



COVID-19 RESPONSE

IntraHealth International helps build and sustain resilient health systems that can detect and respond to the threat of COVID-19. And we do it by focusing on health workers. Here are some of the ways we get results:

- Preparing health workers with the **skills, resources, & information** they need before & during emergencies for more efficient response
- **Elevating health workers' voices** for stronger policies & investments in the health workforce
- Developing real-time **emergency communications & digital health tools** to keep data flowing during crises
- Planning for **emergency preparedness** & surveillance
- Ensuring **occupational health and safety** to keep frontline health workers safe & on the job
- Preserving **continuity of essential health services**, including those related to HIV & family planning

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



OUR APPROACHES IN ACTION

Frontline health workers are every country's first defense in detecting, reporting, and responding to emerging threats, including [COVID-19](#). Here are some of the ways we train and equip health workers to stop outbreaks and keep themselves and their communities safe during emergencies:

1. Training before and during emergencies

The [right training at the right time](#) means health workers can respond to emerging threats quickly and safely. For example:

In **Rwanda**, our [Ingobyi Activity](#) team is redirecting the systems and procedures we helped establish to prevent an Ebola outbreak—including a national call center, isolation units, and training for health workers on surveillance, screening, case management, and infection prevention—toward the country's [national COVID-19 response](#). And in partnership with the Rwanda Ministry of Health and the Rwanda Biomedical Centre, we're preparing health workers to manage COVID cases, strengthening contact tracing, procuring supplies and medical equipment for isolation and treatment centers, and much more.

In **South Sudan**, we helped train 48 health officials on field epidemiology, including routine immunization, disease surveillance, and responding to outbreaks.

In **Uganda**, our [RHITES-E](#) team has trained 320 health workers across 13 districts, including at the Malaba border, in biosafety and biosecurity, and provides testing and training in the country's border areas. We've established 203 handwashing facilities and trained mentors and health workers in 15 districts on water, sanitation, hygiene, and infection prevention and control. And we work with districts every day to make sure essential services are not interrupted by COVID-19.

2. Real-time emergency communications & digital health tools

We develop open source, interoperable, data-driven digital health solutions like [mHero](#) that help keep strategic information growing and flowing, both every day and during emergencies.

Today, **Liberia**—which has reached 17,000+ health workers with alerts about everything from Lassa fever to neonatal tetanus—is using mHero for COVID-19 surveillance.

In **francophone West Africa**, our [Civil Society for Family Planning coalition](#) is tapping into its networks of civil society organizations, youth, and religious leaders to disseminate information in nine countries. Now these leaders are spreading crucial coronavirus-related messages—including a toll-free COVID-19 hotline number, information on personal protection and hygiene, and education materials on family planning—to their followers through social media.

In **Kenya**, IntraHealth is adapting eLearning tools and materials to train health workers—including 1,000 new health workers being recruited by the Ministry of Health to respond to COVID-19—on infection prevention, case management, mental health and psychosocial support, and much more. We're also deploying mHero with the Ministry of Health to allow officials to instantly send critical information to health workers' mobile phones, no matter where they're stationed.

4. Emergency preparedness and surveillance

From national ministries of health to individual health facilities, we partner with local health officials and health workers to prepare for emergencies.

In **South Sudan**, our team is [collaborating with the US Centers for Disease Control and Prevention](#) to look at the epidemic curves in affected countries, mortality trends, and the population pyramid of South Sudan to provide the government with scenario models and recommendations as it prepares for COVID-19 to strike its population.

In **Senegal**, our [Neema](#) project is [collaborating with other USAID-funded projects](#) to combat COVID-19 by sharing interventions, developing a joint response workplan, and establishing working groups on areas of cooperative interventions. We're intensifying infection prevention and control and COVID-19 case management at the regional, district, and facility levels; increasing surveillance

and rapid response using existing technology; improving risk communication and community engagement; and ensuring that HIV prevention, care, and treatment services continue among key populations at four PEPFAR sites.

In **Mali and Kenya**, we're helping forecast future health workforce needs by [adapting WHO tools](#) to help increase the number of beds allocated to COVID-19, reconsider cadres of health workers treating COVID-19 in advance of a surge in hospitalizations for moderate cases, and train teams in each region on the tools as the main means of workforce allocation for COVID-19 response.

5. Continuity of essential services

In **Tanzania**, our [Tohara Plus](#) project has shifted from conducting outreach services and campaigns—which attract large crowds—to making HIV-prevention services for voluntary medical male circumcision available at specific static sites. We train home-based care volunteers to identify clients in the community and help book their appointments at nearby facilities, where bookings are spaced out to avoid congestion. When we first made this shift, we were providing services to around 580 men a week at 30 health facilities. Now we're averaging 1,614 men every week at those 30 sites.

In **Central America**, frontline health workers are using IntraHealth's [mobile phone-based alerTAR system](#) to let HIV clients know when, where, and how they can keep getting their antiretroviral medicines, now that public transit and many outpatient services in the region have closed. And we coordinate with central and local-level health authorities to implement differentiated models of antiretroviral delivery, adapting the services not only to reduce contact and exposure both for HIV clients and health providers, but to assure continued access to medication.

In **francophone West Africa** [the Challenge Initiative](#)'s IntraHealth-led Francophone West Africa Hub is providing personal protective equipment (PPE) to project-supported facilities and health workers and adapting high-impact interventions to ensure women and girls continue to receive essential family planning services.

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