



# 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
- Building stronger **supply chains** to keep essential medicines & personal protective equipment in stock
- Ensuring **occupational health and safety** to keep frontline health workers safe & on the job

**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**, we trained 450 health workers—including hotline center staff and rapid response teams—on how to report and respond to suspected Ebola cases, COVID-19 infections, and other pandemic threats.

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

We worked with **Cameroon's** nascent OneHealth Team to incorporate biosafety procedures into health workers' preservice education to keep them safe from transmissible illnesses.

During the 2014 Ebola outbreak in **West Africa**, we [used SMS, training webinars, and virtual courses](#) to get lifesaving, up-to-date information to health workers in the most affected areas.

### 2. Stronger policies & investments in the health workforce

As the leader of the secretariat of the **Frontline Health Workers Coalition**, we advocate for more strategic investments to meet the needs of frontline health workers so they can work at the top of their abilities to keep their communities safe. This includes evidenced-based policy analysis

and [elevating frontline health workers' voices](#) to reach policymakers' ears.

Our advocacy has helped lead to: a major focus on the frontline health workforce in the 2019 White House Global Health Security Strategy, a stronger Workforce Action Package in the multilateral Global Health Security Agenda, bipartisan resolutions on the frontline health workforce, and increases in congressional appropriations for global health security.

### 3. Real-time emergency communications & digital health tools

We develop open source, interoperable, data-driven digital health solutions that help keep strategic information growing and flowing, both every day and during emergencies.

During the 2014 Ebola outbreak in **West Africa**, we and our partners developed the [mHero](#) platform. It connects ministries of health with frontline health workers in even the remotest regions, allowing for real-time information exchange using SMS and a more effective outbreak response.

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 about COVID-19 in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo. 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.

And 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 therapies now that public transit and outpatient services in the region have halted due to the COVID-19 pandemic.

### 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 COVID-19 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 responds to the spread of the virus.

In **Senegal**, our [Neema](#) project is collaborating with other USAID-funded projects across health and governance to combat COVID-19 in the country by sharing interventions, developing a joint response workplan, and establishing working groups on areas of cooperative interventions.

In **Mali**, we're helping the country prepare through a well-coordinated One Health multisectoral approach. Already our team is reinforcing frontline health workers with new standard operating procedures, updated guidelines, and tools adapted specifically for COVID-19.

### 5. Stronger supply chains

During emergencies, shortages of medicines and health supplies can be disastrous. That's why we provide technical assistance, tools, and training to strengthen the supply chain workforce in 20+ countries in **sub-Saharan Africa** and **Asia**.

Since 2013, we've worked with the Ministry of Health and Social Action and the National Supply Pharmacy in **Senegal** to [make essential health products more widely available](#) at health facilities. Our Yeksi Naa distribution model reduced contraceptive stockouts to an average of 2% of all health facilities nationwide, improving access to family planning for an estimated 3.2 million women.

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