

The Adaptation of Neglected Tropical Disease (NTD) Platforms in the Response to COVID-19

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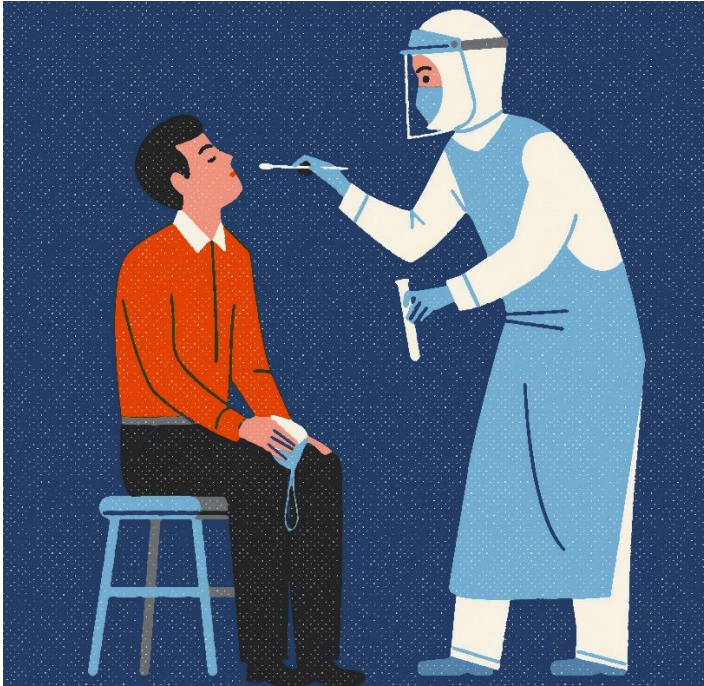


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Amidst the global pandemic of COVID-19, health systems are being challenged worldwide. While many NTD activities have been postponed according to [WHO guidelines](#), NTD programs are uniquely positioned to be able to respond to COVID-19 with their focus on community-based care, the vital role of community health workers (CHWs), and surveillance mechanisms. Following our cross-country partner [COUNTDOWN](#) virtual meeting, we heard from our colleagues on how NTD implementers are supporting COVID-19 responses in Nigeria, Ghana, Liberia, and Cameroon. In this blog, we will reflect on how NTD platforms can be adapted in the response to COVID-19, the challenges that this poses to health workers and what lessons can be learnt from the NTD community in increasing equitable access to care.

Although there has been disruption to routine health services worldwide, NTD programmes can play a [critical role in COVID-19 responses](#) There are parallels with NTDs and COVID-19 in public health responses, including:

- *Community Engagement and Health Communication* – efforts to respond to stigmatising diseases (including COVID19 and NTDs) require sensitisation and context specific health messaging within communities, especially hard to reach groups.
- *Interdepartmental collaboration and strong links with Ministries of Health* – effective coordination is required, including WASH sectors.
- *Surveillance and contact tracing* – CHWs play a key role in the identification and referral of NTD cases. Similarly, in the response to COVID-19, case finding and contact tracing is critical.
- *Laboratory facilities* – Lab facilities and equipment are required in the testing and diagnosis of COVID-19 and NTDs, such as Buruli Ulcer.

Many NTD health workers have been redeployed to work for COVID-19 related interventions. We heard experiences from across our country partners during our cross-country call. In Nigeria, some health workers involved in NTD activities are now supporting routine activities in health centres in sensitisation on COVID-19 as well as assisting doctors with testing. There has also been enhanced co-operation between interdepartmental sectors and WASH programmes. In Ghana and Liberia, existing structures for NTDs are being used to help with COVID-19, with NTD implementers supporting lab and testing services. However,

Buruli Ulcer testing in Liberia has been reduced due to lab facilities being prioritised for COVID-19 testing. This raises concerns that NTDs may be left behind in the face of a global pandemic. Therefore, it is important to continue NTD and routine services, where possible. The Liberian Ministry of Health is encouraging programmes to adopt new strategies that will enable provision of essential health services during the pandemic, while providing support to COVID-19 responses where feasible. For example, to enable ongoing routine provision of care to those affected by NTDs, existing NTD community-based case finding will be adapted through training CHWs to support [COVID-19 surveillance](#). While the NTD programme in Cameroon has been postponed nationally, there are ongoing activities in areas where risks of transmission can be managed, such as the treatment of onchocerciasis, where CHWs are also involved in community sensitisation for COVID-19.

An extensive network of CHWs provides an opportunity to adapt NTD platforms to also respond to COVID-19, while sustaining routine health services. Through working in NTD programmes, CHWs are respected and trusted members of their communities and therefore are in a strong position to assist case detection and contact tracing for COVID-19. In addition, CHWs have an important role in conducting community awareness and sensitization; these messages can also be adapted for COVID-19 regarding key symptoms, physical distancing, and hand hygiene. However, concerns regarding the safety and wellbeing of health workers must be considered. [Many health workers are concerned about the lack of PPE, lack of testing and inadequate lab facilities](#). For strong health systems, health workers and CHWs must be adequately supported with remuneration and appropriate equipment such as face masks, gloves, medical supplies, non-touch or infrared thermometers and hand washing and sanitation kits. As addressed in recent COUNTDOWN blog on [community impacts](#), CHWs can counteract stigma in communities associated with many NTDs and now, COVID-19. However, CHWs on the frontline may also experience discrimination and stigma themselves due to their roles, including experiencing emotional stress while working in intense, unprecedented situations. Therefore, it is key to consider [psychosocial support](#) for COVID-19 workers.

Experiences learnt from the Ebola outbreak can be applied in the coordination of health structures and in addressing mental health and stigma. Our partners in Liberia explained that the level of coordination required, such as deployment of healthcare workers and lab settings to the response has been much quicker due to existing structures in place, and the country's strong record of contact tracing following their experience of Ebola. In [LSTM's second virtual symposium on Global Health Research and Vaccination on 'Access, equity and delivery'](#), Dr Janice Cooper mentioned applying and learning from strategies used to address stigma and mental health within communities such as 'community healing dialogues' and working closely with government, community and religious leaders. Dr Cooper presented the powerful and symbolic example of when the Minister of Health in Liberia hugged people who had overcome Ebola to send a clear message of inclusion and de-stigmatisation (see Fig.1).



Fig.1 J.Cooper (2020) Healing Dialogues in Post Ebola Recovery Strategy

[NTDs are a litmus test to Universal Health Coverage \(UHC\)](#) – values and lessons learned in terms of equity in access to vaccines in COVID-19 responses. It is more important now than ever to focus on equity especially as COVID-19 has worldwide effects. However, like NTDs, COVID-19 has disproportionate impacts on marginalised groups. Equitable access to vaccines will need to be prioritised in the response. In line with UHC, NTDs serve as a ‘litmus’ test due to the high coverage rates of mass drug administration required. Therefore, this poses an opportunity for taking lessons and values forward in the responses to the pandemic as described by Dr Rachael Thomson, Director of COUNTDOWN in the [LSTM Symposium](#). The value of the participation and inclusion of community members in addressing gaps considering gender, socioeconomic factors and disability has been demonstrated to improve equitable access to NTD service delivery and therefore, this can also be applied in COVID-19 responses.

NTD platforms present a pivotal opportunity in responding to pandemics. The vital role CHWs play in ensuring that no one is left behind in NTD and routine health services, building strong collaborations with WASH, and considering equity, rights and responsiveness to gender and disability, support in building stronger health systems. This in turn, will allow for better preparedness and responses to public health crises, at present and in future.