

## “COVID-19 has made it so difficult to plan”: Perspectives on Research Activities and Daily Life from Liberia and Nigeria

By **Akinola Oluwole**, SIGHTSAVERS Nigeria and **Anthony Bettee**, COUNTDOWN Liberia; on behalf of the COUNTDOWN consortium

**Anthony Bettee** is the National Coordinator for Schistosomiasis at the Ministry of Health, Liberia- in Liberia there is annual Mass Drug Administration (MDA) for Schistosomiasis. **Anthony** is also the lead for the Female Genital Schistosomiasis (FGS) study for COUNTDOWN Liberia which is still at planning stage. **Akinola (Akin)** Oluwole is a Research Officer at Sightsavers, Nigeria country office and leads the FGS study in Nigeria on the COUNTDOWN project. **Akin** is responsible for the day to day activities and implementation of the COUNTDOWN project in Ogun state. **Anthony** and **Akin** recently had a conversation about the impact of COVID-19 on work, life and the NTD programmes in their respective countries- here is a summary of their discussion.

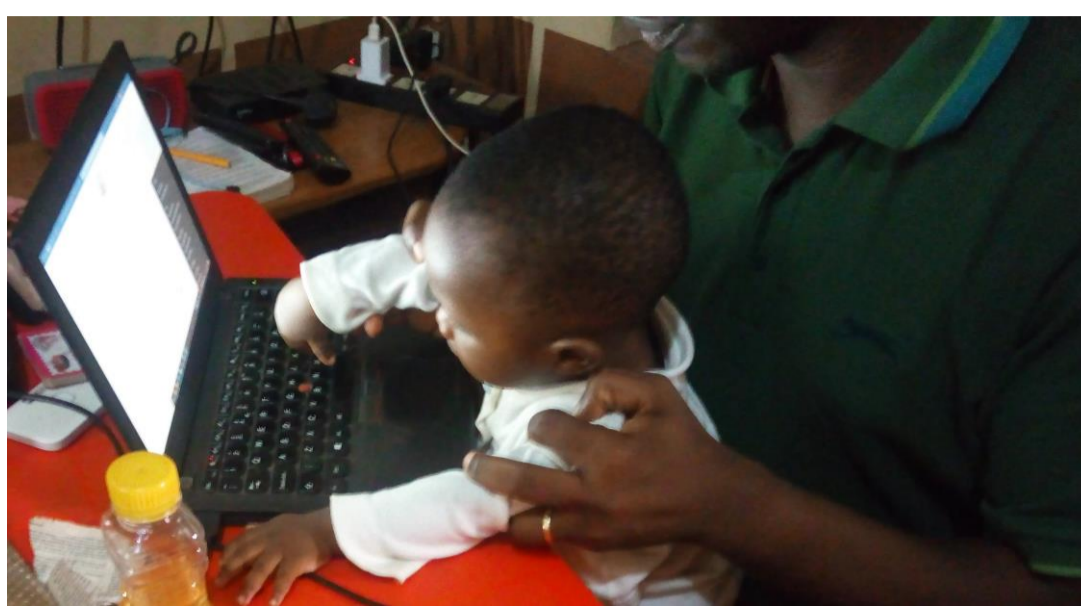
### COVID-19 and its impact on work and daily life

**Akin:** COVID-19 came in unprepared for, regarding the research work on the COUNTDOWN project, there are some activities that require face to face meeting with people. We had just started the FGS study and our first activity was an engagement meeting with health workers and health professionals in order to understand their perspective about FGS, that was the meeting we were able to hold before the COVID-19 pandemic started.

There was a workshop that we were to hold in April, this activity is critical to the research project because it is like a foundation to other research activities but we had to suspend it due to COVID-19 lockdown and up to now we are not even sure when we will hold it. So COVID-19 has put the project on hold, and in fact an indefinite suspension of our research project activities, as we cannot say categorically when the whole issue will die down. Hence, COVID-19 has had great impact on our project workplan, because of it, some activities that are expected to be completed by the end of this year will definitely spill over to next year and we cannot really say when the activities will resume and when they will be completed. COVID-19 has made it so difficult to plan.

*“My daily task achievement is 50% compared to before lockdown because I have to manage my work alongside the children” (Akin, Nigeria)*

Due to COVID-19 lock down, we have been compelled to work from home, you know the lock down rules, now working at home is challenging. I used to tell people that COVID-19 has made me have four jobs at the same time, we just had a new baby and now I am babysitting, my children are at home, I have to teach them, so I have become a teacher. Also, I have to be a judge because often my children will come to report themselves to me, wanting me to intervene in a matter and settle the case, all this I have to do along with my research work. My daily task achievement is 50% compared to before lockdown because I have to manage my work alongside the children. I also have to incur a certain amount of money weekly to generate electricity for myself or else I will not be able to do anything.



Akin working whilst looking after his children

**Anthony:** From my own side, the situation has actually disrupted a lot of activities, more especially when it comes to the Schistosomiasis control programme. We should have conducted monitoring and evaluation in the counties before starting MDA but those activities have been disrupted. Regarding the FGS research that we are to undertake, we have concluded our workplans. Presently we should have been able to complete our training and start data collection but all the activities have been disrupted and we have not started anything, we have just been working online with our colleagues from the UK to develop all the training materials and other documents.

*“We should have conducted monitoring and evaluation in the counties before starting MDA but those activities have been disrupted” (Anthony, Liberia)*

COVID-19 is currently affecting our own lives, because of the lock down, people have to work from home and the issue of electricity is a serious problem here in Liberia, so to work, you have to hunt for where you can get electricity or rather wait until you put on your generator in the night because of the fuel issue. All these affect the work of our own project.

It is also tough because I spend 10 US Dollars per day for fuel to have electricity to do some work. The lock down has now been relaxed so people move about during the day and from 9pm to 6am there is lockdown. Monrovia airport opened on the 28<sup>th</sup> of June but the cases of COVID-19 continue to increase in Liberia- as of 20<sup>th</sup> July 2020, we have 1088 confirmed cases with 519 recovered and 70 deaths.

I think rules were relaxed because there was an outcry from the public and because the lock down was from 3pm and people were not getting their needs, so they thought they need to relax the lock down and advise people to use the nose mask, wash their hands and follow the health protocol.

### How NTD programmes and activities have changed as a result of COVID-19

**Anthony:** The NTD programme is a community based programme and with the COVID-19 lockdown and movement restrictions, we cannot carry on with activities because everybody has focused on COVID-19 activities. The plan to have MDA in September has been disrupted so we have to push that to November or December depending on how the situation improves.

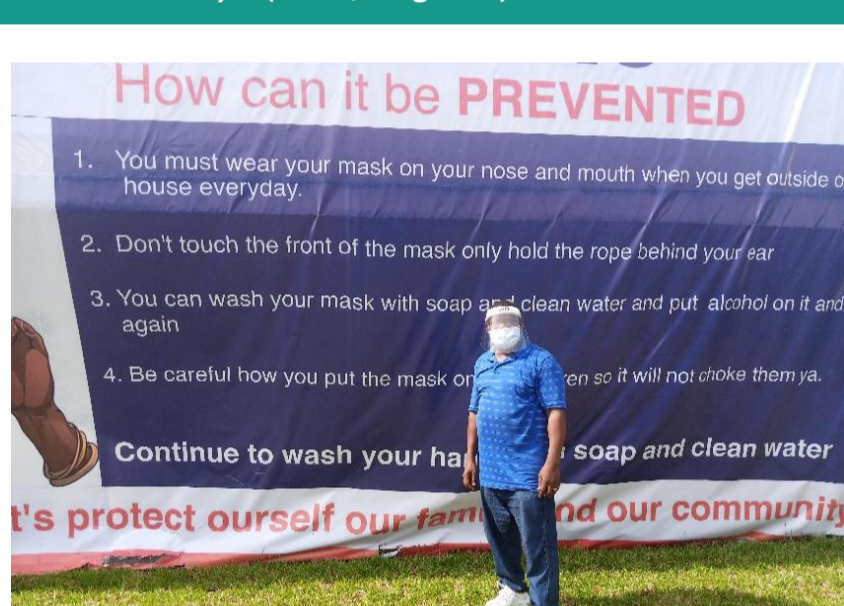
Several activities that were planned for this year has been disrupted by COVID-19 lockdown. This includes monitoring and evaluation for Schistosomiasis before we start MDA and sentinel site spot checks for Lymphatic Filariasis to determine counties where treatment should stop. Transmission assessment surveys (TAS)s have also been hampered by COVID-19 and so have the epidemiological and entomological surveys which show us the breeding sites for Onchocerciasis. If we don't treat this year, it is going to lead to the increase in prevalence of these diseases and this will affect the NTD programme here in Liberia.

*“If we don't treat [NTDs] this year, it is going to lead to the increase in prevalence of these diseases” (Anthony, Liberia)*

### NTD staff supporting COVID-19 activities and their needs to do this

**Akin:** Most of the people involved in the NTD programme are involved in the COVID-19 response. They could leverage on the NTD programme structure to sensitize the community about COVID-19, emphasizing the need for proper sanitation and hand washing practice which are recommended preventive measures against infection with COVID-19. Most NTDs are related to Water, Sanitation and hygiene (WASH). If funds were provided, posters or flyers could be produced which would communicate hygiene messages relating to COVID-19, and how this practice links to control of other NTDs in the community NTD staff also need to have the Personal Protective Equipment (PPE) with them while moving from one place to another.

*“...flyers could be produced which would communicate hygiene messages relating to COVID-19, and how this practice links to control of other NTDs in the community” (Akin, Nigeria)*



Anthony at the COVID-19 testing centre

**Anthony:** NTD staff can support COVID-19 activities, we have developed a proposal and submitted it to our partners- Sightsavers, Schistosomiasis Control initiative and Liverpool School of Tropical Medicine (LSTM) to request support for some of the planned activities for the COVID-19 response, most especially in the areas of risk communication and contact tracing in the counties. A few of our staff are involved in the COVID-19 activities, like myself I am at the testing centre where I am supervising the process, we have one in town and one in a school.

*“A few of our staff are involved in the COVID-19 activities, like myself I am at the testing centre where I am supervising the process” (Anthony, Liberia)*

### Strategies learnt from health system shocks (e.g. Ebola or conflict) that are being used in the COVID-19 response

**Anthony:** For Liberia, we are in a good position because we already had an investment plan developed for response to health system shocks, so we call it the Response plan which is now revised for the COVID-19 recovery plan. The pillars are still intact; epidemiology surveillance, case management, contact tracing and re-infection prevention control (RPC). These are based on the strategy developed from the Ebola virus, there is good coordination mechanism put in place, among the partners and the government with the various counties. Most of the health workers who were involved in Ebola have also been involved in the COVID-19 response.



### The strategies for sensitisation and testing in COVID-19 that have been used to reach vulnerable populations

**Anthony:** For Liberia, we have established various testing centres around town and I am controlling one of them, we carried out voluntary testing, so vulnerable people are also encouraged to come for testing. In order to cater to people with disabilities, we move from place to place to see where we can test people with disabilities. Presently we have five testing centres in the Monrovia area, we are working with the National public health institute and the government of Liberia, Ministry of health to carry out testing.



Ebola response in Liberia

### How community and school based NTD programmes been affected by COVID-19

**Akin:** COVID-19 has really affected school-based NTD programmes because the authorities have closed schools. Children have been at home for almost 3 months now therefore school-based programmes cannot be conducted. Community-based programmes are affected too, there is a curfew and there is restriction of movement (except movement of essential materials like food), you cannot go from one community to another, even to get a vehicle it is difficult because of the restrictions.

*“Children have been at home for almost 3 months now therefore school-based programmes cannot be conducted” (Akin, Nigeria)*



Political map of Liberia. Photo credit: Africa Star newspaper

**Anthony:** From our own side also all schools have been closed and for the community there is no movement so COVID-19 has affected the programme, more especially for us, we have this twice yearly treatment for Soil Transmitted Helminths, where the Ministry of Education in collaboration with Sightsavers and the Ministry of Health were implementing the School Health Integrated programme (SHIP). By now treatment should have been completed in those counties but due to COVID-19, that could not take place, which means, even if we start treatment, we will only issue one round of tablet for Soil transmitted helminths, because the first round should have been in May/June which has passed – in this way it has affected the programme.

### The community understandings of COVID-19

**Anthony:** This is where we have a serious problem, a lot of community members are still denying the existence of the disease so as a result, a lot of people are not adhering to the health and safety protocol advice that has been given i.e. to use a mask, to wash hands regularly and people are going about on the street without using masks.

People are still in the denial stage maybe like during the Ebola crisis, when Ebola believed, at first, people were in denial stage, but when people started dying all over the street that is when they realised and believed that the disease is real, by the time they realised it, it was too late and then people began to lose their lives. We are still trying to talk to people, there is a lot of advocacy and sensitization ongoing to inform the people that this disease is real.

*“A lot of community members are still denying the existence of [COVID-19]...a lot of people are not adhering to the health and safety protocol advice” (Anthony, Liberia)*

**Akin:** In Nigeria it is a similar thing, although some people did not believe, they still complied with social distancing but at some point, people got tired of the lock down especially for people whose livelihoods depend on movement, most especially that the government are not doing well in terms of providing care packages for the population to be able to comply with lockdown. Many believed that it was a rumour or falsification of record of cases of COVID 19 or the fact that COVID 19 is not actually bad as it was presented. In fact, I know of an educated person that believes COVID 19 is a scam.

*“Although some people did not believe, they still complied with social distancing but at some point, people got tired of the lock down especially for people whose livelihoods depend on movement” (Akin, Nigeria)*

### Issues around mistrust and stigma regarding COVID-19

**Anthony:** Communities have mistrust in what people are telling them, maybe because they have not seen what is happening in places like America where people are dying every day. People are still confused and still in the denial stage, of course there is a stigma with the disease but not as serious as those in the western world like in America or the UK. We as a government are trying to inform them that this is real and that they should take precautions.

### How the issue of mistrust can affect future NTD community activities

**Akin:** This is one of my concerns, because there is mistrust, there is a lot of rumours that may begin to come up. In fact there is this ongoing rumour that the government will ask people to get vaccinated and if people accept to take the vaccines, it is actually the virus that they are receiving into their system. So my fear now is that by time NTD programme activities resume, this mistrust may be carried over as people may think that the NTD medicines are drugs for COVID-19 in disguise which may result in refusal and rejection of the NTD medicine.

**Anthony:** This was our experience during the Ebola crisis. After Ebola starting MDA was very difficult, so we had to do an assessment to create awareness within the community, we had to inform them that these were the same drugs that they were given before the Ebola and we are restarting the MDA programme, it is not that we are bringing the disease to them. All of the communities will have this kind of perception, so we have to think of a strategy to restart MDA after the COVID-19 pandemic.

### Message to share with the global NTD community at this time

**Anthony:** I think we as an organization working on NTDs need to remain focused and after COVID-19, there should be assessments in the various communities, supported by WHO and other partners, to gain the trust of the community before we take the drugs to them. Otherwise those drugs will stay in the community and expire- we need to advocate and sensitize the community before we can re-start the MDA.

**Akin:** I think it is high time the NTD programme is integrated into the health system so that it runs like other health programmes embedded in the health system. This will go a long way to reduce the effect of the pandemic on the NTD programme.