

## Impact of COVID-19 on NTD-related activities: COUNTDOWN consortium in Ghana reflect on key learnings and future opportunities

By **Motto Nganda**, Liverpool School of Tropical Medicine (LSTM)  
on behalf of the **COUNTDOWN** consortium

The Corona Virus Diseases 2019 ([COVID-19](#)) pandemic has affected over [216 countries, areas and territories \(as of 21/07/2020\)](#), most of which went into lockdown or adopted social/physical distancing measures and intensified WASH etiquettes. Africa is experiencing a rise in number of cases, amongst which is Ghana, currently among the top five most affected countries.



Pr. Mike Yaw Osei-Atweneboana

In this piece, I, Motto Nganda, Research Assistant with COUNTDOWN UK, had the pleasure of facilitating a conversation between two partners of the COUNTDOWN consortium in Ghana, exploring their experiences on previous and current health systems shocks, and how these can be used to shape NTD activities during and after the COVID-19 pandemic. This conversation was between: [Professor Mike Yaw Osei-Atweneboana](#), Director of the Council for Scientific and Industrial Research–Water Research Institute (CSIR-WRI) and the Principal Investigator of COUNTDOWN Parasitology & Diagnostics in Ghana and [Dr Samuel Armo](#), (Sam) Head of Biomedical and Public Health Research Unit at the CSIR-WRI and COUNTDOWN Parasitology and Molecular Diagnostics research lead in Ghana.



Dr Samuel Armo

**COVID-19 has had significant impact on our work: Following imposed physical distancing measures with closure of schools and the WHO's recommendation to suspend all community-based surveys, active case findings and mass treatment campaigns, we have had to suspend all our NTD field activities, including COUNTDOWN field research. Only laboratory diagnostics are effectively going on. Ghana's planned sub-regional conference on Schistosomiasis has halted at the planning phases.**

**Sam:** There are no schools functioning across the whole of Ghana. As it stands now, school-based deworming programs are on hold. In addition, travel restrictions have affected the community-based programs. So, because of the COVID-19 lockdown, we are not able to do field work.

**Mike:** The main thing we can do under the current situation is the NTDs related laboratory activities, this is because we have already collected samples from our previous field work. So all NTDs related laboratory work can be performed but every field work is on hold. In addition, we planned to organize a sub-regional conference on Schistosomiasis as discussed with the LSTM team, but because of the COVID-19, we are still at the initial planning stage of the conference. We keep discussing on when it will be possible to travel worldwide since the conference goes beyond Ghana.

*"We planned to organize a sub-regional conference on Schistosomiasis...but because of the COVID-19, we are still at the initial planning stage" (Mike)*

**COUNTDOWN capacity building on molecular genetics and real time quantitative polymerase chain reaction (qPCR), and their logistics was applied in setting up a COVID-19 testing centre in Ghana.**

**Sam:** As part of COUNTDOWN, we have had capacity built in molecular genetics for the diagnosis of STH (Soil-Transmitted Helminthiasis), Schistosomiasis and LF (Lymphatic Filariasis). We had a training on real-time Taqman qPCR, this training together with the logistics we received has helped us to set up a COVID-19 testing system. We are now part of the network of laboratories in Ghana that are assisting with COVID-19 diagnosis using qPCR.

**Health system preparedness for the Ebola outbreak has been oriented for the COVID-19 response in Ghana**

**Mike:** Even countries that did not experience Ebola had put a lot of structures in place to manage it. A lot of facilities were built up for Ebola, some places were meant for isolation, treatment centers and laboratories. So, the infrastructure for Ebola were repurposed for COVID-19 related activities.

**Sam:** Yes, I think that is it. There was some preparation for Ebola, and what the COVID-19 response team has done is to utilize some of the existing structures. However, novel strategies and structures have been developed in response to COVID-19.



SARS-CoV-2 qPCR diagnostic laboratory of the CSIR-WRI, Ghana

*"We are now part of the network of laboratories in Ghana that are assisting with COVID-19 diagnosis using qPCR" (Sam)*

**A multifaced approach for sensitization of the population, including the vulnerable, has been implemented by the Ghanaian president. This is done through regular presidential address to the population in which he uses top governmental officials affected by COVID-19 as examples to educate the population on the existence and dangers of the COVID-19 pandemic; and through official protocols for ministries, media houses and religious settings where at least 5 minutes per hour is expected to be dedicated to COVID-19 sensitization.**

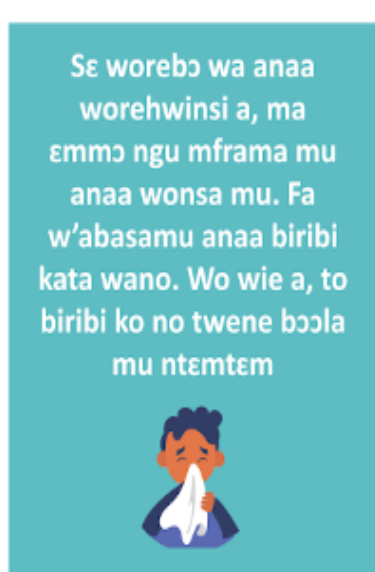
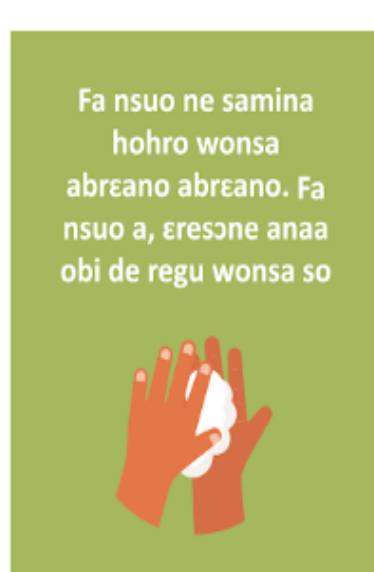
**Mike:** Some people think COVID-19 doesn't exist at all...especially because some people have not seen people close to them die, furthermore in Ghana, the COVID-19 death toll is low, a total of 153 people have died from COVID-19 ([21/07/2020](#)). For some people, these deaths are quite distant from them, no brother or mother has died from COVID-19, so they think it is not happening at all, COVID-19 is not real. To address this, a lot of educational programmes are on-going: we have the National Commission for Civil Education and the Ministry of Information with the necessary structures for communications, where the information gets to the communities to be educated on COVID-19.

*"In Ghana, the COVID-19 death toll is low...for some people these deaths are quite distant from them, no brother or mother has died from COVID-19 so they think it is not happening at all" (Mike)*



Poster of an animated video on COVID-19 in Twi, Ghana's most spoken local language ([PharmAccess Foundation, 2020](#))

**Sam:** The president has been addressing the nation and he has brought a lot of focus to it because he [makes the address himself](#). Also both the local and the English language media houses in Ghana, that is, those that broadcast in the local languages and those that make their broadcast in English do a lot of sensitization.



Educational posters in Twi, Ghana most spoken local language. ([Coronawestafrika.info, 2020](#))

**Mike:** One of the challenges of the COVID-19 is the stigmatization, where people who have recovered from COVID-19 are not easily accepted by the communities. In the president's 6<sup>th</sup> address to the nation on COVID-19 update, he informed the nation about that our health minister was infected with the virus and at the hospital for treatment, but his condition was stable. Also, one of our Municipal Chief Executives had been infected with the virus and had died of COVID-19. I think the president putting this information out during a [national address](#) on television is good enough to let people know that this disease is not a joke.

*"One of the challenges of the COVID-19 is the stigmatisation, where people who have recovered from COVID-19 are not easily accepted by the communities" (Mike)*



Ghanaian President addressing nation on COVID-19

**Sam:** Ghana is about 70% Christian, 18% Muslim and 5% traditional. As part of the Government's response to COVID-19, all churches and mosques were closed. The Government has currently eased restrictions and provided [protocols](#) to guide churches and mosques to open with a maximum of 100 in each auditorium following social distancing protocols.

One key aspect of the protocol is that churches and mosques should dedicate at least 5 mins in every one-hour service to talk about COVID-19, because people revere and listen to their pastors and imams, so the church or mosque is an important ground for education. There are [random checks](#) performed by the Government to ensure that the protocols are being observed. So the government is trying to use a multi-faced approach from religious bodies and media houses to the presidency itself.

*"People revere and listen to their pastors and imams, so the church or mosque is an important ground for education" (Sam)*

**Lessons for future NTD activities: NTD staff and researchers should capitalize on and reinforce the existing trust between them and the community for use in future NTD activities. Existing platforms set up for the COVID-19 response that include WASH could also be used for NTD programmes. The burden of NTDs in communities must be reviewed after COVID-19, evaluating eradicated NTDs and NTDs said to be under control. These are various research opportunities for COUNTDOWN and other NTD research teams and stakeholders.**

**Mike:** One good thing we have achieved regarding the NTDs program is the relationships we have built with these communities over the years through our long term visits, so the people know us, have interacted with us for a very long time and have therefore develop some level of trust. This is because we go there to give them drugs, carry out assessment on the patients and the level of endemicity. So, with this level of trust, we will capitalize on this trust, knowing that they will accept us in their communities despite the COVID-19 pandemic. Going forward, as scientists and health workers, we need to make sure that we maintain the trust the communities have reposed in us, as we carry out our current activities and look forward to post-COVID-19 activities.

*"We need to make sure that we maintain the trust the communities have reposed in us as we carry out our current activities and look forward to post-COVID-19 activities" (Mike)*

**Sam:** COVID-19 comes with the opportunity for us to do things differently and to take advantage of the existing platforms that have been established. Because when you look at COVID-19, a lot of the prevention strategies are based on WASH, people taking good care of themselves, better hygiene. So, how are we going to manage the existing strategies for COVID-19 and make sure that they work better for NTDs programs? Wherever we are working from, maybe from the laboratory, from offices, we need to be strategic and think outside the box and make the best of the situation there.

*"COVID-19 comes with the opportunity for us to do things differently and to take advantage of the existing platforms that have been established" (Sam)*

**Mike:** We must be reminded that, there may be areas where we thought communities are close to being free from NTDs, or control has been achieved. However, because of COVID-19 the NTD activities have come to a halt, this may affect the status of NTDs in endemic communities. So, I think we need to review and reorganize our strategies to make sure that we leave no stone unturned as we strive towards the elimination of these diseases [NTDs]" (Mike)

*"We need to review and reorganize our strategies to make sure that we leave no stone unturned as we strive towards the elimination of these diseases [NTDs]" (Mike)*