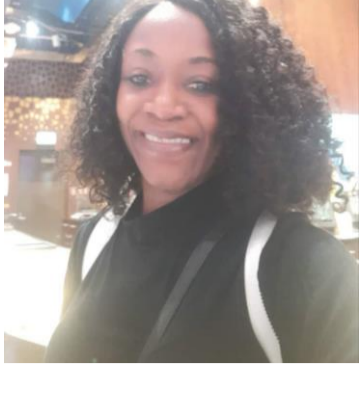


'This Too Shall Pass' - A Conversation between Frontline Health Implementers in Nigeria and Liberia during COVID-19

By Luret Lar, SIGHTSAVERS Nigeria and Karsor Kollie, COUNTDOWN Liberia; on behalf of the COUNTDOWN consortium



"I am Dr Luret Lar, a research manager at Sightsavers, Nigeria and a medical doctor. I have been involved in patient consultations and referrals for further testing of symptomatic and possible cases of COVID-19."



"I am Karsor K. Kollie, the Neglected Tropical Disease (NTD) Programme Director, Ministry of Health in Liberia. I am involved with resource mobilization, operational research, coordination and field supervision for COVID-19 response and NTDs."

The coronavirus (COVID-19) pandemic was declared a [global health emergency by the World Health Organization \(WHO\), on the 30th of January 2020](#). The African continent began to experience increased numbers of cases, when it was first reported in Egypt on 14th February among travellers returning from hotspots in Asia, Europe, and the United States. [Nigeria](#) reported the first case on February 27, 2020 and subsequently declared [total lock down on the 29th March](#) after major cities including Lagos and Ogun were worst hit by the pandemic. Similarly, [Liberia](#) reported the first case on 16th March, 2020 and also declared a state of emergency and a partial lockdown was declared on the [10th of April, 2020](#). Both countries instituted prevention and control measures including: bans on social gatherings, closure of schools, all public offices, and businesses. However, there have been enormous health, social and economic [challenges associated with the pandemic](#). The economic challenge is of no surprise as most of our communities in the West African subcontinent largely depend on daily income from informal sources of employment.

The restrictions have also impacted NTDs programme implementation and halted field work. The [COUNTDOWN](#) research consortium, focuses on improving the equity and effectiveness of Neglected Tropical Disease (NTD) programmes in sub-Saharan Africa through a health systems approach. Through this research partnership health implementers and researchers from across Liberia and Nigeria collaborate to promote learning across contexts and to problem solve. Within this blog, we, Dr Luret Lar (Sightsavers, Nigeria) and Karsor Kollie (Ministry of Health, Liberia), present a conversation we had where we reflect on the impact of the current COVID-19 pandemic on our health systems, communities and personal lives and key learnings.

Denial of COVID-19 and Stigma

Mistrust in the government and stigma highlights the need to understand community perceptions of COVID-19 in order to build trust and provide appropriate health information.

Disbelief in the existence of the virus is a commonly shared experience in both countries. An ambulance driver in Liberia who tested positive but had recovered was perceived by the community to have been paid by the government to fake his positive status in order for donors to resource more funds to the government. In both contexts, stigma is an issue:

Karsor: The denial is huge; people believe that it's the way of government trying to get attention so they can get money and do corruption... So, they do not believe that COVID as a virus exists ... The bottom line is that people are not dying... they try to compare this disease with Ebola.

"The denial is huge; people believe that it's the way of government trying to get attention so they can get money and do corruption... So, they do not believe that COVID as a virus exists" (Karsor, Liberia)

Luret: I lost my father, outside the country just before the lockdown was imposed in Nigeria and the rumours going on was that he died of the virus. Furthermore, coughing in public in Nigeria comes with stares, comments such as "no give us coro, o!", meaning do not spread the virus, and sometimes individuals race off with anyone coughing.

Karsor: Of course when you sneeze or cough that used to be the normal, even in my home, my daughter, when I sneeze she says, "Daddy go and wash your hands", (both laugh), so it is very common. People get stigmatized especially at the health setting, when you go for meetings and you just sneeze, even if it is as a result of an allergy, everyone looks at you, so people have to suppress coughing and sneezing.

Both Nigeria and Liberia experienced initial strict compliances to the lockdown measures at the national and most sub-national levels. However, at the district, local or county levels, as is applicable in both countries, these measures were minimally enforced. Social distancing and the compulsory [wearing of nose masks in public places is still a challenge](#).

Luret: Nigerians are quite style conscious, [and the nose mask is perceived to be more of a fashion symbol that should match one's dressing](#), rather than a protective measure. While this may encourage people to wear masks, I see this perception as a risk for more transmission of the virus; if the motive for wearing masks is based on fashion rather than safety, masks may not be worn correctly. Therefore there is a need for targeted awareness creation on the need to wear masks ensuring that the nose and mouth are fully covered.



Cloth facemasks owned by Luret, Nigeria

Lessons from Ebola

Ebola prepared us for the pandemic with structures established from the previous outbreak being used in COVID-19 response. However, limited resources still pose a challenge and we question how our health systems can be strengthened outside of international donor reliance.

In both countries, NTD program staff have been involved in COVID-19 implementation with the suspension of both community and school-based mass drug administration (MDA). In Nigeria, staff have been diverted to screen for COVID-19 cases, especially at interstate borders. These are locations where people commute along for trade and work in search for daily livelihood. Furthermore, this has resulted in several "almajiri" (children who leave their homes in search of Islamic education), who are usually found at these borders, screened and quarantined, or being reunited with their families. Liberia was relatively prepared in terms of border control and screening, from the lessons learnt during the Ebola crisis. However, limited resources including personal protective equipment, testing facilities, and quarantine facilities, hindered more effective preparedness, as was the case in Nigeria.

"Ebola prepared us for the pandemic with structures established from the previous outbreak being used in COVID-19 response"

Karsor: One of the things we also say that we learnt from Ebola is the fact that there were already systems put in place like isolation units...based on the fact that the experience we had from Ebola was still fresh in our minds. There were other strategies, like screening from the airport, screening for border entry points, the coordination mechanism, and simulation exercises. We didn't have to train people from scratch, and the fear of the health workers getting to the frontline was not there like during Ebola... So to some extent, the health system was a little prepared even though the resources are not always there.

Preparedness and mitigation measures with weakened health systems are still major challenges of the sub region. As researchers, we wondered why the pandemic has affected more developed countries with their stronger and more resilient health systems and why this impact is not as much within our subregion. Could this be a case of under testing due to inadequate kits that meet the population needs? However, we feel our region should focus more on adjusting to the "new normal" and preparing for adequate provision and safety measures within the communities where we implement health interventions.

Karsor: I am concerned about governments taking initiative to build capacity in-country so that when you have [an] epidemic or pandemic, the government is able to do things on their own instead of waiting for international partners. In this situation where the whole world is overwhelmed, developed countries want to pay attention to themselves and it is only after they are able to contain it in their countries before they pay attention to developing countries. So, if you have the infrastructure and the technical know-how you are able to do something without waiting for international partners to come first before you can save your own people's lives.

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The Pandemic and Our Daily Lives

Reflections on workloads and responsibilities highlight the similarities in our fears of being exposed to COVID-19 due to our roles, but it also has shown the different ways in which the pandemic has affected us through gender.

For both of us, it has been a mixture of staying at home and concentrating more on desk-based activities, as well as conducting our essential services, outside our homes. In many ways, the pandemic has also increased our workload:

Karsor: In terms of my present responsibility as a result of the COVID-19, I am also working on proposals on conducting other operational research, looking at integrating the COVID-19 response to the NTD programme so that the NTD programme is sustained during this epidemic, and this includes working with the ASCEND programme, also REDRESS, COUNTDOWN and other research programmes to see how we can integrate some of the interventions. So COVID-19 has just added additional work loads.

Luret: I have actually longer working hours than I would, ordinarily if the pandemic was not on, because now it's like timeless, space-less and wall-less, so ...you find out that you are sitting for hours and hours on end...

"I actually have longer working hours than I would, ordinarily when the pandemic was not on, because now it's like timeless, space-less and wall-less" (Luret, Nigeria)

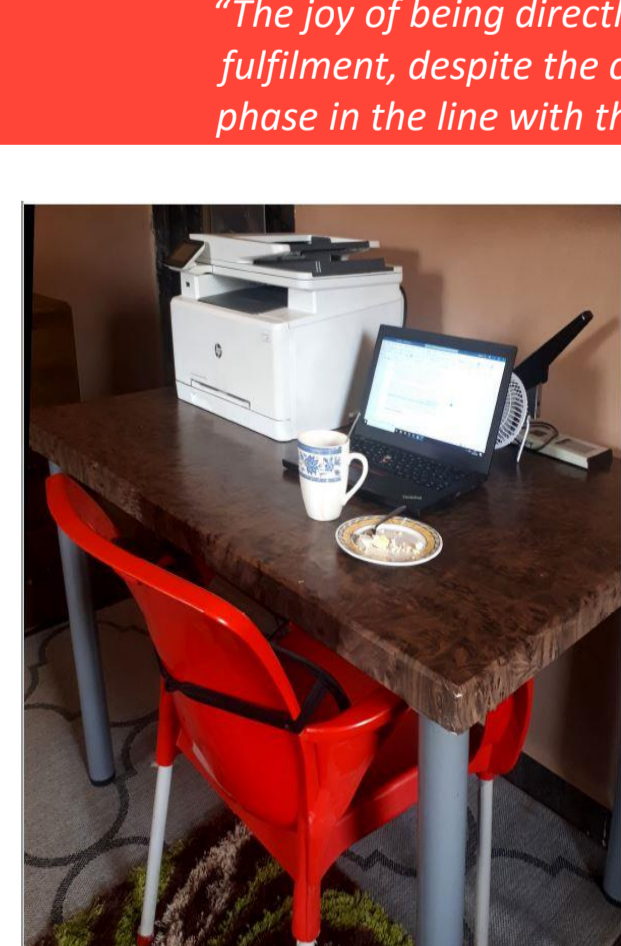
Luret: Being medical a doctor, I was called upon to attend to sick patients and had several phone calls answering questions around the pandemic. Having to see patients came with its attendant fears and uncertainties of the likely event of being exposed to people with the virus... sometimes I would wonder and ponder where the future lies. And being a doctor having to be in contact with some of the people affected, sometimes this was a bit challenging.

Karsor: I still had to be going for meetings as an essential staff in the Ministry, so there were lots of psychological issues we had to contend with. My wife being a medical doctor as well... so both of us have had stress on how to manage our family being probably at risk of being exposed to the disease and the fear that you could bring the disease back home.

We both had to juggle and ensure that a balance was struck between our work and home life, especially as children had to be home schooled. Erratic power supply, and internet connectivity challenges were initially tough to handle, but we overcame them by getting alternate power supplies and several internet dongles. Sometimes, the children's online activities clashed with our online meetings and the thought of which devices to use, for example whether the mobile or laptop will need to be shared, which networks and data bundles to utilise, were constantly on our "to do lists". The pandemic has also highlighted the gender roles that are embedded in our culture.

Luret: Furthermore, as an African woman, I had to ensure that all the meals for the family were ready at the right time, sometimes at the expense of scheduled work meetings and vice versa. However, the joy of being directly involved with my children's academics gave me so much fulfilment, despite the challenges it brought. We are glad that we overcame that phase in line with the common saying of "this too shall pass".

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Luret's workspace at home

Cross Country Collaboration

Working together on the COUNTDOWN programme has allowed for shared learning across both countries on strengthening health systems in NTD service delivery. Many of these lessons can now also be applied to COVID-19 responses with cross country learning on aspects such as community-based care and surveillance as well as highlighting research priorities.

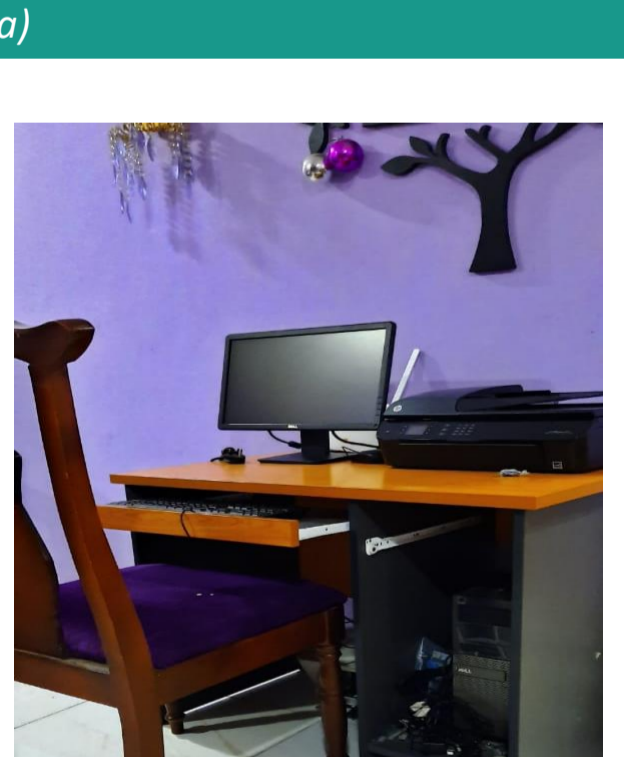
During this time, we have been able to take part in online courses and virtual discussions with our country partners. The pandemic has presented us with an opportunity to collaborate and learn from each other.

Luret: I can now see a lot of the cross-country learnings coming to life! You know, just by speaking with you on this cross-country blog has given me a lot of information on what is happening in Liberia regarding the COVID-19 virus. I felt this might be a silent benefit of the pandemic because we are getting to know what is happening across the countries. We can collaborate more on continuous shared learning, especially on how Liberia has strengthened surveillance at various borders to ensure minimal risks to transmission of the virus. Simulation exercises are common on paper, in Nigeria, but when it comes in practice to the real experience, it is challenging. It will be good to learn how Liberia is ensuring that, especially with regular simulations, prior to actual occurrences.

"The pandemic has presented us with an opportunity to collaborate and learn from each other" (Luret, Nigeria)

Karsor: The COUNTDOWN partnership has contributed in terms of building skills and knowledge, and not just in research; it gave me the opportunity to understand what was happening in other countries and how it has impacted research and [how] we could tweak some of the approaches we have in moving forward with our operational research. On capacity building, this is one area where COUNTDOWN has really made a mark [with] innovative ways of contributing to building capacity of the research team. And we can commend our partners for this and probably people don't see how much impact COUNTDOWN is making in Liberia, especially with the level of partnership and how new breed of junior researchers are being capacitated to do what is actually necessary to move forward in their career.

We have learnt different ways of working and doing research from each other, including using innovative virtual platforms and online trainings. Through cross country collaboration, this allows the opportunity to learn from each other in strengthening our health systems and responses to COVID-19 so we can better prepare for what lies ahead.



Karsor's home workspace