



Amref Health Africa COVID-19 Response

January 2020 to June 2021

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EXECUTIVE SUMMARY

COVID-19 was declared a global pandemic by the [WHO](#) in March 2020. At the same time, many African countries started to report their first COVID-19 cases, and by end of August 2021, there were 215 million confirmed COVID-19 cases and close to 4.5 million deaths globally. Africa has recorded at least 6 million confirmed cases and 140,000 deaths so far. These numbers do not tell the full story of COVID-19's disruption of health services delivery, economic growth prospects and general livelihood. According to the [Economic Commission for Africa](#), between five million and 29 million people in Africa are predicted to be pushed into extreme poverty due to the impact of COVID-19. If the impact of the pandemic is not limited by 2021, an additional 59 million people could suffer the same fate.

Guided by three principal objectives, Amref's response focused on **preventing transmission, preventing death, and preventing social harm**. Under these pillars, Amref's approach has been rooted firmly in community engagement and awareness-raising, delivered through an extensive network of Community Health Workers (CHWs). In addition, long-established, robust relationships have enabled Amref to advise on policy and strategic directions at the global, regional and national levels. Amref has addressed both the immediate and the longer term impacts of COVID-19, considering the potential long-term effects on other structural health system concerns, as well as the wider social and psychological impacts, stifled youth opportunities, and increased rates of gender-based violence (GBV).

Amref's COVID-19 response started in mid-March 2020, four days after the first case was detected in Kenya and on the same day as Tanzania's first case. The response in 10 East, Southern and Western Africa countries has delivered significant results. Almost 30 COVID-19 specific projects have been rolled out in communities and reprogramming has enabled another 45 ongoing projects to incorporate COVID-19 into their routine implementation plans. 10 million young people have been reached with demand creation messages. 5.4 million people¹ in Africa have been reached with infection prevention and control measures and 250,000 health workers have been trained in COVID-19 response interventions across the continent.

Digital technology has enabled Amref to reach beneficiaries on a significant scale across multiple locations. Carrying out many multi-media, and Behaviour Change Communication (BCC) campaigns, Amref has reached more than 15 million people, including young people. Critical interventions such as the development of communications in sign language and braille, and support to ensure good mental health, have helped to ensure that no one has been left behind. Amref contributed to strengthening the overall resilience of health systems through laboratory testing and diagnostic systems, and has continued to deliver essential health services to women and children through ongoing programmes. Amref's involvement in the response included medical evacuations during emergencies. **Amref Flying Doctors** has provided critical medical transfers for more than 400 patients to Nairobi, including those from as far away as Afghanistan, Senegal and Yemen.

¹Figures from both 2020 and 2021 with possible overlap

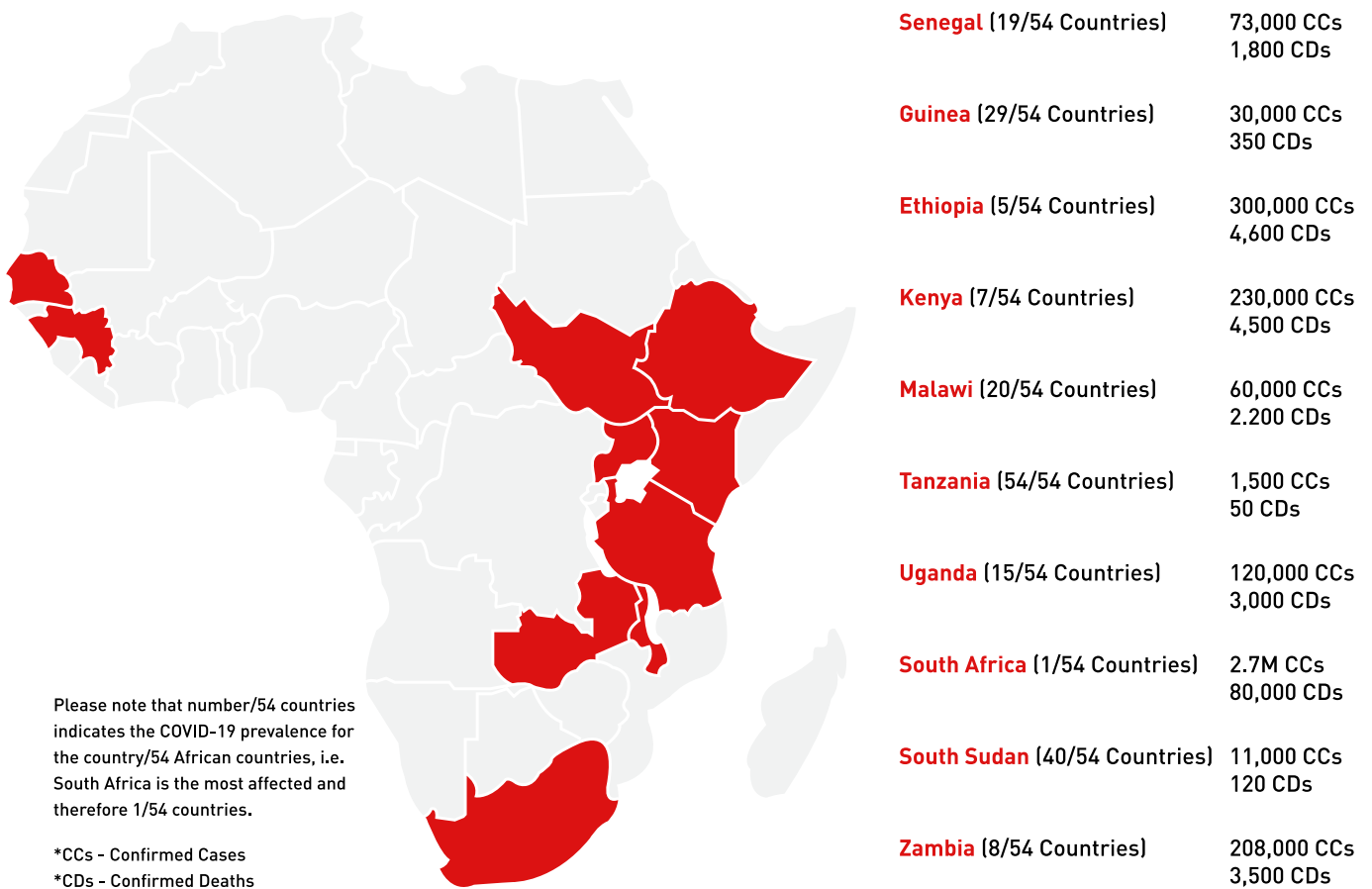
Throughout the pandemic, Amref conducted extensive research and analysis on the changing dynamics of the disease in communities, including recent developments such as vaccine hesitancy in Kenya. Building on this experience and knowledge, Amref was recognised as a thought leader and added its voice to meaningful advocacy – whether on global media outlets such as CNN or in advocating internationally for vaccine equity and increased vaccine supply.

All of Amref’s COVID-19 responses and results would not of course have been possible without the support of many highly-valued partners and collaborators, as well as the tireless efforts and determination of Amref’s staff around the world who helped enhance capacities in the response and continue to provide essential support millions of people across Africa.

COVID-19 IN AFRICA

Countries have experienced different levels of devastation from COVID-19, as illustrated in *figure 1*. South Africa has experienced almost 2.7 million confirmed cases, accounting for more than 30% of all confirmed cases on the continent, and more than three times as many cases as Morocco which has the second highest number of cases in Africa (*more than 800,000 by the end of August 2021*). The same variance in prevalence can be seen in countries where Amref has presence. Larger numbers of COVID-19 cases have been confirmed in **Ethiopia, Kenya** and **Zambia** than countries such as **Malawi, South Sudan**, and **Tanzania**. However, these data only show the tip of the iceberg.

Figure 1. The prevalence and impact of COVID-19 in Amref's countries of operation



The total number of cases and deaths caused by the pandemic are widely taken to far higher than reported. In most countries, underreporting is common as surveillance and information systems have failed to accurately and systematically collect and report COVID-19 data. Official statistics in many African countries exclude those who did not test positive for coronavirus before dying, which can be a substantial majority in countries with little capacity for testing. In addition, health facilities may not process death certificates for several days, or even weeks, which creates data lags.

Alternatively, “excess deaths” (*i.e. comparing the number of people who die from any cause in a country and period with a historical baseline from recent years*) can provide more insights into the real impact of COVID-19, although in most African countries such calculations are not widely available. However, in South Africa where data is available, the impact of COVID-19 becomes more apparent by looking at excess deaths. In mid-January 2021, for example, almost 7 deaths per 100,000 were officially attributed to COVID-19 on a given, but almost 27 excess deaths occurred on the same day.

In addition, across the continent, COVID-19 has placed significant and consistent burdens on regional, national and sub-national health systems, many of which were already fragile. This was especially the case as health facilities experienced far higher case-loads, and limited resources and health workers were diverted to fight the pandemic. Essential and routine health services were disrupted – showing a sharp declines between January and September 2020, compared to the previous two years.²

Countries were significantly impacted with greater unemployment, increased poverty, and increased risk to vulnerable groups.³ Women in general bore the brunt of the pandemic with the loss of livelihoods, violence, economic dependence and unsafe environments.⁴ Gender Based Violence (GBV) escalated, and was termed as a “*shadow pandemic*”, as a result of women being quarantined at home with their abusers.⁵ According to the [Economic Commission for Africa](#), between five million and 29 million people in Africa are predicted to be pushed into extreme poverty due to the impact of COVID-19. If the impact of the pandemic is not limited by 2021, an additional 59 million people could suffer the same fate, which would bring the total number of extremely poor Africans to 514 million people. COVID-19’s impacts in Africa are expected to slow economic growth across the continent, including those with strong economic trajectories. Ethiopia’s GDP growth, for example, which was previously forecasted to be 7.2% in 2020 was later re-forecasted to be more than halved to 3.2%. Across the continent, the GDP rate is expected to be less than zero against an earlier forecast of almost 4%.¹

¹Figures from both 2020 and 2021 with possible overlap

²COVID-19 hits lifesaving health services in Africa, 5 November 2020, WHO, <https://www.afro.who.int/news/covid-19-hits-life-saving-health-services-africa>

³COVID-19 Programme in Amref Health Africa (6-month report), Corporate COVID response team, 27 August 2020.

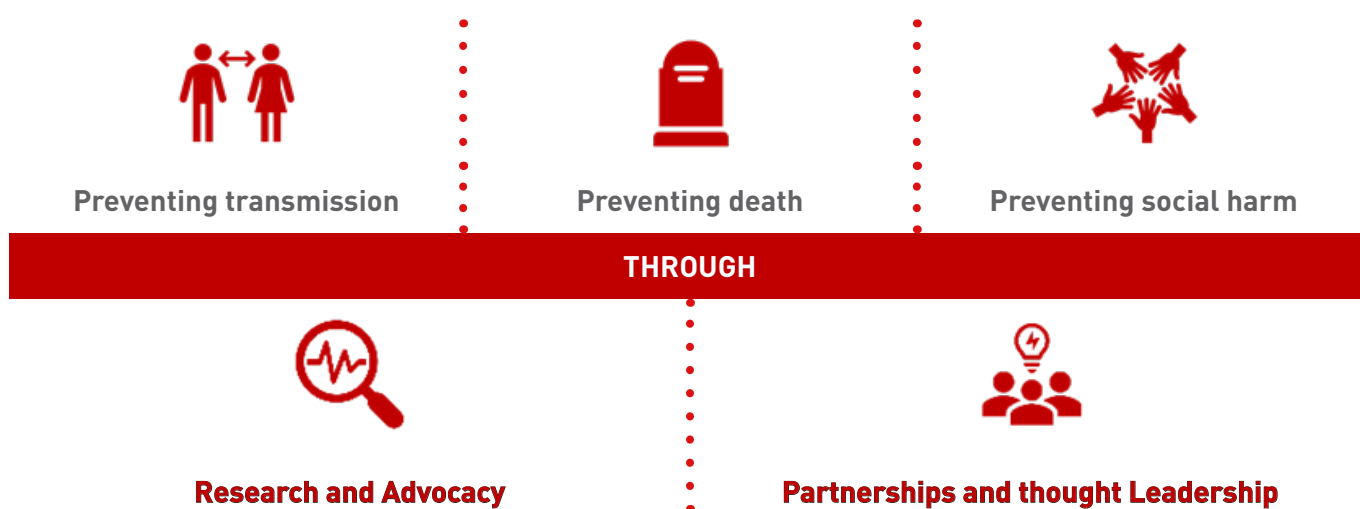
⁴Fighting Gender Based Violence and recovering Financially in Kenya by COVID-19 preventing Soap, UNFPA, 1 April 2021 <https://esaro.unfpa.org/en/news/fighting-gender-based-violence-and-recovering-financially-kenya-making-covid-19-preventing-soap>

⁵We must flatten the curve of this shadow pandemic, UN-Africa Renewal, 25 November 2020, <https://www.un.org/africarenewal/magazine/november-december-2020/gender-based-violence-we-must-flatten-curve-shadow-pandemic>

AMREF'S COVID-19 RESPONSE

Amref's COVID-19 response started in mid-March 2020, four days after the first case was detected in Kenya and on the same day as Tanzania's first case. Amref has been responding to the virus in 10 countries: **Kenya, Tanzania, Uganda, Rwanda, Ethiopia, Zambia, Malawi, South Africa, Senegal and Guinea**. As shown in *figure 2*, guided by three principal objectives, Amref's response has been full aligned with [Africa Center for Disease Control's \(Africa CDC\)](#) strategy and focused on preventing transmission, preventing death, and preventing social harm, and these pillars were underpinned by two cross-cutting approaches of research and advocacy and partnerships and thought leadership.

Figure 2. Amref's COVID-19 response framework



Box 1. COVID-19 Response within Amref

- **Internal protocols and policies.** As the pandemic hit, Amref focused immediately on its staff and creating a new environment to continue work. The work from home initiative was implemented in March 2020, new protocols and protective supplies, access to office furniture and equipment, and allowances for home connectivity were provided for staff to ensure their safety at all times.
- **Financial impact.** The threat of the pandemic on the sustainability of the organisation required concerted effort to stem the financial impact. Proactive leave management across staff and temporary salary reduction ranging from 5-25% depending on staff levels helped mitigate mass job losses. The salaries which were reduced from the month of April 2020, were however restored to normalcy again from August 2020 - two months earlier than expected.
- **Mental health.** Mental wellness became a key issue to be addressed with staff undergoing various levels of stress and fatigue as a result of a significant change in the working environment. Several webinars related to mental health were carried out with internal and external experts, as well as toll free counselling services, staff and performance management in remote working and culture initiatives including psychological safety.

Preventing Transmission



Health worker trainings. Amref provided comprehensive trainings to health workers across Africa, using virtual, digital and face-to-face technologies, and in total trained more than 250,000 health workers, which includes over 125,000 community health workers, as shown in *figure 4* Trainings were deployed at scale through Amref's tried and tested digital technology platforms *Jibu*, *eCampus* and *Leap* to deliver CHW training on topics such as behaviour change and communication (BCC), home based and isolation care, risk/stigma management, referrals, service continuity, contact tracing and mental health. To increase reach, Amref partnered with African MoHs, multiple development partners and [Africa Centres for Disease Control](#), across **Ethiopia, Zambia, Uganda, Kenya** and **Malawi** to deploy CHW health training. In April 2020, the Ethiopian MoH chose Amref as the sole provider of COVID-19 training through the *Leap* platform. The CHW mobile training programmes facilitated by Amref in Kenya reached approximately 80,000 CHWs. In **Uganda**, *Leap* reached participants from 29 out of 55 Amref supported districts, and in **Malawi** *Leap* trainings ensured almost 100% coverage of the six Amref supported districts. Amref's trainings have had a very positive impact on the skills and capacity of community and facility health workers. In 2021, two of [Amref Health Innovations](#) (AHI's) projects supporting frontline health workers through *Leap* saw a pass rate of 84%. In **Uganda**, 75% of the health workers who were trained on COVID-19 management and prevention confirmed that there was an improvement in their knowledge and skills, especially on recognising and preventing COVID-19. As shown in *figure 4*, studies and analysis indicate the increase in knowledge and ability among large proportions of those trained, who have gone on to provide essential COVID-19 support to communities across Africa. At [Amref International University](#), training of various cadres of health professionals continued virtually. The University did not close at any time due to the quick adaptation to virtual training.

Box 2. Amref's digital training platforms that have empowered thousands of health workers in the response against COVID-19

- **Leap** A mobile learning solution for training health care workers, including CHWs, *Leap* engages any health worker, wherever they are, and increases access to quality, timely and appropriate training by reaching learners on any device, basic or smart, using *Leap*'s SMS and audio technology. *Leap* provides multi-lingual instructions and learning content while supporting decisions at the community level through diagnostic trees and enabled learner support via Amref's helpdesk system., and allows learners to interact and share knowledge with their peers through group chat functions.
- **Jibu** A state-of-the art *mLearning* solution that is relevant and responsive to knowledge management needs of health workers across Africa. *Jibu* serves as a library of pedagogically sound, accredited content available to health workers, including operationalised continuing professional development for nurses.
- **eCampus** A 21st century, user-centred designed, digital learning platform which enables public access to a comprehensive range of online training courses.

Infection Prevention and Control (IPC)

Amref's IPC interventions were integrated into almost all ongoing water, sanitation and hygiene (WASH) programmes and have been key in curbing COVID-19 infections across Africa. Amref's COVID-19 IPC interventions reached approximately 3.9 million people in 2020 and so far 1.5 million in 2021.⁶



WASH interventions. In response to requests from several governments in East and Southern Africa, several Amref country programmes provided handwashing facilities at many public areas with IEC material supporting the appropriate use of such facilities. The interventions primarily included provision of handwashing facilities and materials, hygiene kits and the promotion of handwashing practices.

In **Malawi**, Amref provided WASH kits at health centres, vulnerable households and other public places that are regularly used by communities. To increase ownership, community committees were trained in COVID-19, the importance of hand washing stations, operating the facilities, waste-water management and methods of demonstration.



Behaviour Change Campaigns. The **Hygiene and Behaviour Change Coalition (HBCC)** project has been implemented at scale in **Kenya, Uganda and Tanzania** through Amref programmes, and with impact on knowledge and behaviour among young people – as shown in *Box 3*.

Box 3. HBCC project impact

A study conducted in two of the HBCC project implementation districts indicated an increase in access to hand washing facilities among households from 48% to 54.7%. Evidence of using handwashing facilities increased from 63% to 91.6%. In particular the knowledge levels on prevention of COVID-19 increased among the beneficiaries, with 83.3% indicating that avoiding crowded places was key as opposed to 13% at baseline. The knowledge on handwashing as a preventive measure increased from 29% at baseline to 84.4%.

⁶All centrally collected figures were obtained through country offices in 2020 and in 2021 through the centrally managed information system. For 2020 country offices were asked to provide data on records for beneficiaries of WASH interventions including hygiene awareness, infrastructure provision and other related activities. In 2021, the indicators in the system related to people benefiting from hygiene kits and equipment and those who benefit from WASH infrastructure. These indicators are estimated to cover the population reached over both COVID-19 and regular programmes. To avoid double counting in general those who benefit from handwashing facilities have been taken to estimate the reach for 2021 specifically for COVID-19 responses.

Amref and its partners in the [National Business Compact on COVID-19](#) in Kenya contributed to the development of the global multi-generational hygiene behaviour change campaign entitled [#handsfacespace](#). The campaign was designed to effectively reach different population segments including people with disabilities, youth, children, older persons and health care workers. The campaign was disseminated using innovative methods such as artificial influence to influence behaviour change. In **Uganda**, Amref conducted mass media behaviour change campaigns in relation to COVID-19 and all other water, sanitation and hygiene-related diseases. The programme worked closely with cultural leaders to conduct social marketing for WASH services within their communities geared towards creating behaviour change.

Figure 3. Summary of Amref's key responses and results against COVID-19

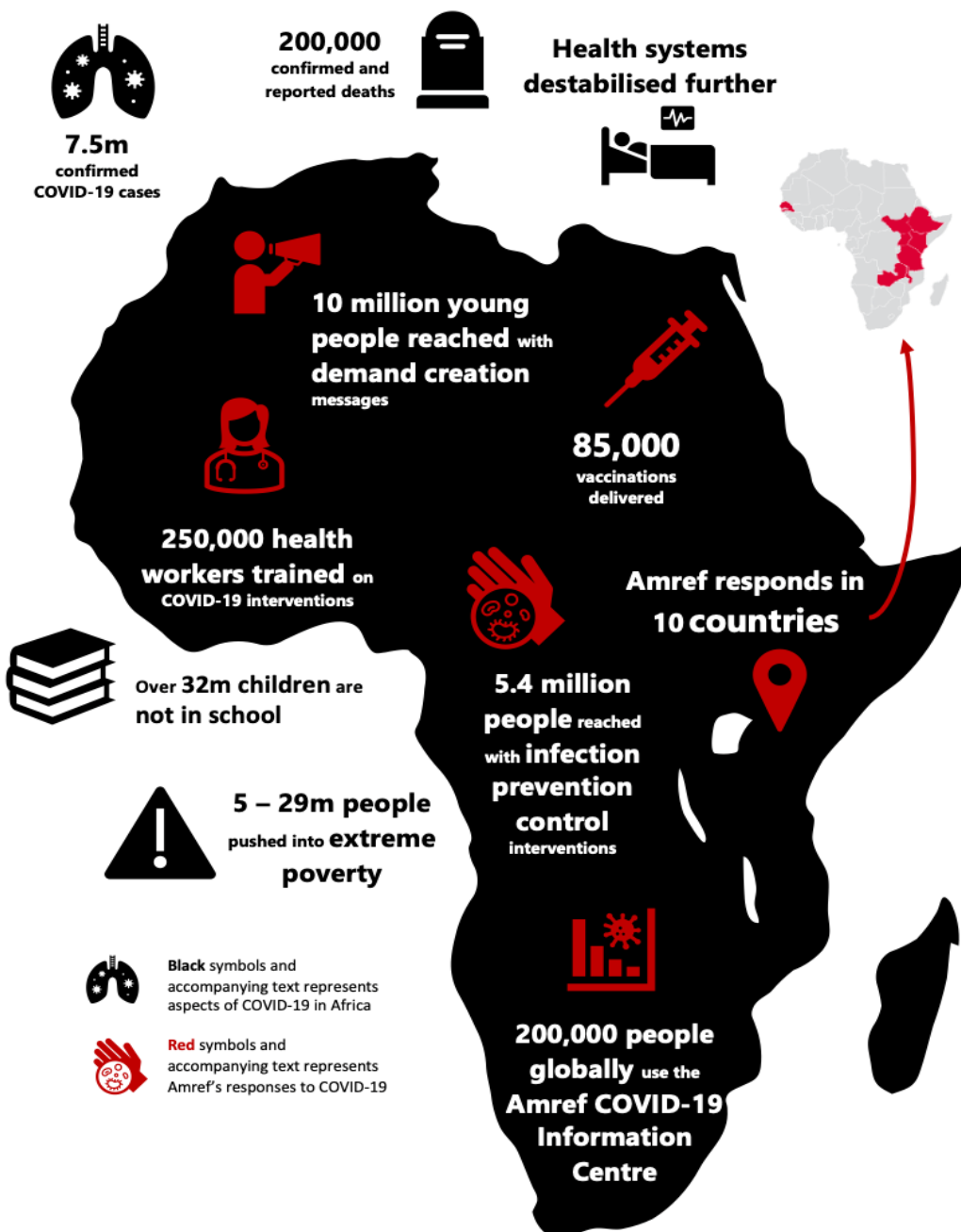
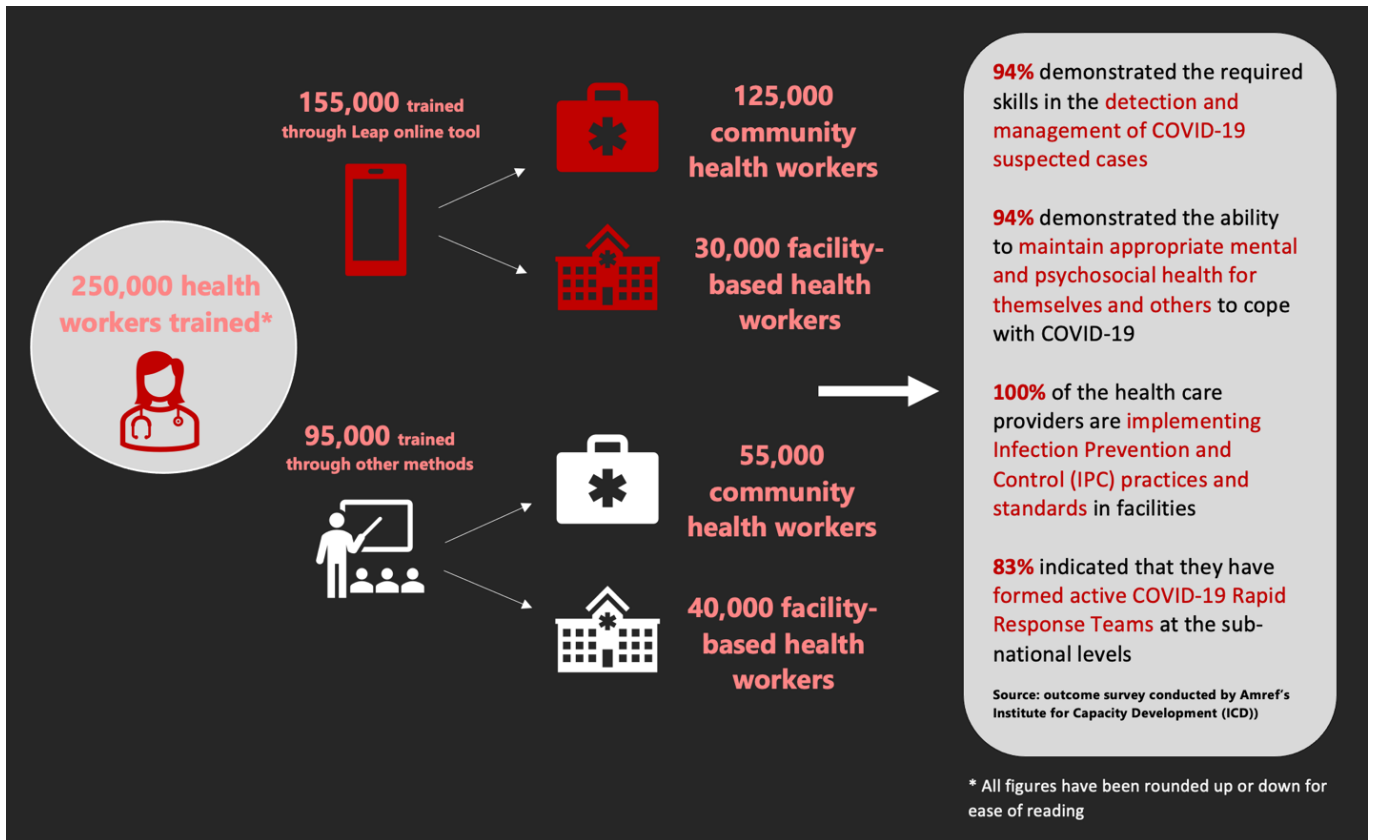


Figure 4. The reach and impact of Amref's health worker training to respond to COVID-19



Information for the prevention and control of COVID-19

The need for correct information and consistent messages delivered at the right time in the right language and cultural considerations – and through appropriate media - is a critical component of pandemic management. This dispels myths and misconceptions and empowers communities to differentiate facts from false claims and adopt appropriate behaviours to curb transmission.



COVID-19 Information Centre. One of the very first key initiatives Amref initiated early in the pandemic was the [Amref COVID-19 Africa Information Centre](#) which was created in March 2020. The Information Centre is accessible internally and externally, providing real-time dashboard of the spread and case counts, frequently asked questions, emergency hotlines, interventions, related webinars and conferences, as well as vaccine updates and other resources. Amref's role through the Information Centre and subsequent dissemination of evidence on COVID-19 has opened up new opportunities for visibility.⁷ By the middle of 2021, more than 200,000 people were regular users of the Information Centre and its pages viewed 500,000 times.



Strengthening capacity for responsible journalism. Aligned to the Information Centre were multiple social media campaigns and webinars for journalists to curb the spread of misinformation and disinformation regarding COVID-19. Multi-media journalists from across Africa were trained on ethical reporting and provided with access to Amref's pool of health experts to support accurate information dissemination at scale. Additionally, media sensitisation sessions were held on an ongoing basis to keep the media fraternity updated on the changing dynamics of the pandemic.



Risk Communication and Community Engagement (RCCE). All Amref programmes in 10 countries focussed on RCCE interventions to increase awareness on COVID-19 prevention and control measures for communities, as well as dispel rumours, myths and misconceptions. Multiple RCCE strategies were employed across Amref's programmes including working with its extensive network of CHWs, youth networks and opinion leaders through multiple communication channels such as radio, TV and social media. **Amref Uganda** used multiple Social Behavioural Change Communication (SBCC) methods to enhance the delivery of COVID-19 messages. In **Kenya**, Amref supported the National Emergency Operations Centre to develop the national call centre training curriculum. A total of 141 call centre staff were trained, and facilitated with airtime which enabled call centres in nine counties across the country to provide responsive and correct information and support to the general public.

In other countries, Amref programmes supported RCCE for hard to reach communities and vulnerable people. In **South Sudan**, "One Stop Centres" were set up and provided critical health information to 15,000 women, youth and farmer groups. In **Malawi**, Amref reached over one million persons living in isolated areas with COVID-19 related information.

⁷Amref Health Africa Mid Term Review of Corporate Strategy 2018-2022, iWords Global, 4 June 2021.



Reaching and empowering youth. Engaging youth was a key effort in Amref's pandemic response across Africa. Amref partnered with youth networks such as the Youth Empowerment and Development Network in Kenya to sensitise youth and community members from different socioeconomic backgrounds across the country on comprehensive Infection Prevention and Control (IPC) measures to curb COVID-19 transmission in communities. The [#YouthKomeshaCorona](#) (meaning "Youth Stop Corona!") campaign in Kenya reached over 10 million "netizens" (*i.e. young people actively involved in online communities*) on Twitter, Facebook and Instagram, and over 3 million youths were reached through local radio stations. In addition, a new partnership with the [African Digital Media Initiative](#) focused on engaging young graphic designers to develop creative, engaging content on COVID-19 related courses.



Inclusion of vulnerable groups. As well reaching communities at-scale through mass media, Amref also ensured that vulnerable groups were not left behind and that they had access to the correct information. In **Zambia**, Amref developed information, education and communication (IEC) materials which were printed in braille and disseminated widely to visually impaired people. In addition, 20 deaf peer educators were trained on COVID-19 who went on to reach deaf community members with COVID-19 messages.



Testing and diagnostics. During the period, Amref built on existing lab strengthening initiatives to 1) train lab technicians on COVID-19 PCR testing and Rapid Diagnostic Tests 2) support devolved governments to conduct tests following increased demand for testing services 3) strengthen lab management information systems and data management to improve result turnaround times and direct testing of clients following certification of the **Amref Central Laboratory** in Nairobi as a COVID-19 testing centre in May 2020, and provided free testing services to six county governments. In addition to providing free testing services, the laboratory provided access to on-the-job training to 10 laboratory technicians in biomolecular techniques. A total of 67 participants attended Training of Trainers (ToTs) workshops on how to conduct rapid diagnostic tests for the COVID-19 antigen, after which they supported the Kenya MoH to roll out two-week-long training courses in the country. This initiative contributed to the roll-out of COVID-19 testing across the country and, in total, more than 38,000 tests were carried out.

In **South Sudan**, Amref supported the national public health laboratory on data management under the COVID-19 national taskforce, and also supported surveillance efforts across the country by providing equipment, supporting alerts and responding to them including evacuating cases to the care centres, taking samples and coordinating delivery of the results. In **Kenya**, Amref helped the MoH to strengthen digital Laboratory Management Information Systems (LMIS) in select COVID-19 testing laboratories. Laboratory technicians were trained on LMIS, and which resulted in reduced turnaround time for results transmission from three days to 24 hours in some laboratories, and turned supported sites into one-stop-shop models for results retrieval, test tracking and segregation of tested samples.



Surveillance. The most effective way of preventing spread of infections during a disease outbreak is by breaking the transmission chain through an effective track, test and treat mechanism. Deployment of digital tools supports early detection of any events that could lead to COVID-19 transmission, and was used to trigger action from disease surveillance teams at sub-national levels. **Amref Kenya**, for example, worked closely with the National Disease Surveillance Unit to roll out the Events Based Surveillance (EBS) system in Nakuru County. The EBS system leveraged the *mDharura* mobile solution which aims at early detection of social gatherings such as burial ceremonies that may present a risk of transmission at the community level. Amref partnered with the **Ministry of Health (MoH)** through the **Disease Surveillance Unit, CDC, Kenya Medical Research Institute (KEMRI)**, and **Medic Mobile** to scale up EBS in Nakuru County. Over 3,000 CHVs were enrolled on the system to report any gatherings that present risk of COVID-19 with investigation by Rapid Response Teams triggered once such reports were reported on the system.

Amref Uganda strengthened its district capacities to respond to COVID-19 and operationalised surveillance and home-based care of COVID-19 patients. Amref Uganda's programmes also reached underserved refugee and host communities in the West Nile region and implemented targeted interventions along the northern transport corridor which was a hot spot for COVID-19 infections.

Box 4. Knowledge, attitudes, practices, and the effects of COVID-19 on health seeking behaviors among young people in Kenya, June 2020 (Publication: Research Gate)

In partnership with the Population Council, **Amref Youth Programme Y-ACT** launched an action research in April revealing that the pandemic was taking a heavy toll on the mental health of youth, with up to 30% living in stress and fear. Close to 50% of youth had experienced significant loss of jobs and income. Youth largely reporting to still have access to sexual and reproductive health services. A [policy brief](#) with the study findings, recommendations and innovative solutions by youth was developed and shared with the Ministry of Health in Kenya and partners to inform youth-centric COVID-19 prevention. Further, several webinars have also been held targeting policymakers, academia and programme implementers to shape youth-related policy and programmes, as well as resource allocation for COVID-19. The findings are further expected to be used for fundraising.



Protection of health workers from COVID-19 exposure. To protect health workers themselves from infection and to continue providing essential services, Amref supported the large scale provision of Personal Protective Equipment (PPE) to health workers across Africa. In total, over 75,000 health workers were provided with PPE in 2020 and over 37,000 in 2021. In **Zambia**, in partnership with the [COVID-19 Action Fund for Africa](#), MoH and the Zambia Medicines and Medical Supplies Agency, Amref distributed face masks to over 1,500 health facilities covering all 116 districts in all 10 provinces of the country. In partnership with [Trade Mark East Africa](#), Amref provided PPE at border zones in **Kenya, Zambia** and **Uganda** and **South Sudan** by training the staff on the correct use of protective kits.



Keeping borders safe. Across the region Amref supported numerous border point initiatives to reduce transmission and keep border guards safe. Amref supported the development of policy guidelines such as the Safe Trade Protocol, developed training curriculums, provided PPE and enhanced IPC through the establishment of handwashing stations at key border points. Border officials were trained on screening populations effectively, ensuring IPC and handling suspected cases. Training of key personnel in the regions airports, border posts and ports took place through GiZ funded programmes in the Civil Aviation Safety and Security Oversight Agency (CASSOA) and the East African Community respectively. AFD was contracted to develop and roll out the training courses. These were conducted in a series of 2-day workshops across the region. Over 600 personnel in these establishments were trained in Covid-19 preparedness and emergency response through a training-of-trainers approach. The training was intended to boost awareness as well as improve on prevention and response capability at these key installations in the region.

Preventing Death



Health worker training and support. Community- and facility health workers are critical in bridging the gap that exists between the formal health system and the community. Fully-trained and supported health workers have been paramount in Amref's response to COVID-19 across Africa.

Amref's capacity building efforts were holistic and included development of training curriculums and content aligned to regional and national policies to address the immediate needs in the response as well as spill over effects such as psychosocial support and mental health. It also included deployment of blended training programmes to different cadres of the health workforce such as the community health workforce, disease surveillance coordinators, lab technicians, health promotion officers, nurses, clinical officers and doctors involved in the response.



Oxygen. In **Kenya**, has been at the forefront of strengthening the country's oxygen ecosystem. To-date, Amref has supported almost 350 health facilities, regional and national hospitals with the supply of oxygen, hardware and equipment and oxygen kits nationwide across all 47 counties. The installation and construction of the medical oxygen infrastructure is ongoing and will provide life-saving support to communities across the country.



Vaccination efforts. As the third wave of COVID-19 took hold in Africa between March and July 2021, African countries started to receive vaccines under the [COVID-19 Vaccines Global Access](#) (COVAX) mechanism, the Africa Union's [African Vaccine Acquisition Trust](#) (AVAT) and bilateral agreements.⁸ The vaccination efforts begun in March 2021 with vaccines supplied through the [COVAX](#) mechanism, direct procurement of 55 AU Member States through the AVAT and country donations. By the beginning of September 2021, 144.5 million doses had been supplied across the continent and 111.3 million people have received at least one dose, covering only an average of 3% of the eligible population, and by far the lowest proportion across the world.

By comparison, almost one in two people in Europe are fully vaccinated against COVID-19, two out of five people in the US and one in four globally. In countries such as South Sudan for example, only 56,000 doses have been administered so far. In **Zambia**, only 250,000 people fully covered.

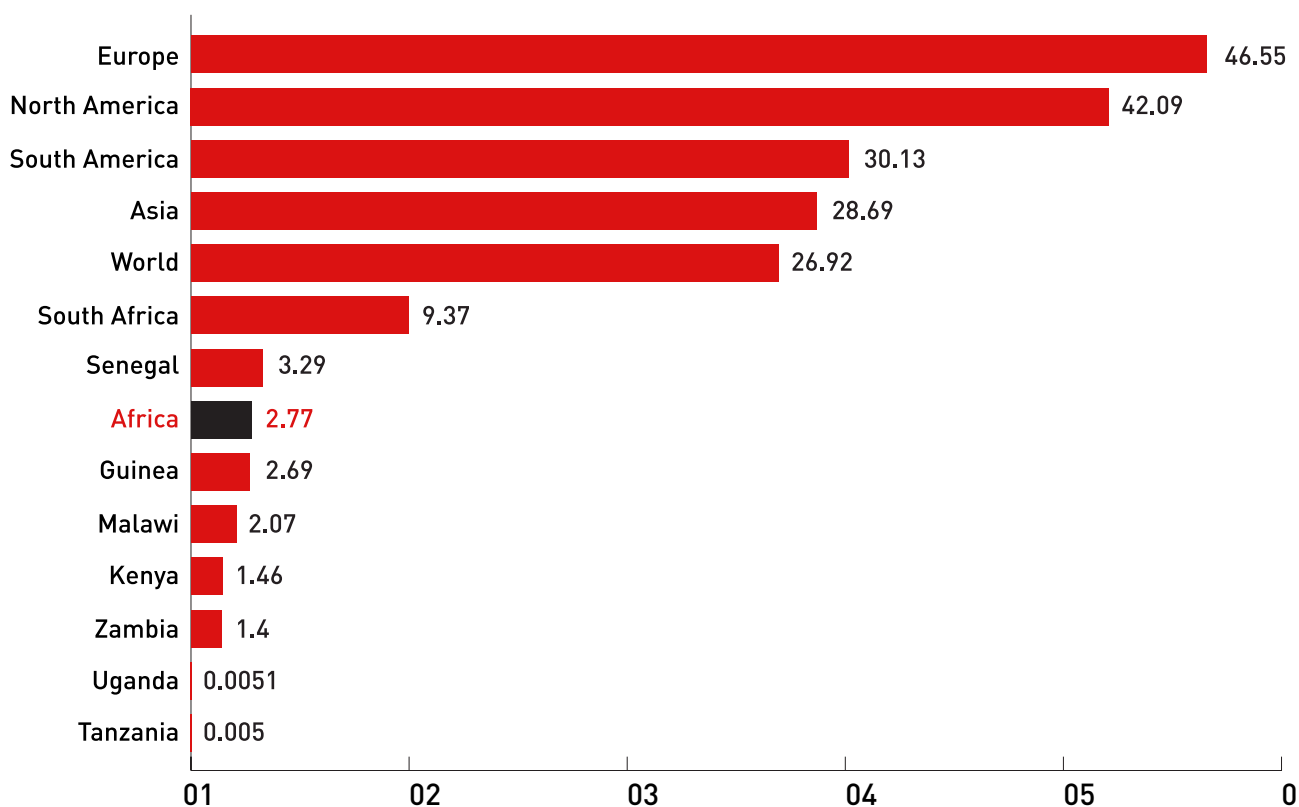
Amref worked closely with MoHs to strengthen in-country planning and coordination through its presence in COVID-19 vaccination task forces, and advocacy, communication and social mobilisation sub-committees.

⁸<https://africacdc.org/covid-19-vaccination/>

Amref supported the vaccine roll out in Kenya and South Sudan by strengthening the capacities of a number of vaccinators, almost 3,200 CHVs and opinion leaders, vaccine administration in almost 80 vaccination centres that led to 85,000 vaccinations delivered, working closely with numerous media outlets and an extensive network of CHVs to create demand for the COVID-19 vaccine. To further increase adoption of policies and practices on introduction and equitable access to COVID-19 Vaccines in Africa, Amref and the Coalition for Health Research and Development (CHReAD) implemented the following additional interventions:

- i. Support to the National Task Force in developing a training module for Community Health Workers/Volunteers on COVID-19 vaccination to enhance vaccine awareness among the health workers/volunteers, and provide them with appropriate knowledge and skills to support COVID-19 vaccination Programme among the communities in Kenya.
- ii. Hosting regular Covid-19 vaccine sensitisation sessions with media champions (*journalists and reporters*) – who in turn use the knowledge gained to promote vaccine awareness among their followers, and within their community of influence.
- iii. Training national champions to promote demand of, and access to Covid-19 vaccines across six East African countries (**Rwanda, Burundi, Kenya, Uganda, Tanzania, South Sudan**).

Figure 5. Percentage of populations fully vaccinated against COVID-19 (end of August, 2021).



To strengthen health resilience in the region, Amref has gone further to seek ways of supporting the establishment of a human vaccine production facility in Kenya. Kenya currently relies on [UNICEF](#) supplies, funded by the [Global Alliance for Vaccines & Immunisation](#) (GAVI), for the procurement of human vaccines. However, this situation is expected to change as Kenya is expected to reduce its reliance on GAVI vaccine procurement by 2027 – due to Kenya’s status as a Lower Middle Income Country. This, coupled with increased need to sustain the COVID-19 response efforts eventually calls for **Kenya** to be prepared to either procure or manufacture its own vaccines. To this end, Amref received a request from the Office of the Permanent Secretary for Health to provide technical support in the ongoing efforts to establish a human vaccine manufacturing facility. Discussions are underway to identify a strategic area of support to accelerate these efforts.

Increased awareness on vaccine hesitancy and dispelling myths is being planned and/or ongoing in all of the Amref implementation countries working in coordination with the respective MoH and other partners. Several programmes have integrated these components into existing awareness activities, local media and other outreach services. In **Zambia**, Amref’s work to reach people with disabilities has also focussed on addressing vaccine hesitancy in communities. Amref also issued its own [statement on vaccine equity](#) (*further details are provided in box 7*).

Box 5. COVID-19 knowledge, attitudes, practices & Vaccine hesitancy among communities in Kenya, June 2021.

Vaccine acceptance is at 67% for the general population and 71% for elderly members or those with underlying conditions. Those who were hesitant to get the vaccine do not trust the vaccine or worry about side effects. The findings will be used to inform risk communication and community engagement activities, strengthen continuous adherence to preventive measures and enhance risk communication for COVID-19 vaccine uptake.



Medical evacuations. Since the onset of the pandemic, [Amref Flying Doctors](#) (AFD) has remained at the front-line, providing leadership in the provision of medical evacuation services. AFD’s fleet of five aircrafts each have portable patient isolation units which provide safe medical transportation of patients with COVID-19. In total, 415 patient transfers have been carried out since the start of the outbreak. Patients have been transferred within East Africa, mainly to hospitals in Nairobi. Transfers included those to Nairobi from as far as Yemen, Afghanistan and Senegal.

Preventing Social Harm



Continuity of essential services. With the outbreak of the pandemic, access to health facilities became even more challenging for millions of people across Africa. In response, Amref worked with governments to advocate for the continuity of essential health services alongside implementation of COVID-19 preventive measures. At the intervention level a minimum package of implementation was designed to maintain continuity of service provision for beneficiaries while ensuring the safety of staff, so that work that was not directly affected by COVID-19 continued. These efforts saw a significant reach to communities and facilities in various countries in provision of reproductive health services and non-communicable disease services to ensure minimal disruption of services.

In **South Sudan**, “*One Stop Centres*” were set up as well as utilisation of women, youth, and farmer groups to improve access to health information and services resulting in increased access to SRHR services by the youth, and GBV survivors. In **West Africa**, Amref deployed a 10-month emergency response that focussed on a continuum of reproductive, maternal, new-born, and child health care services, and community-based surveillance. In **Kenya**, the [Wheels for Life Initiative](#) helped ensure mothers with medical emergencies are able to access hospitals and professional care during the pandemic through provision of ambulance services to ferry pregnant mothers to hospitals during emergencies. Over 34,000 mothers made calls, and 55% of those had underlying conditions such as hypertension and diabetes, emphasising the need for this essential intervention.



Mental health. The fear of contracting COVID-19, significant changes to daily lives due to the containment measures coupled with the new realities of working from home, loss of livelihoods, home-schooling of children and so on all escalated the need for mental and psychosocial support amongst health workers and community members. As a result, Amref has placed mental health for communities and health workers up front and centre in its response.

In collaboration with the global Partnership for Maternal, New-born and Child Health, a study was conducted on the experiences of women, children and adolescent in COVID-19 which advocated for increased attention to the mental health needs of women and adolescents who have been severely affected by the pandemic in 43 countries. In Kenya, research carried out with the **Population Council** revealed the impact of COVID-19 on many people’s mental health, and which have provided rich insights into community behaviour which are important for future support mechanisms. Continent-wide, Amref’s mental health training course for health workers in Africa has been accredited by several national professional associations and, to-date, more than 5,000 health care professionals have been trained.

To raise the voices of communities and the impact on mental health, Amref spoke at key conferences and events across the continent, including TED Talks. All health workers that have been trained by Amref have focussed on mental health and psychosocial support to communities and, with Amref support, national CHW training curriculums have been updated to include chapters on mental health. In addition, a **Diploma in Advanced Mental Health** was launched at [Amref International University](#) in 2020 to support the training of mental health professionals. In all countries' communication campaigns, mental health and psychosocial support has been provided to vulnerable communities through various channels, including call centres, social media and radio programmes and addressing the stigma towards mental health through advocacy and awareness raising.

Research and Advocacy

Amref has raised its regional advocacy to support and advance Africa's response to COVID-19, building on extensive – and growing – research initiatives, as summarised in box 6. Advocacy and policy briefs developed from these studies are used to inform advise to governments for the development on policies and guidelines on COVID-19.

Box 6. Amref's COVID-19 research

Since the start of the pandemic, Amref's has carried out many studies which have contributed to a wider understanding of COVID-19 in Africa. Research has focused on understanding knowledge and practices for youth and other segments of society in Africa's informal settlements; the effects of COVID-19 on the continuity of other health and nutrition services; health governance and COVID-19, and; CHWs and COVID-19 responses – among others. 17 have been completed and disseminated and 8 more are ongoing. Research findings are disseminated widely to inform communities, journalists and the media and to influence policy decisions across the continent on an effective COVID-19 response.

Since the start of the pandemic, Amref has been participating in policy development at various levels and is represented at Africa CDC and the Africa Union Task Force for Coronavirus. In each country, Amref staff sits in national, regional and district level COVID-19 Response committees. Through these committees, Amref has influenced policies on risk communication and community engagement including the need to recognise the crucial role of the CHWs as seen in Kenya with the Community Health Services Bill that is currently at the floor of the Senate. Such committees also enable Amref to present research findings and evidence from project implementation activities on COVID-19 topics, including the barriers to vaccine uptake.

Through the Advocacy Accelerator initiative, which is hosted by Amref, key Africa-wide advocacy research reports on the implications for health advocacy have been launched, in particular [The Impact of COVID-19 on Advocacy in Africa](#). This study uniquely focused on advocacy in Africa and complemented other similar global and regional reports developed at the same time, and calls for donors to respond to the shrinking space for civil society and shifts in the advocacy ecosystem as a result of COVID-19. To encourage meaningful youth participation in COVID-19 response efforts, Amref provided opportunities for young people to contribute to health policy decisions across Africa.

Amref's Centre of Excellence (COE) undertook a study⁹ documenting effects of the COVID-19 pandemic on Female Genital Mutilation/Cutting (FGM/C) and Child Early and Forced Marriage (CEFM) in **Kenya, Uganda** and **Senegal** establishing the fact that the pandemic has had far reaching effects on the effort to end these key issues.

⁹<https://amref.org/download/evidence-on-the-effects-of-covi-19-pandemic-on-female-genital-mutilation-cutting-and-child-early-and-forced-marriages-the-case-of-kenya-uganda-ethiopia-and-senegal/#gsc.tab=0>.

The COE participated as a panelist in the “CSOs, Media & Decision-makers Roundtable: Tracking progress made to end FGM in Kenya by 2022 Confirmation¹⁰”, organised by the Voices for Women and girls rights and Journalists for Human Rights, where Amref contributed to the discussions on impact of COVID-19 on FGM/C. Moreover, the COE co-hosted a side event under the Global Platform for Action to End FGM/C where discussions centered around the Impact of COVID 19 on survivors and their advocacy to end FGM/C.¹¹

¹⁰<https://youtu.be/eRpfyShj3us>

¹¹<https://amrefuk.org/what-we-do/latest-news/csw65-partnering-to-end-fgmc-commission-on-the-status-of-women-generation-equality/>

Partnerships and Thought Leadership

Amref's effective and impacting response to COVID-19 would not have been possible without the generous and unwavering support from multiple partners, donors, supporters and collaborators – from across Africa, Europe and the US – who rallied to Amref's global fundraising appeal. New partnerships were established and existing ones were strengthened across all Amref implementation countries – involving a range of donors, government bodies, private organisations, UN institutions, NGOs and community based organisations. Amref leveraged on its existing relationships and convening and intermediating capabilities which resulted in activating several partners in the public and private to respond to the pandemic.

Amref also effectively coordinated with the Europe and North American offices, quickly engaging in communication with technical and financial partners and donors to facilitate better understanding of the situation and refocusing of programming.

Amref engaged extensively in debates and media outlets at continental and global level, and is increasingly being requested to organise and lead dialogue fora in Africa and beyond, and to contribute to panel discussions and presentations in numerous conferences and events. Amref senior leaders have served as keynote speakers, rapporteurs and presenters on Africa's COVID-19 response in more than 30 high-level forums, including **UHC2030**, the **African Development Bank**, **Harvard Medical School – MIT Healthcare Innovation boot camp** in the US, the **Netherlands' parliament**, **Africa CDC**, **Global Health Council**, **Overseas Development Institute**, **The UN Secretary General's Independent Accountability Panel (IAP) for Every Woman Every Child IAP 2020 Report Launch** and the **Bill and Melinda Gates Foundation**.

Amref also utilised its capacity and experience in convening specifically showcasing its strength as a leading intermediary between the government and private sector and demonstrated its ability to be agile and responsive in the light of the pandemic. Amref convened the [Africa Dialogues](#) initiative in partnership with [Dalberg](#), a forum that spotlighted local insights, on-the-ground intelligence, and Africa-specific frameworks to leaders across the public, private, and social sectors access new perspectives and insights on the COVID-19 response.

In total, over 4,500 participants from 89 countries attended the webinar series¹², demonstrating extensive expertise from around the continent were considered by its participants as timely, relevant and Africa-centred leading to even better collaboration and success of the [Africa Health Agenda International Conference](#) held entirely virtually in March 2021.

¹²Amref Health Africa Mid Term Review of Corporate Strategy 2018-2022, iWords Global, 4 June 2021

Amref supported MoHs through regional coordination mechanisms such as the Africa CDC and WHO continue to lobby for increased global commitment to vaccine equity, expanding vaccine administration which includes cold chain capacities, addressing vaccine hesitancy and availing operational funding as needed¹³. Amref also issued its own [statement on vaccine equity](#)¹⁴ which has recently received global awareness on international media channels, including [CNN](#) broadcasts. As a partner to the WHO African Regional Office and [Africa CDC](#), Amref was enlisted in the emergency response taskforces in nine countries, contributing to shaping national strategies and responses on COVID-19.

Box 7. Amref Health Africa's vaccine equity asks

African governments and policy-makers

- Increase investments in research and support the creation of manufacturing hubs
- Improve efficiency of regulatory reviews and the approval of technologies and medical products
- Develop people-centred country prioritisation plans to ensure equity in vaccine access
- Support calls for temporary waiver of intellectual property rights on COVID-19 technologies

Vaccine manufacturers and pharmaceutical corporations

- Increase availability of vaccines to low- and middle-income countries at affordable costs
- Consider waivers or subsidies of intellectual property protections for COVID-19 technologies

Financing institutions (funding facilities, foundations, philanthropists)

- Ringfence financing for Africa's vaccine manufacturing
- Consider implementing holistic financing models

Development partners, non-governmental organisations/civil society

- Advocate for global vaccine solidarity by supporting policy reforms to promote vaccine equity
- Demystify myths and misconceptions fuelling vaccine hesitancy
- Support calls for temporary waiver of intellectual property rights on COVID-19 technologies

¹³Africa's COVID-19 surge tops second wave peak as vaccine deliveries pick up, WHO, 8 July 2021 <https://www.afro.who.int/news/africas-covid-19-surge-tops-second-wave-peak-vaccine-deliveries-pick>

¹⁴Vaccine Equity: Amref Health Africa's Global Statement, <https://amrefuk.org/what-we-do/latest-news/vaccine-equity-amref-health-africas-global-statement/>

LESSONS LEARNED

Since March 2020, Amref has learnt a significant amount of lessons and good practices regarding COVID-19 programming, which are being used to further strengthen future responses across Africa.



Communities first. Across most of Africa, community interventions shape the agenda and are critical to the ongoing response, although at times the pandemic response has focussed extensively on the macro perspective. Amref's community-centred approach has been leveraged to reach millions of people across the continent with messages and information, and provide a bedrock of support to communities. Going forward, our community-focus will support vaccination efforts by addressing vaccine hesitancy, and supporting communities to be a greater part of the future response.



Digital innovations underpin effective responses. The use of technology for training, surveillance and other innovations have been paramount to Amref's COVID-19 responses, enabling more communities and health workers to be reached, supported and trained than conventional means would allow. Digital and technology innovations are scaled up in future responses to combat future outbreaks. Organisations and partners should continue to invest heavily.



Speed and agility are paramount. Given the speed with which COVID-19 spread across much of Africa, it was critical for Amref to employ a quick and agile response, both internally to support its teams and to integrate COVID-19 into routine health delivery and systems strengthening interventions, as well as externally to support MoHs, other agencies and communities to ensure that all resources can be leveraged. Working with speed and agility required new ways of working for most partners. At Amref, continuous and adaptive learning became part of effective response programming, and for many external partners, it became increasingly important to support programmes through more flexible ways than traditional development programmes. The use of digital and technology also empowered Amref and other partners to respond more quickly.



Coordinated partnerships to support government stewardship. Emergency preparedness and support from multiple agencies are key to supporting and strengthening government stewardship at the forefront. Amref leveraged its advocacy and convening powers to support government to bring stakeholders together to coordinate national COVID-19 responses, and linking these with external partners internationally and regionally.



Effective communication about the pandemic. There is still widespread misinformation and ignorance about COVID-19. This adversely affects all aspects of interventions to address the pandemic, including vaccination uptake. General and targeted communication to raise awareness and education about the pandemic are therefore important in raising understanding of the epidemic and uptake of interventions.

AMREF'S FUTURE PLANS AND PRIORITIES TO TACKLE COVID-19

The COVID-19 response will continue to be an integral part of Amref's programmes across the region, and responses will be integrated into ongoing and routine programmes as much as possible. Amref will enhance shared learning to improve preparedness, response and resilience building, advocacy for adoption of promising practices at national and regional levels, lobby for inclusion of long term and short-term capacity strengthening strategies to increase health workforce readiness and incorporate innovation in community engagement programmes.

As Africa scales up vaccination roll-out, there is need to increase the breadth and depth of our community engagement in order to enhance vaccine confidence amongst priority populations, improve vaccination uptake, thereby ultimately increasing vaccination coverage. Amref will support vaccination initiatives in countries, especially at the community level and through knowledge generation, building on the results from vaccine hesitancy studies in Kenya. Amref will also continue to lobby and advocate for vaccine equity for improved vaccine coverage in the African region.

We will continue to protect lives and livelihoods from the adverse effects of disease outbreaks if and when they occur. Amref will scale up focus on mental health, incorporating this into programme design from the onset. The integration of mental health into future COVID-19 and non-COVID-19 interventions, especially with a focus on the health workers themselves as part of psychosocial support, will be central to ensuring holistic health outcomes and quality of life for the communities we serve.