

COVID-19 IMPACT REPORT

On the ground since 1957, Amref Health Africa has made countless inroads and progress in sub-Saharan Africa – saving lives and building health systems. COVID-19 stood to upend much of that work.

We are approaching one year of responding to this global pandemic. As countries all over the globe are cycling between locking down and reopening, we continue to experience new waves of COVID-19 infections in Africa. There are growing concerns about variants of the virus with greater transmissibility, which are thought to be a factor in many of the continent's more recent outbreaks.

In Africa, the pandemic is complicated by the virus' interaction with already prevalent medical conditions. This includes malnutrition, and infectious diseases such as malaria and HIV which can only be managed with daily use of medication from a health facility.

With countries in lockdown, fewer people are going to health facilities, which means even fewer people are getting the essential care they need. This is all made worse by the lack of strong health systems and specialized equipment, such as intensive care units, and hospital beds especially outside of large cities. Overcrowding in informal urban settlements and displaced refugee camps, and the lack of access to clean water and sanitation also create ideal environments for COVID-19 to spread dangerously.

Thanks to the support of our donors, Amref was able to mobilize quickly and meet COVID-19 head on, even before the first case was reported on the continent.

In the following report, you will read how we focused our response on the following four pillars to make the most impact: training health workers; increasing access to water and sanitation; strengthening and expanding laboratory testing; and mitigating the secondary factors caused by COVID-19 including maternal health and sexual and gender-based violence. We are also looking ahead to the continent's emerging needs, particularly rolling-out COVID-19 vaccines and readying communities for immunization.



TRAINING COMMUNITY HEALTH WORKERS

Countries: Ethiopia, Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda, Zambia

Misinformation and myths about COVID-19 have contributed to the rapid spread of the virus across parts of Africa. Community Health Workers (CHWs) are at the heart of our COVID-19 response because they are the key to reaching even the most remote communities with health education. Like other frontline health workers such as nurses and doctors, they must be trained, supported, and protected.

To stop the spread of COVID-19, we are training CHWs to ensure that communities are informed and understand the risks they face with this virus. We train them to provide practical advice to their communities on how to protect themselves and their loved ones. We do this by using LEAP – our innovative mobile phone training platform which functions on a basic phone and does not rely on internet connectivity so CHWs can learn whenever and wherever they are.

As of November 2020, we have trained 109,683 CHWs using LEAP across eight countries. In Ethiopia, the government has adopted LEAP as its go-to training platform for CHWs, and has mandated every aid organization, including UNICEF, utilize it.

We believe that community involvement and education are crucial to stopping the rapid spread of the virus which is why CHWs are at the center of our response.

Alongside CHWs, we continue to train health workers at all levels on prevention, treatment, and case management of COVID-19. This includes nurses, clinical workers, midwives, and laboratory workers. We have so far trained 22,391 health workers on COVID-19.

We are also ensuring that every health worker has an adequate supply of Personal Protective Equipment (PPE) - thanks to our donors, and especially The Rockefeller Foundation for a \$1 million grant for PPE distribution. A grant from the Internet Society Foundation has allowed us to develop an online mental health course soon to be available to all health workers across the continent, which will help learners better understand psychosocial support resources for themselves and the communities they serve.



Margaret, a CHW we trained, demonstrates hand washing in Kibera, the largest informal settlement in Africa where social distancing can be a challenge.

WATER AND SANITATION

ANDERSON

Countries: Tanzania, Senegal, Ethiopia, Kenya

Clean water and proper sanitation are essential for good health - especially in the effort to stop the spread of COVID-19. Many communities throughout Africa, however, still do not have continuous access to clean water and sanitation (WASH).

To prevent the spread of this virus, we are building infrastructure to increase sustainable access to WASH. Additionally, we are supplying handwashing stations, soap, and hand sanitizers to low-resource areas such as informal settlements and refugee camps, and in high-traffic areas including schools, public transport terminals, border crossings, police stations, and health facilities.

CHWs ensure that proper sanitation practices, such as handwashing and the use of face masks, are followed, by providing education to their communities through socially distanced meetings and through household visits.

In May 2020 alone, we distributed over 400,000 bottles of alcohol-based sanitizer in two urban informal settlements in Nairobi, Kenya, in partnership with East African Breweries. These two settlements have a total population of 702,000 and lack adequate water to sustain proper handwashing.

So far, we have reached over 9 million people with increased access to water and sanitation.

These efforts have ensured the most vulnerable have access to clean water, sanitation, and proper hygiene and will help eliminate inequalities that are especially critical right now. Prevention will remain the best cure for COVID-19.



TESTING AND LAB STRENGTHENING

ANDERSON

Countries: Ethiopia, Kenya

Accurate and readily available COVID-19 testing is crucial for preventing the spread of the virus. Using our existing networks built from years of improving laboratory infrastructure and training lab workers, We have moved quickly to deliver testing for COVID-19. We have distributed essential testing equipment and continued to improve infrastructure at labs in both Kenya and Ethiopia to increase their testing capacity.

We are training lab workers using our digital learning platforms that allow them to learn wherever they are, giving them the opportunity to build their skills in proper implementation of lab protocols, quality control, and detection and reporting of COVID-19 cases.

The gold-standard for COVID-19 testing is Polymerase Chain Reaction (PCR) tests. PCR tests are not easily accessible because they require specific lab equipment, personal protective equipment for staff, and Laboratory Technologists trained in biomolecular techniques.

Thanks to our supporters, we successfully outfitted the Amref Central Laboratory and five other laboratories in Kenya to conduct PCR tests and trained the health workers at each lab to properly carry out the tests. In August 2020, Amref received a grant from the American Tower Foundation to conduct a survey for COVID-19 antibodies in selected populations in Kenya. Studies of virus exposure would assist the authorities and the general public to better understand the extent of the COVID-19 outbreak in the country.

In May 2020, the Amref Flying Doctors used light aircraft to fly 33 blood samples from patients suspected of having COVID-19 in Mandera County all the way to Nairobi for testing, cutting the two-day drive down to two hours. By the next day, the samples were tested, with four coming back positive, enabling us to immediately follow up with treatment and contact tracing.



MITIGATING SECONDARY IMPACTS

Countries: Ethiopia, Kenya, Malawi, South Africa, South Sudan, Tanzania, Zambia

In Africa, the secondary impact of COVID-19 are significant. The virus' effect on maternal and child mortality, malnutrition, sexual and reproductive health, gender and sexual based violence, and infectious diseases is so widespread, it is difficult to quantify.

COVID-19 disrupted many of our programs that already address these issues. We had to quickly adapt to ensure ongoing critical activities could continue during full or partial lockdown. Here are just a few examples of how we are doing that:

Immunization Rates: Due to lockdown, misinformation, and donors re-distributing funds, child immunization rates have fallen drastically during this pandemic. Missed immunizations creates the potential for a dramatic increase in child deaths. To deal with this, we have doubled-down on our efforts to reach even the most remote communities with education and vaccination services, and ensured that our health workers have

adequate PPE - protecting them, and creating a trusting environment for parents.

Maternal mortality: Due to lockdown restrictions such as curfew and mandatory transport documents, we found that many expectant mothers are not able to get to hospitals to give birth, creating complications and needless deaths. In response, we created the "Wheels for Life" program in Kenya - a service for any pregnant woman and her partner which offers free transport to and from a health facility so mother and baby can access the life-saving care they need.

Gender-based violence (GBV): Lock-downs and school closures have led to increased cases of GBV that includes female genital mutilaion (FGM) and child marriage. Amref is committed to ending these practices by partnering directly with community leaders, and ensuring that communities have access to domestic violence services and resources during lockdowns.





We believe COVID-19 will not be over any time soon, and as described on the previous page, the virus will undoubtedly have long-term effects that will be felt far into the future. Regardless, we will not stop until the threat is eradicated.

Vaccine Roll-out



Africa is being left behind in the global race to vaccinate, with countries working to secure doses and organize for an effective roll-out - all while grappling with a new virus variant that has emerged from South Africa, and new surges in infections. However, as WHO Director-General Tedros Adhanom Ghebrevses has said: "Until we end the COVID-19 pandemic everywhere, we won't end it anywhere."

Amref is preparing to provide critical assistance to African governments, leveraging our extensive experience in community engagement, health education, health worker training, immunization campaigns, supply chain strengthening, and more.

Here are some of the ways Amref can support COVID-19 vaccination in Africa

- Supporting procurement of vaccines and necessary supplies, and setting up vaccination centers where needed
- Conducting research to understand vaccine hesitancy among key populations and inform new interventions
- Working with Ministries of Health to train doctors and nurses to administer COVID-19 vaccination services
- Training community health workers to provide essential information about the vaccine and mobilize communities to get vaccinated
- Leveraging existing programs and models to integrate COVID-19 vaccination services
- Engaging youth as key influencers in their families to get vaccinated
- Advocating for equitable access to the vaccine and for vaccine financing policies at national, regional, and global levels

As unprecedented as this pandemic is, it has shown the continent's resilience and ability to tap into home-grown innovation to create a better future for all. Many African governments have taken quick and decisive leadership in managing this deadly pandemic with organizations such as Amref playing a supportive role. This could very well set the pace for greater government ownership of future emergencies and humanitarian crises within their borders.

OUR PARTNERS

Our COVID-19 response is made possible through collaboration with a wide range of donors and partners.

Notably, Amref is working hand-in-hand with the Africa Centers for Disease Control (Africa CDC), an agency of the African Union that supports the public health initiatives of member states and strengthens the capacity of their health institutions to deal with disease threats. Dr. Githinii Gitahi, our Global Chief Executive Officer, sits on the Africa CDC governing board, and has a seat on the Africa Union Task Force for Coronavirus. Together, we are rolling out a robust contact tracing system across all member states, and plan to continue training CHWs across eight countries. We also sit on national, regional, and district-level COVID-19 taskforces led by governments across the continent and have strong, long-held relationships with Ministries of Health, so we are always working towards local goals and responding to the most urgent needs.

Amref has also taken this opportunity to engage private sector and non-traditional partners, such as: the African banking sector, to conduct training to promote COVID-19 safety in banks during the pandemic; multi-national corporations like Coca Cola and Unilever, to enhance hygiene, sanitation, and risk communication; and an East Africa cross-border trade organization, to support COVID-19 containment along trade routes in Africa.

Our convening capabilities have also been significant. Amref has co-founded a regional partnership platform in Kenya, Tanzania, and Uganda - the National Business Compact on COVID-19 - with over 30 partners across different sectors including soap manufacturing, communications, retail, digital advertising, NGOs, and funding organizations.

Finally, our efforts would not be possible without the contributions of foundations and individual donors, who have shown incredible loyalty and generosity during this time.

Our partners include:

Africa CDC

American Tower Foundation
Agence Française de Développement
Bill & Melinda Gates Foundation
Government of Canada through Global
Affairs Canada

CDC

Coca-Cola Conrad N. Hilton Foundation Dutch Development Agency

European Union
German Federal Ministry of Economic
Cooperation and Development
GlaxoSmithKline

Global Fund to Fight Aids Tuberculosis and Malaria

Internet Society Foundation
MasterCard Foundation
Pfizer Foundation
Rockefeller Foundation

UK Department for International Development

UNICEF

Unilever USAID

