survey to DRR Focal Points

Note: Number of countries' websites under analysis 17



The analysis of the websites also explored what type of information is communicated to the broader public. On the immediate impacts of the virus, most websites share daily country updates, disaggregating data by geography, age and sex. Many countries use automatic dashboards and a few countries feature regional and global statistics, but no analysis of the data nor of the trends is provided. Most websites also share information about the transmission, symptoms, testing, Ministry of Health's action and helpline number.

For awareness raising, most countries use information videos and pictograms; however, these are not always easy to find on the website. This is also because a surprising number of countries still publish information as text and PDF posters. The most updated section of the websites relate to Government press releases & news (text, embedded videos & twitter). However, many of these items are not dated or the filing system makes it difficult to follow the evolution of the posts.

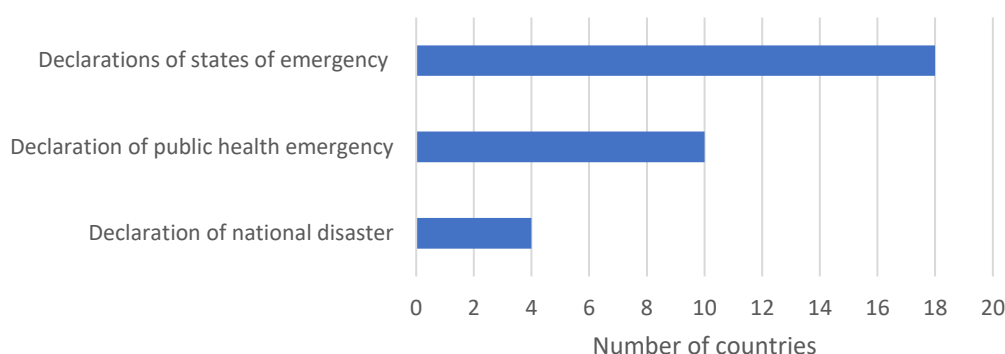
While a few websites compile different types of guidance documents and procedures, most websites include a short list indicating closures, cancellations and restrictions of movement (details are only included within daily press statements). A few websites have more detailed information on travel, public spaces, private businesses and schools. However, only few websites provide guidance to contextualize COVID-19 for children and for elderly care and even less provide guidance for the private sector or how to apply for support.

Finally, most websites do not have information on policy updates and only a few websites include information on the governance structure and relevant preparedness, response and contingency plans.

## DRR polices to curb the spread of the virus

Throughout Sub-Saharan Africa, countries have reacted quickly to the pandemic and are using different forms of executive orders or proclamations to limit the spread of the virus and to curb the socioeconomic impacts. As of end of April 2020, there have been 18 declarations of states of emergency<sup>vi</sup>, 3 declarations of national states of disaster<sup>vii</sup> and 10 declarations of (public) health emergencies<sup>viii</sup> (Figure 8). For example, Sierra Leone imposed a 12-month state of emergency even before recording its first COVID case<sup>ix</sup>.

Figure 8. Declarations of a state of emergency, national health emergency or national disaster



Source: <https://www.icnl.org/post/analysis/african-government-response-to-covid-19>

Those legal instruments have triggered different social distancing and movement restrictions measures. In this section, we provide the main trends that characterize countries in their response to the crisis according to common measures for immediate social distancing and movement restrictions that are similar in fashion but with different degrees of flexibility.

### Social distancing

Almost all countries have implemented closure of educational institutions, limited public gatherings, reduced the personnel in public offices and limited visits to public buildings, such as prisons. Public masks have also become the norm but are not compulsory in all countries (Figure 9). Massive screening and testing is not yet available in most Sub-Saharan African countries. This might be the result of a shortage of testing materials as well as a lack of laboratory personnel. Many of the countries affected by the 2014 Ebola outbreak in West Africa, such as Liberia, are leading the way in terms of isolation centers for COVID-19 affected people. Ethiopia for example, did not introduce a national lockdown and has opted more for community mobilization and public awareness campaigns and testing. The Ministry of Health and local and

<sup>vi</sup> Angola, Cape Verde; Cote d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Eswatini/Swaziland; Ethiopia (so far, only for the regional state of Tigray); Ethiopia (federal state of emergency); Guinea; Guinea Bissau; Lesotho; Liberia; Mozambique; Namibia; Senegal; Sierra Leone; and Botswana and The Gambia, which also both declared a public health emergency before they declared a state of emergency.

<sup>vii</sup> Malawi; South Africa; and Zimbabwe

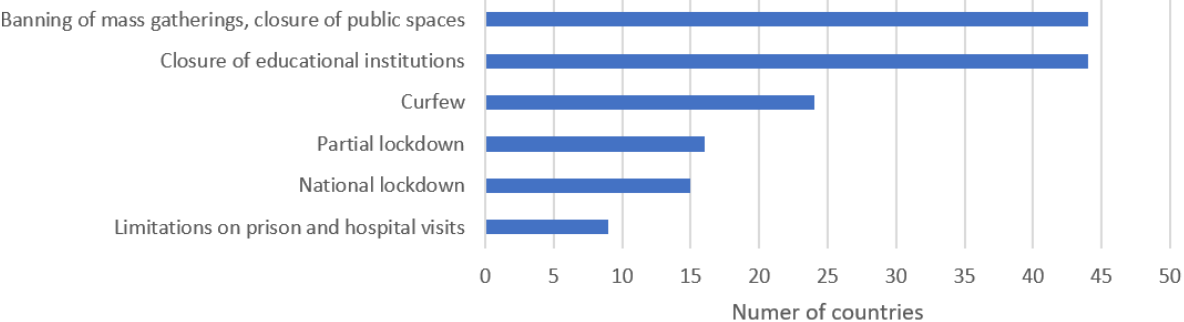
<sup>viii</sup> Botswana; Burkina Faso; Republic of Congo; The Gambia; Kenya; Liberia; Madagascar; Niger; Sudan; and Togo

<sup>ix</sup> source: <https://www.icnl.org/post/analysis/african-government-response-to-covid-19>

regional governments jointly conducted house-to-house screenings and diagnostic testing was scaled up from zero in early March to over 5,000 tests per day by May<sup>x</sup>.

On the restrictions of movements within national borders, most countries have established a curfew. In addition, countries have established either a partial or full national lockdown. This has happened with different degrees of flexibility. For example, in earlier stages of the response, Ghana decided against a full lockdown, opting instead for a partial one backed by vigorous contact tracing<sup>xi</sup>.

Figure 9. Social distancing



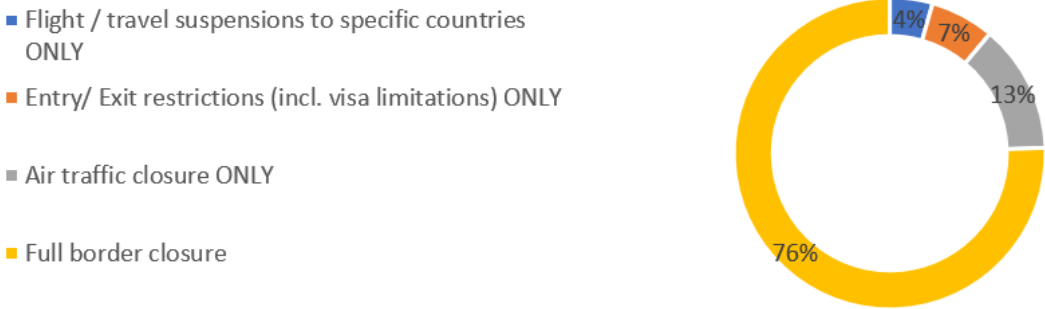
Source: Africa Center for Disease Control and Prevention (Last updated: 05 May 2020)

Note: Data available for 44 countries

### Travel restrictions

Countries have taken different approaches in terms of travel restrictions, both for national borders and for travelers reaching the national territory (Figure 9). While 76% of all Sub-Saharan African countries have established full border closures, 13 % of them closed only the air traffic, and 7% of the countries have applied specific entry and exit restrictions. South Sudan together with Benin are the only two countries in Sub-Saharan Africa that have enforced travel suspensions to specific countries only. Finally, most countries are enforcing also a mandatory self-quarantine for travelers and in some countries, there is also a mandatory facility quarantine for all travelers. For example, in Kenya there is mandatory 14-day quarantine at a government designated facility at own expenses.

Figure 10. Restrictions on travels



Source: Africa Center for Disease Control and Prevention (Last updated: 24 April 2020)

<sup>x</sup> <https://www.weforum.org/agenda/2020/06/ethiopia-covid19-response>

<sup>xi</sup> <https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/>

## DRR polices to curb the socioeconomic impacts of the crisis

The COVID-19 crisis while initially affecting the health system, has escalated also into an economic crisis threatening the livelihoods of many African people. Overall, GDP is expected to contract by -1.6 percent in 2020, a downward revision of 5.2 percentage points compared to six months ago, the IMF says in its latest Regional Economic Outlook for Sub-Saharan Africa. These impacts stem from the measures to curb the spread of the disease but also as a result of the policies of other countries all over the world that indirectly impact African economies.

The Sendai Framework clearly sets the goal of increasing preparedness for response and recovery, and thus strengthen resilience. National disaster management agencies are intervening on different fronts to curb the socio-economic impacts of this crisis. While often as part of a task force or in collaboration with other ministries, the Disaster Management Institutions are being partly or fully mobilized to curb both the spreading and the socioeconomic impacts of the crisis.

### Fiscal and economic measures

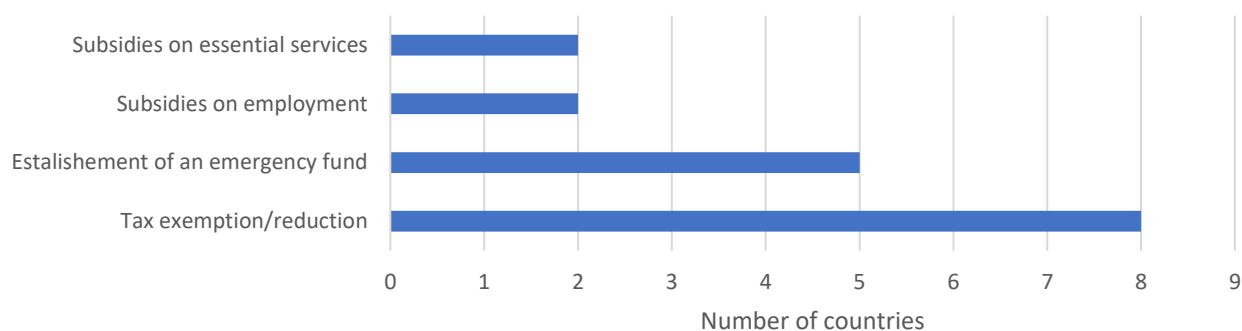
The Sendai Framework encourages national authorities to strengthen coordination and funding mechanisms. In order to respond to the Covid-19 crisis, several countries have either triggered available mechanisms for emergency funds or are working towards the establishment of one. NDRMAs are not in the front line in relation to economic measures; however, they still have a role in advocating for increased funding for response. In the survey, it was revealed that in Botswana the disaster management agencies are working towards mobilizing funding. In other countries this happens through the national platform for DRR. In Kenya a national Kitty is in place to receive donations that will be used to support any program related to the COVID-19. In other counties, economic packages have been approved mainly under the supervision and request of the Ministries of Economics and Planning<sup>xii</sup>.

In general terms, as reported by DRR practitioners, economic policies mostly take the form of granting tax exemptions or reductions (Figure 11). Fewer countries have been subsidizing also employment in the form of tax waivers and subsidized consumption by reduction of fuel and products VAT.

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<sup>xii</sup> In Senegal for example, the government implemented a resilience package of up to 7 percent of GDP. It consists of three main pillars: improving the health system, strengthening social protection and stabilizing the economy. respondents reported that 302 billion CFA will be devoted to the payment of state suppliers, 100 billion will be dedicated to the direct support of the sectors of the economy hardest hit by the crisis (transport, hotel business, agriculture, etc.) and 200 billion CFA will be intended for companies affected by the crisis.

Figure 11. Taxes and subsidies



Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 12/31

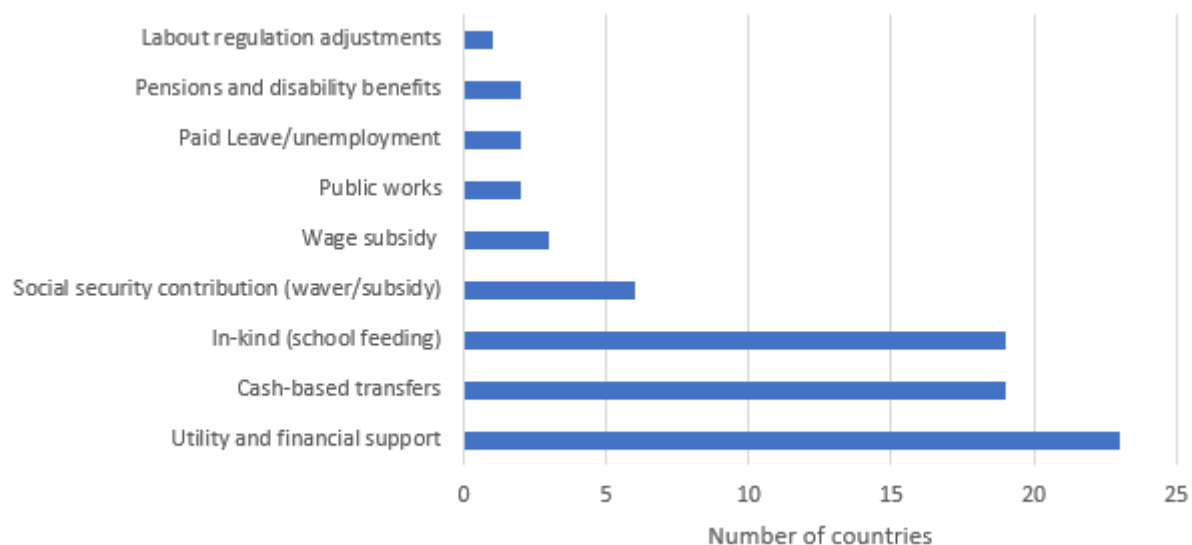
### Social Safety Nets and food security

Social safety nets have proved to be indispensable for gearing up the response to the socio-economic impacts of COVID-19. Throughout the continent, the most common measure of social protection, as reported by the World Bank, take the form of utility and financial support, followed by cash-based transfers and in-kind contribution (such as school feeding programmes) (Figure 12). NDRMAs are intervening in different fronts but mainly to deliver in-kind support.

Most of the measures undertaken by governments for social protections are not directly related to DRR institutions. For example, four countries have reported subsidizing basic services such water and electricity (Figure 13). This is done either by providing exemptions from paying the bills or reducing the costs to make basic services more accessible. Five countries have also reported that they are providing free health services to the most vulnerable people. Some countries have set up specific COVID-19 related cash transfer programme. For example, the Togolese government is introducing Novissi<sup>xiii</sup>, a coronavirus cash transfer program for a limited duration for those most impacted by the COVID-19 shock and with a larger benefit for women.

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

Figure 12. Social protection measures

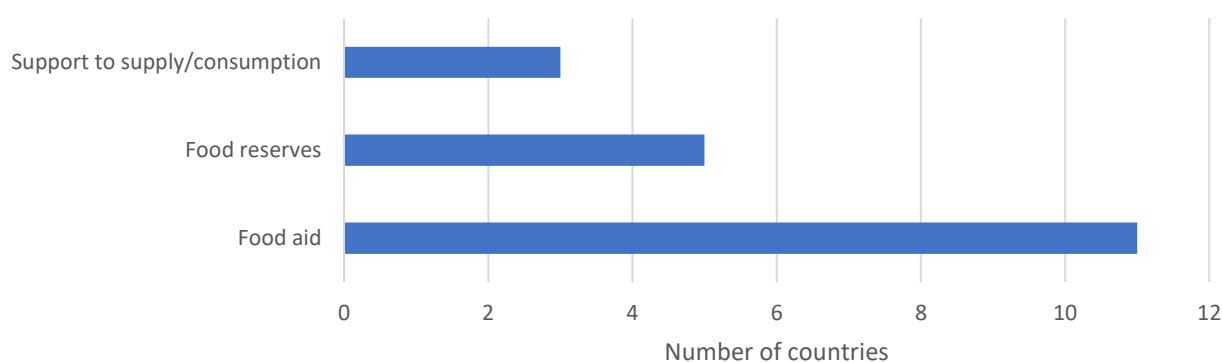


Source: World Bank Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures (version 8 as of May 8, 2020)

Note: Data available for 45 countries in Sub-Saharan Africa

In relation to food security, most DRM agencies reported in the survey to be delivering food aid either through nationally established programs or with the help of donors (Figure 14). Often Civil Protection authorities and other DRR institutions are in the front line for the delivering of food aid or are helping in the coordination or assessment of the needs. In Ethiopia, the National Disaster Risk Management Committee has been releasing projections on food security, highlighting that an estimated 30 million people could experience food consumption gaps<sup>xiv</sup>. In Liberia, donors such as WFP are initiating some programs to minimize the threat of food insecurity.

Figure 13. Food security



Source: UNDRR ROA Survey to DRR Focal Points

Note: Number of responses from countries 16/31

<sup>xiv</sup> <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#C>

## Key observations

### **Covid-19 response highlights:**

- In Sub-Saharan Africa, Sendai Framework aligned national strategies have acknowledge the importance of epidemics as one of the key hazards in the region.
- Countries are strengthening government coordination forums in the fight against COVID-19. These are mainly composed of public officials and sectoral experts, guiding the pandemic response.
- The importance of risk communication policies to curb the spread of the disease, building trust between governments and the population.
- Due to past experiences with epidemics, many Sub-Saharan African countries have reacted quickly to the crisis and activated state of emergency and associated measures to curb the spread of the virus.
- Several countries are operating with presidential authority, which has accelerated decision-making on population movements and control, while reducing interagency challenges.
- Most countries in Sub-Saharan Africa are investing in people and their livelihoods. Several social protection and safety nets programs such as cash transfers and food distribution are unfolding all over the continent.

### **Learning lessons for DRR institutions:**

- While recognizing the importance of epidemics, National DRR strategies should have more targeted objectives and operational activities, aiming at strengthening health resilience.
- National response plans must include efforts to reach marginalized communities such as refugees and displaced people to ensure full inclusion and avoid stigmatization.
- National Platforms for Disaster Risk Reduction should be mobilized to learn from this crisis in order to better respond to future ones. Key stakeholders to be convened include also members of civil society and the NGOs, as well as representatives of international organizations, donors, private sector, and members of communities at risk.
- In most African countries, there is a need for more awareness raising material, with precise titling, easy to be find and re-used by radios, TV stations, NGOs, youth groups, teachers, community groups.
- A wider range of stakeholder groups would benefit from an increased number of up-to-date and awareness raising materials which can be made available in different languages, including on government policies.
- Responsive social protection programmes have proved extremely useful tools for Covid-19. This crisis should inform NDRMAs programmes including on the use of social safety nets in responding to disasters.

## References for further Reading

- Complementary information from official reports and press scanning
  - World Bank:  
<http://documents.worldbank.org/curated/en/448321588971503966/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-8-2020.pdf>
  - ACDC:  
[https://docs.google.com/spreadsheets/d/1Bf1byW0uuhxDGxBquNIT\\_jSeyWI79U4Dx-K-Fg-ISYg/edit?ts=5e8c2381#gid=337753485](https://docs.google.com/spreadsheets/d/1Bf1byW0uuhxDGxBquNIT_jSeyWI79U4Dx-K-Fg-ISYg/edit?ts=5e8c2381#gid=337753485)
  - IMF: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#C>
  - <https://www.icnl.org/post/analysis/african-government-response-to-covid-19>
  - <https://www.weforum.org/agenda/2020/06/ethiopia-covid19-response>
  - <https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/>



# Annex: Source of information

## Survey structure:

- General Information about the respondents
- Questions related to data on morbidity and mortality
- Questions related to preparedness and response (involvement of NDRMA/DRR focal points, contribution to vici-19 related policy/strategy; cross sectoral collaboration, role of the National DRR platforms, vertical coordination)
- Questions related to the dissemination of information

*Note: Results present the views of national DRR focal points perspective of the related to the COVID-response and the involvement of the NDRMA. The survey was an early stocktaking exercise, not an It is not an exhaustive study of what Government activities are undertaking. Results focus on communication and "immediate response".*

## Desk Research:

- Analysis of 16 official COVID-19 websites indicated by DRR Focal Points
  - [www.ndma.org.sz](http://www.ndma.org.sz) Eswatini
  - [www.ncdc.gov.ng](http://www.ncdc.gov.ng) Nigeria
  - <https://www.gov.bw/> Botswana
  - <https://covid19.cv> Cabo Verde
  - <http://www.ghanahealthservice.org/covid19/> Ghana
  - [www.nationalphil.org](http://www.nationalphil.org) Liberia
  - <http://www.health.go.ke/> Kenya
  - [http:// www.ephi.gov.et](http://www.ephi.gov.et) Ethiopia
  - <http://www.moh.gov.gm/covid-19-report/> The Gambia
  - <https://covid19.ins.gov.mz/> Mozambique
  - [www.corona.ne](http://www.corona.ne) NIGER
  - [anss-guinee.org](http://anss-guinee.org) GUINEE
  - <http://www.sante.gouv.sn/> SENEGAL
  - <https://www.sig.gov.bf/accueil> Burkina Faso
  - <https://covid19.sec.gouv.sn/>
  - [www.gouv.ci](http://www.gouv.ci) COTE D'IVOIRE
  - [www.covid19.gouv.tg](http://www.covid19.gouv.tg) TOGO
- Overview of COVID-19 preparedness and response plans publicly available
  - Burkina Faso; Cameroon; Cabo Verde Chad; Democratic Republic of the Congo; Malawi; Mali; Mozambique; Niger; Nigeria; Liberia- stated in survey to be using the Ebola response plan.

## Annex 2. Further areas of interest to NDRMAs

As part of the survey, the respondents indicated a number of areas in which they would appreciate greater information. These include:

- Understanding and communicating the science behind government policies: concern about communication around covid-19 and management of misinformation; use of traditional medicine to address covid-19
- Governance: the role of AUC/RECs to act as an advisor providing uniform guidance and leadership in trans-boundary management; the role of DRR institutions in the context of covid-19 response.
- Data: to the extent possible, to obtain accurate disaggregated data.
- Preparedness: requested more information on government policies and expressed concern about the availability and allocation of resources.
- Dissemination of information: how to select and prioritize information on the virus in order to streamline preparedness and response and sustain citizen engagement; what are the platforms (not only digital) for data and information sharing within countries and internationally?

UNDRR ROA has taken note of these concerns and it is incorporating relevant elements in its ongoing covid-19 related activities.

## Online survey COVID-19

31.1.2020

### *UNDRR Survey to DRR Focal Points on COVID-19 response*

#### **General Information about the responder**

Please indicate your:

Country;

name;

position;

organisation

#### **Questions related to data on morbidity and mortality (Sendai Target A,B )**

- Which national institution publishes official data about COVID-19?
- Such data includes the number of persons tested positive / number of persons who tested positive but do not show symptoms / number of persons who fell ill / number of deaths associated with COVID-19
- Is there an official webpage where this data is made publicly accessible?
- Do you intend to refer to this official data source when reporting on COVID-19 related impacts in SFM or the national disaster loss database (e.g. DesInventar)?

#### **Questions related to the dissemination of information**

- Which Government Authority has the lead on managing the communication related to COVID-19?
- What are the official channels used by your organization (the National Disaster Risk Management Agency) to inform the citizens about COVID-19? If possible, please include a link. (Alternatively, send the webpage link to [katarina.mouakkidsoltesova@un.org](mailto:katarina.mouakkidsoltesova@un.org) or via Whatsapp on +254 780 502 337). If possible, elaborate within the categories below:

regular press conferences: ...

official website: .....please indicate the link

official twitter: .....please indicate the link

whatsapp group managed by the NDRMA (who are the members of this group?): .....please indicate a link

other : .....please indicate....

#### **Preparedness and response**

- What are the key actions and interventions being undertaken in your country? If possible, elaborate within the categories below:  
Containment & mobility (population movement)

Response planning  
Coordination  
Executive decision making  
Fiscal policy  
Education  
Economy  
Food security / food systems  
Social security/safety nets  
Other

- How are you, as the DRR focal point, involved in the preparedness and response to COVID-19 ?
- How are Disaster Risk Management Agencies working with other ministries and stakeholders to curb the spread of the pandemic?
- How are DRR national platforms intervening for preparedness, mitigation and response to COVID-19?
- Is there a national preparedness, mitigation and response strategy or Preparedness and Response Plan which serve to coordinate and guide actions related to the current crisis?
- How are the actions resulting from the strategy/plan translated and implemented at the lower administrative levels?

### **Closing question**

- Do you have questions regarding the management of COVID-19 in African countries? Please formulate your question(s) below. If possible, use the categories below to indicate the theme of your question:  
understanding and communication the science behind government policies  
governance  
data  
preparedness  
dissemination of information  
other

Would you be interested in exploring some of the questions above and your own questions through a multi-country webinar?

Table 1. Survey respondents

Country	Institution
Angola (Republic of)	Civil Protection and Fire Service in Angola
Benin (Republic of)	Agence Nationale de Protection Civile
Botswana (Republic of)	MINISTRY OF HUMANITARIAN AFFAIRS AND DISASTER MGT
Burkina Faso	SP/CONASUR
Cabo Verde (Republic of)	National Civil Protection and Fire Service
Cameroon (Republic of)	Direction de la Protection Civile au Ministère de l'Administration Territoriale
Central African Republic	Primature
Cote d'Ivoire (Republic of)	Plateforme Nationale de Réduction des Risques et de gestion des Catastrophes
Eswatini (Kingdom of)	National Disaster Management Agency
Ethiopia (Federal Democratic Republic of)	National Disaster Risk Management Commission
Gabon (Gabonese Republic)	Plateforme nationale prévention et RRC
Gambia (Republic of the)	NATIONAL DISASTER MANAGEMENT AGENCY
Guinea (Republic of)	SERVICE NATIONAL DE GESTION DES CATASTROPHES ET DES URGENCES ENVIRONNEMENTALES/ MINISTERE ENVIRONNEMENT, DES EAUX ET FORETS
Guinea-Bissau (Republic of)	Service National de la Protection Civile
Kenya (Republic of)	National Disaster Operations Centre

Lesotho (Kingdom of)	Disaster Management Authority
Liberia (Republic of)	National Disaster Management Agency of Liberia
Madagascar (Republic of)	Cellule de Prévention et d'appui à la Gestion des Urgences auprès de la Primature (CPGU)
Mali (Republic of)	Protection civile du Mali
Mauritius (Republic of)	NDRRMC
Mozambique (Republic of)	National Institute for Disaster Management-INGC
Namibia (Republic of)	Office of the Prime Minister/Directorate Disaster Risk Management
Niger (Republic of)	Cellule de Coordination du Système d'Alerte Précoce
Nigeria (Federal Republic of)	National Emergency Management Agency
Sao Tome and Principe (Democratic Republic of)	CONPREC (Conseil National de Prevention et Reponse aux Catastrophes)
Senegal (Republic of)	Direction de la Protection civile
Sierra Leone (Republic of)	Office of National Security
Tanzania (United Republic of)	Prime Minister's Office-Disaster Management Departement
Togo (Togolese Republic)	Agence Nationale de la Protection Civile
Uganda (Republic of)	Office of the Prime Minister
Zimbabwe (Republic of)	Civil Protection Department

## Acknowledgements

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