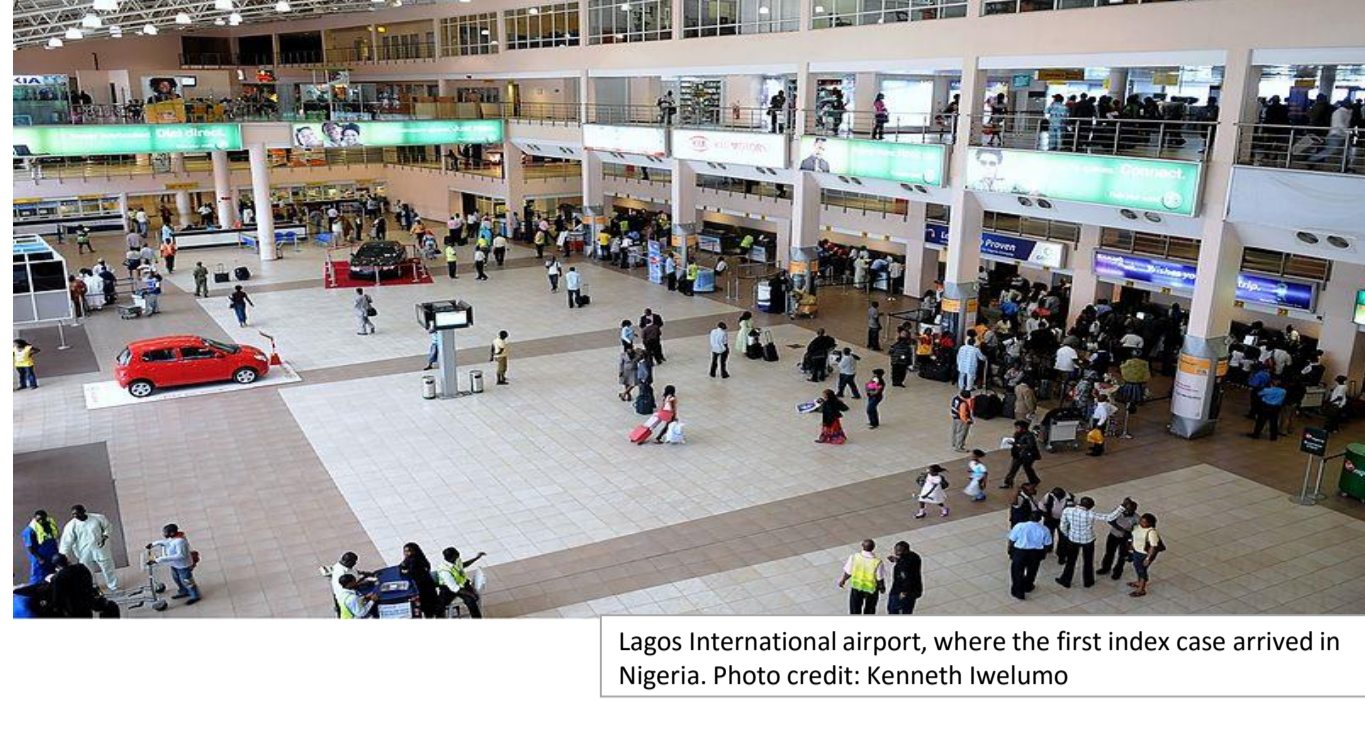


COVID-19: The shifting impact on researchers and the NTD programmes

By Georgina Zawolo, COUNTDOWN Liberia and Noela Gwani, SIGHTSAVERS Nigeria; on behalf of COUNTDOWN

Noela and Georgina are both qualitative researchers from Nigeria and Liberia working on the COUNTDOWN project on Neglected Tropical Diseases (NTDs). Prior to the global pandemic their implementations were carried out in the field, engaging stake holders and interacting with the community. Most of their research activities were participatory- that is using Participatory Action Research (PAR) methods to bring out the voice of the people. Then boom! The virus entered Nigeria and Liberia. A sudden change took place.



Lagos International airport, where the first index case arrived in Nigeria. Photo credit: Kenneth Iwelumo

Noela: Due to the Pandemic NTD and research activities were suspended, the World Health Organization (WHO) released a message to say that mass treatment campaigns for NTDs must be postponed until further notice. This really affected scheduled activities especially the Mass Administration of Medicines (MAM) in Kaduna State and the country at large.

At the time of the pandemic there was supposed to be Pre-Transmission Assessment survey (TAS) in some Local Government Areas (LGAs) but that was not conducted and people were waiting for that to be done so that MAM could be held. I know some Community Drug Distributors (CDDs) where I worked during some research activities who called me to say that they have been waiting for medicines and have not gotten them. That is the impact it has, and the time is moving so we do not know if there will be distribution of medicines this year. There has been a series of yearly treatment and if there is not going to be any distribution, that is going to be a challenge towards elimination of NTDs.

“I know some Community Drug Distributors... who called me to say that they have been waiting for medicines and have not gotten them” (Noela, Nigeria)



Liberia Airport where the first index case arrived from Switzerland. Photo credit: Africanews.com

Georgina: In Liberia, the pandemic started in March. When we received the first case in Liberia automatically things changed, our work- office working now changed to working from home. We started most of our activities working from home. But prior to the pandemic we had plans to recruit our research assistants to be able to start implementation in the field and because of this pandemic we couldn't recruit the research assistants because there was complete lockdown.

From the first day the first case was dictated in Liberia, the President automatically locked the country and asked us to stay away from the streets for a period of two weeks. So with that we couldn't start any activity, we started working directly from home and since we couldn't recruit the research assistants we started planning for their recruitment process and training. We are working directly with the NTD programme who are supposed to be doing Mass Drug Administration (MDA)- they couldn't do those activities because of the restriction of movement in the counties. Most of our research activities are based on what the NTD programme does so we have to wait and see if there is any change for us to be able to restart but it has really slowed down our pace in implementing our work.

“We are working directly with the NTD programme...we have to wait and see if there is any change for us to be able to restart [activities] but it has really slowed down our pace in implementing our work” (Georgina, Liberia)

Working from home is somehow challenging as most researchers love to work in group. Social distancing has created that gap where we no longer sit together to review documents but instead work through day long virtual meetings. Unfortunately for countries like ours, internet connectivity and electricity are a major problem compared to the UK. During our virtual meetings with partners from the UK, internet seem clearer while ours is always breaking. We manage with these challenges by using extra modems and generators at home to effectively perform our duties.

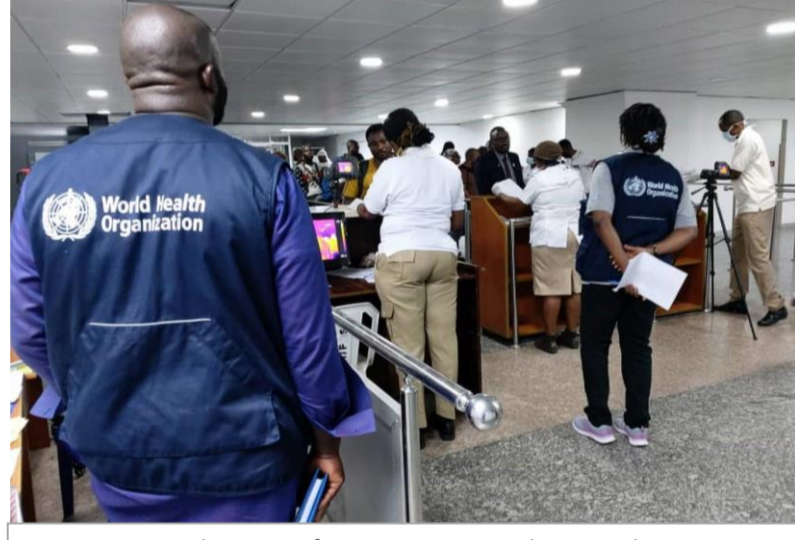
“Internet connectivity and electricity are a major problem... we manage with these challenges by using extra modems and generators at home to effectively perform our duties” (Georgina, Liberia)

As both Countries shifted towards COVID-19 response, some NTD staff are volunteering at the treatment units and testing center.

Noela: In Nigeria, some NTD staff are volunteering as part of the COVID-19 response team. Also, some have worked as supervisors to supervise health facilities to ascertain compliance to COVID-19 prevention measures of washing of hands, use of facial masks and wearing of hand gloves by health workers. They also participated in the dispersal of large gatherings in town areas.

Georgina: Some NTD staff are supporting COVID-19 by serving at the treatment and testing units and the directors are all engaged with COVID-19 activities, having series of meetings to see how they can provide support towards the COVID-19 pandemic in Liberia. What is needed to support staff during this time is more about staff being committed and engaging with the government to ensure that these staff have the requisite materials they need to be able to carry out other activities apart from COVID-19. If you just focus on COVID-19 the impact will be great on those who really need the medicines for NTDs and people living with these NTDs who need to take their regular treatment. So I think the support that these staff will give is to just go ahead with the effort to carry out regular activities, giving the logistics to carry out other activities to support people with disabilities.

“If you just focus on COVID-19 the impact will be great on those who really need the medicines for NTDs and people living with these NTDs who need to take their regular treatment” (Georgina, Liberia)



WHO personnel at port of entry in Nigeria. Photo credit: WHO.int.

Noela: I also think that NTD staff could support COVID activities, they could use their knowledge for example from sensitization from NTD activities to transfer it down to COVID-19 to spread awareness and prevention of COVID-19 for example behavioral change activities. Also there could be a case of integration, instead of working on COVID-19 alone or NTDs alone why not integrate these activities together maybe like case finding, while they are NTD case finding, you know, that's a kind of integration.

“Instead of working on COVID-19 alone or NTDs alone why not integrate these activities together maybe like case finding while they are contact tracing” (Noela, Nigeria)

Also, NTDs and WASH- these ongoing programmes could also integrate by maximizing the effectiveness of WASH interventions for NTD control and elimination and COVID-19, so the workload will not be too much for NTD staff. The government could help in providing equipment like hand sanitizers, face masks for NTD staff who are supporting with COVID-19. Recently I had a conversation with an NTD staff member on the COVID-19 response, they said they were at the border restricting movement of people and they didn't have personal protective clothing, the government did not provide that for them so some of them were discouraged to continue working. The Ministry of Health could support them with equipment.

In both countries, there was a lot of learning from Ebola that helped in preparing for COVID-19. Immediately after the pandemic was declared, screening was done at all international airports and port of entry. Health workers had refresher training, treatment units were established and contact tracing was put in place. The Ministry of Health started to create awareness on the prevention of the virus. This seemingly was far better than the Ebola outbreak when health workers didn't know what to do. As part of COUNTDOWN support to COVID-19 response, we have started to support health systems research that will help build a resilient health system and the inclusion of COVID-19 specific questions within our implementation research.

“Immediately after the pandemic was declared... health workers had refresher training, treatment units were established and contact tracing was put in place ” (Noela, Nigeria)

Georgina: At present what we're focusing on is shock with COVID-19 and for COUNTDOWN we have some of the COUNTDOWN staff who are able to support the response- they are serving as part of the COVID-19 team to support people affected by the disease. We are also carrying out research on COVID-19 to see how best we can strengthen the health system to build a more resilient health system after Ebola and COVID-19.

Noela: On the COUNTDOWN project in Nigeria, we have this method of data collection which is the action log with NTD implementers, these action logs were reviewed and updated to include COVID-19 questions- this was used with NTD implementers to collect information on COVID-19 activities which they are engaged with. That was how we got to know about contact tracing, sensitization activities that were held, how testing areas were set up and everything NTD implementers were doing for the COVID-19 response.

Georgina: There has been limited strategy for reaching vulnerable people during this COVID-19 pandemic. Regular sensitization is ongoing via television, radio jingles and messages in local dialects. In Liberia, contact tracers are moving in communities creating awareness. In terms of testing, people are encouraged to visit the nearest testing centre. This is difficult for people living in rural communities who have to travel long distances to get to the nearest facility. These strategies are mainly in urban or semi-urban areas. We are not going from house to house to try to test vulnerable people.

One thing that we are doing since we have a community health system structure is that we enlisted the help of Community Health Workers (CHWs) to be able to sensitize people on COVID-19 in the rural communities. So that process of sensitization is going on in the country added to the radio talk show and jingles. CHWs used flyers and posters on preventive methods for COVID-19 to sensitize communities.

“People are encouraged to visit the nearest testing centre. This is difficult for people living in rural communities who have to travel long distances ” (Georgina, Liberia)

People of all ages can be infected by the new coronavirus (nCoV-2019). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

Does the new coronavirus affect older people, or are younger people also susceptible?

#Coronavirus

COVID-19 advice for the public. Photo credit: WHO.int.