

## Summary Note: GFF Knowledge Sharing Webinar

### The Role of Community Based Primary Healthcare in COVID-19

#### May 19 & 20, 2020

#### Introduction

These webinars discussed why and how community health workers (CHWs) – as part of primary health care teams – are vital for effective COVID-19 response and sustaining primary health care systems. During these sessions, government representatives from Liberia and Ethiopia shared their insights on the role of community-based primary health care (PHC) in the COVID-19 pandemic, and panelists shared available resources for digital training and technical assistance to help countries responding to COVID-19. The webinar included presentations by Olasford Wiah (Director, Community Health Services Division, Ministry of Health, Liberia), Temesgen Ayehu (Director, Health Extension Program and PHC, Federal Ministry of Health, Ethiopia), Raj Panjabi (CEO, Last Mile Health and Assistant Professor, Harvard Medical School), Madeleine Ballard (Executive Director, Community Health Impact Coalition), Magnus Conteh (Executive Director, Community Health Academy, Last Mile Health) as well as discussions facilitated by Petra Vergeer (Lead, Knowledge and Learning & RBF, GFF Secretariat). These webinars were attended by over 300 participants across 36 GFF-supported countries. The following note provides a summary of the key points highlighted during these webinars.

#### Presentations

##### Investing in Everyday Systems for Effective Pandemic Response - Community-Based Primary Health Care, and How Ebola Experiences Informed Liberia's COVID-19 Response - Raj Panjabi and Olasford Wiah

During the Ebola outbreak in Liberia, community health workers served their neighbors on the frontlines to combat the virus. Prior to the Ebola outbreak in Liberia, emergency response systems to fight epidemics were fragmented, and integrating community health systems helped sustain essential services during and after the epidemic. Two key challenges that countries now face in the fight against COVID-19 include:

- [Prevent, Detect and Respond to mitigate and contain COVID-19](#)
  - To rapidly achieve and sustain viral suppression, testing, isolation, quarantine and contact tracing are supported by CHWs.
- [How to prevent PHC system collapse](#)
  - To prevent a second epidemic caused by disruption to PHC, health workers can maintain essential routine health services for women and children. In order to do so, all health workers need PPE and adapted PHC protocols to protect themselves and their patients from COVID-19.

The Government of Liberia's [National Community Health Assistant](#) program supports the COVID-19 response. Through this program, routine malaria treatment continued during Ebola, coverage of essential health services like treatment for childhood illnesses has increased, and PHC and family planning can be sustained during this COVID-19 period.

##### Using Technology to Empower PHC Teams and Communities with the Information they need: Ethiopia's Response to COVID-19 - Temesgen Ayehu

Ethiopia's Health Extension Worker program is helping to promote awareness of COVID-19 through communication in rural areas. Guidelines were developed for CHWs and translated into five local languages. Digital training platforms were developed with support from partners and CHWs were trained to help support the fight against COVID-19. CHW roles in COVID-19 include house-to-house active case finding and

referral, contact tracing to break the chain of transmission, community education, coordination and leadership of community volunteers, and integrating routine health services while doing COVID-19 prevention. Due to difficulties faced in organizing face-to-face training, Ethiopia introduced LEAP mobile health training platform, an SMS and audio based mobile training platform to train CHWs.

### Technical Assistance and Available Resources - Madeleine Ballard and Magnus Conteh

Key response priorities include protecting health workers, interrupting transmission, maintaining primary health care services, and shielding the vulnerable. Personal Protective Equipment (PPE) has [emerged as a key bottleneck](#) to safe service continuation, and CHWs must be included in national quantification and procurement efforts. Resources for countries include [compilations of latest evidence](#), peer learning through [weekly calls](#) among hundreds of implementers, [targeted support](#) to help countries making concrete plans, [platforms](#) for [sharing resources](#), and tools for system strengthening including [performance management and capacity building](#). To share resources for response to the diseases, COVID-19 digital classroom was developed to rapidly provide high-quality and accurate information for communities and training for community-based health workers in rural and hard to reach areas. Over the last two years, Last Mile Health partnered with Gates Ventures and local research partners as part of Exemplars in Global Health, a global research study that examines key success factors driving high-performing community-based PHC systems to enable cross-country learning. It is critical to invest now for long-term health system strengthening.

### Questions and Answers

#### Cost of Ethiopia's Technology Training Application and Supervision of PHC Workers

CHWs used personal phones for the training. The Federal Ministry of Health procured smartphones and tablets which will be available for use by the CHWs. PHC workers are supervised by the village Administration and Securities. CHW training costs \$500 per year, and training investments help limit supervision costs through efficiency.

#### Inclusion of Nutrition and Maternal Child Health in COVID-19

Breastfeeding should not be discouraged because of COVID-19. The World Bank/GFF is making sure that the essential health services for children and mothers continue to be available, and RMNCAH priorities including nutrition should be centered in COVID-19 response plans.

#### Essential Supplies, Motivation and Sustainability for CHWs in COVID-19

In Liberia, CHWs will be trained and supplied with PPE including masks and gloves to safely continue their work. CHWs are paid and deliver RMNCAH services, leveraging WB/GFF investment cases as a governance tool to identify and prioritize sustainable funding sources for CHWs. Provision of training and incentives for CHWs helps create rural jobs and strengthen the health systems.

In Ethiopia, CHWs receive transport fare, once approval is received from the MoH, all CHWs will start receiving incentives. Responding to COVID-19 does not call for additional cost but rather building on the existing funds. Government allocation of more funds to pandemics/epidemics will serve as a means of sustaining the CHWs, with significant existing resources being reprogrammed to address COVID-19. Resource mobilization and mapping have helped a lot in areas related to sustainability.

The provision of PPE and other essential supplies help protect CHWs and their patients from COVID-19.

### Task Assignment and Training of CHWs

In Ethiopia, CHWs are identified within the communities and trained to become specialized health workers. They go through these training to better understand the health systems. In Liberia, CHWs are trained to provide a standardized set of primary health care services and receive clinical supervision from nurse supervisors.

Training and education levels vary by country, with training materials tailored to local health priorities. The Community Health Academy offers blended learning through an online mobile platform that can be combined with in-person training.

### Lessons Learned on Contact Tracing During COVID-19

In Ethiopia, contact tracing is done by a rapid response team, with more challenges identifying casual contacts than close contacts. Ethiopia is developing a contact tracing application to help trace people with exposure to known cases in the first fourteen days of contracting the diseases.

In Liberia, contact tracing was critical to Ebola control and will impact COVID-19 transmission. Ten thousand contact tracers were trained during Ebola but 4,000 CHWs were maintained for future outbreaks and are given incentives on a monthly basis. These contact tracers are also used in the response to COVID-19. Liberia's Community Health Assistant program will help support community-based contract tracing, bolstered by trust made possible by neighbors serving their neighbors.

### Additional Resources:

- Compendium of training materials is available [here](#)
- Liberia's Community Event-Based Surveillance (CEBS) Curriculum for COVID-19 [here](#)
- GFF Guidance Note for Maintaining Essential Services [here](#)
- [Exemplars in Global Health- Program Overview](#)
- [Exemplars in Global Health- Community Health Workers Overview](#)

### Resources shared by Participants:

- [BMJ: Prevent, Detect, Respond: How CHWs can help fight COVID-19](#)
- [BMJ GH: Priorities for the Global COVID-19 Response](#)
- [Guidance on community-based care during COVID-19](#)
- [COVID-19: It Ain't Over Until There's PPE All Over \(5/4/20\)](#)
- [Africa CDC/African Union efforts on supply chain](#)

### Applications and Courses:

- [Download Government of Uganda's COVID-19 learning app for frontline health workers](#)
- [Download Government of Ethiopia's COVID-19 learning app for frontline health workers](#)
- Forthcoming COVID-19 Digital Classroom and Library of training content (available starting June 1st), here: [www.covid-19digitalclassroom.org](http://www.covid-19digitalclassroom.org) and [www.covid-19library.org](http://www.covid-19library.org)
- [Community Health Academy free online course, "Strengthening CHW Programs" online course drawing on experiences in Ethiopia, Liberia and Bangladesh](#)
- [Information about COVID-19 efforts in Ethiopia](#)
- [Article about South Africa's mass COVID-19 screening by CHWs](#)
- [ProPublica article about contact tracing](#)
- [WHO investment case for CHWs](#)
- [WHO guidelines on optimizing CHW programs](#)
- [UNICEF Guidance on child wasting in COVID-19](#)