Safely implementing NTD programming within the COVID-19 context: Challenges, Successes, and Lessons Learnt

Background

On April 1, 2020, the World Health Organization (WHO) recommended that community-based surveys, active case-finding activities, and mass treatment campaigns for neglected tropical diseases (NTD) be postponed until further notice due to the risk of transmitting COVID-19. This was followed on July 27, 2020 with updated WHO interim guidance which stipulated that programs should conduct risk assessments and establish mitigation plans prior to recommencement of mass outreach activities. Since then, programs have been resuming NTD activities.

Purpose of this document:

The purpose of this document is to support NTD programs as they implement NTD activities within the COVID-19 context. It aims to collate lessons from across different NTD programs, world regions, contexts, and activity types. It is an evolving reference document that can be updated as more information is generated by the NTD community. Information included in this document should be taken in the spirit of experiences shared, not recommendations. Links to other resources are also included.

This first version was prepared by the COVID-19 learning sub-working group of the NNN, based on member's experiences and observations as they supported ministries of health (MOHs) across multiple countries and regions to prepare and resume activities, including conducting risk assessment and risk mitigation strategies. It will be updated with additional lessons gleaned during a global level meeting to be held on June 10th. **Updated May 2021.**

Planning and preparation

Lesson: Allow for increased preparation/lead time to account for planning risk mitigation strategies, developing standard operating procedures (SOPs) and communication

Contributing Factors

- Need extra time to account for assessing risk and developing mitigation processes, often in coordination with various stakeholders.
- Need extra time to ensure approvals are in place (e.g. for procurement of personal protective equipment (PPE)).
- Need to revise training, supervision, and communication materials to include risk mitigation measures.
- Staff implementing vaccine/COVID tasks - could be pulled away from NTD work

Potential Strategies

- Initiate discussions between ministries (e.g. Ministry of Education, Ministry of Agriculture, Ministry of Finance, departments within the Ministry of Health) to see where integration and synergies can be found e.g. procurement of PPE and sharing experiences to date.
- Increase frequency of communication at all levels (national, regional, district, community).
- Use knowledge of people in your network (e.g. on your team, across MOH, in other departments) about lessons learnt from previous epidemic responses (e.g. post-Ebola context or SARS).
- Develop standard operating procedures (SOPs), using existing guidelines and resources, where available.
- Communicate with implementation teams early - both for information and orientation.
- Look for opportunities for coordination and collaboration between countries (e.g. Webinars for cross country learning, NTD Program Managers Community of Practice).
- Share existing SOPs between countries for cross learning.

Resources
[WHO, ESPEN, USAID documents](#)   [Risk Assessment and Mitigation Action (RAMA)](#) tool

Lesson: Work collaboratively with the COVID-19 coordinating bodies throughout the levels of health system (i.e. COVID-19 Task Force) during planning and implementation phases
Contributing Factors
- Many ministries have roles to play in COVID-19, and it can be unclear who to reach out to for what information.   - Programs may be operating in silos and there may be duplication of efforts if the central coordinating body is not informed/involved.   - Local COVID-19 coordinating bodies can provide up to date, local, information on COVID-19 rates and on community response.
Potential Strategies
- Identify and coordinate with COVID-19 committees to see if there are opportunities to integrate with other activities in the community.   - Involve/consult the COVID-19 Task Force throughout the planning and implementation phases to ensure coordination of activities, including procurement of PPE, community health education, and how to manage suspect cases.   - Local COVID-19 committees will support necessary discussion and advise around acceptance of visitors to the community and use of PPE. They may be willing to support activities too (e.g. by ensuring safe distance is maintained or supervising to ensure adherence to COVID related SOPs)   - Communicate and collaborate with local community health workers.

- National COVID-19 coordinating bodies can review and approve SOPs to ensure alignment with government needs.

Lesson: Consider alternative approaches for intervention and training

Contributing Factors

- Schools might be closed, requiring a shift from school-based to community interventions.
- Mass gatherings have been suspended or are discouraged, requiring a shift from mass gatherings to house-to-house strategies.
- Overlapping time frames of program delivery, due to suspension of activities, which may lead to human resource strain.

Potential Strategies

- Explore integration of services both within NTD activity and with other health interventions.
- Consider remote training opportunities to prevent unnecessary grouping of individuals.
- Consider conducting training outdoors where possible.

Lesson: Plan for increased resources (human and financial)

Contributing Factors

- Increased need for PPE.
- Increased time allocation to account for change in delivery strategy, physical distancing requirements, etc. For both training, implementation and post-implementation surveys.
- Need larger or more venues to accommodate social distancing protocols during training, which often means increasing the budget.
- Existing external funding may not be able to be reallocated for PPE or additional costs associated with mitigation factors.
- Increased human resources often required to account for amended delivery strategies (e.g. change from school based to house-to-house).
- Increased logistics (vehicles) to allow for distancing during travel.

Potential Strategies

- Build in additional time to allow for adapted training and delivery.
- Consider increasing the number of staff and / or volunteers.
- Consider hand sanitizer as an alternative for hand washing with soap and water where not readily available in communities.
- Consider asking recipients of drugs during MDA to provide soap/water to community drug distributors (CDDs).
- Elicit greater inclusion of domestic resourcing and/or new partnerships for PPE provision and additional budget needed.
- Identify local procurement channels for PPE.
- Consider local solutions for sustainable, cost effective face coverings.
- Look for opportunities to shift budgets to cover additional costs (e.g. there may be savings due to meetings being held virtually or fewer people traveling from national level to the field).

Implementation of Activities

Lesson: Establish COVID-19 testing and response plan

Contributing Factors

- COVID-19 situation can change at any time; there may be increased disease transmission right before activities start or as they are on-going.
- Team members may get sick or test positive during or within two weeks of activities.

Potential Strategies

- There needs to be a plan in place for when to stop/start activities to prevent transmission linked to NTD implementation. This includes being clear on who the decision maker is, how they will be updated on the COVID situation, and the communication protocols that need to be followed.
- Consider, individuals involved with implementation should be tested for COVID-19.
- Establish a daily COVID-19 screening process for individuals involved with implementation.
- Establish referral processes for individuals (community members and individuals involved with implementation) who present with signs, symptoms, and/or known exposure to COVID-19 during NTD activities.
- Ensure criteria are known for when to stop activity (due to increased COVID-19 risk); ensure these conversations take place with activity leads during planning.
- Coordinate with the COVID-19 committees/task forces for better collaboration, decision making, and response related to NTD implementation within the COVID-19 context.

Lesson: Establish supervision and monitoring plans to ensure COVID mitigation procedures are followed

Contributing Factors

- Social distancing, particularly for children, can be harder to implement in reality than in theory, especially if COVID-19 has not been a priority in the country.
- Over the course of outreach, strict adherence to mitigation procedures may become lax due to team member fatigue and reduced feeling of risk.

Potential Strategies

- Use supervision checklist tools to monitor adherence to COVID-19 mitigation measures; provide immediate feedback if mitigation measures are not followed. This may include bringing on additional community volunteers to observe activities and immediately point out discrepancies.
- Additional supervision can be done remotely (e.g. by sending photos daily via What's App and receiving immediate feedback).
- COVID-19 mitigation checklists can be added to existing supervision checklists – paper and digital.
- Encourage team members to review mitigation procedures prior to starting outreach (daily if possible).
- Identify best strategies for social distancing – space chairs appropriately, have team members (or community members/leaders) devoted to crowd control, create a waiting area.
- Identify best ways to limit contact – like placing pills in a bowl/cup provided by the household.
- Use WhatsApp or other messaging platforms to support set-up of outreach and mitigation procedures remotely (if required).
- Promote immediate follow up with noncompliance in COVID-19 risk mitigation.
- If budgets allow, increase days of supervision.
- If you need to bring people to a fixed place, consider having community volunteers bring a few households at a time to avoid crowding.

Lesson: Establish plan to minimize missed diagnoses due to COVID-like symptoms

Contributing Factors

- Patients with VL, human African trypanosomiasis, and others present with a fever and treatment regimens are not followed as there is an assumption it is COVID-19.

Potential Strategies

- Connect with local COVID-19 committees in the health system or governance system to establish testing and response plans—determine the process to rule out COVID-19 and refer for VL treatment.
- Advocate for vigilance in testing for NTDs in known hyper endemic areas for such diseases in addition to COVID-19 testing.
- Ensure coordination with other disease focal points to establish what processes (e.g. dual testing, etc.) should be implemented to avoid missed diagnoses.

Lesson: COVID-19 impact on special needs of morbidity management program/activities

Contributing Factors

- People with chronic morbidities need more frequent visits to the health facility, which will be restricted due to COVID-19.
- Necessity of frequent travel to the health care facility increases their risk of exposure to COVID-19.
- Self-care tools (e.g. hygiene kits) provided to the affected persons may not be sufficient or may not even reach the beneficiaries due to the movement restrictions on community staff.
- Self-care education programs which are frequently undertaken under the respective programmatic approach are hampered due to the restrictions and/or paucity of the health staff (due to their diversion into COVID-19 control activity).
- Resource reallocation and prioritization of COVID-19 in resource limited settings.

Potential Strategies

- Health care needs for morbidity management should try to find alternative approaches including telemedicine or through developing appropriate referral mechanisms.
- Proper education on COVID-19-appropriate behavior for those seeking morbidity management services.
- Plan to make extra kits/medicine/appliances etc. available for the beneficiaries to cover the long gaps between the health care visits.
- Online or virtual education programs or printed pamphlets may be used as alternatives to physical training.
- Advocate with the local program managers emphasizing the special needs of morbidity management.

Advocacy and Social Mobilization

Lesson: COVID-19 risks need to be clearly communicated, and misinformation addressed

Contributing Factors

- Understanding of COVID-19 can be different in different areas – some think COVID-19 risk is far away and not applicable, others are fearful of health services and avoid healthcare workers.
- Inconsistency of understanding may lead to lack of community adherence to prevention measures (e.g. physical distancing or use of PPE).
- Ivermectin and Azithromycin are NTD treatments and have been referred to in the media as possible COVID-19 treatments/protection.

Potential Strategies

- Communications about NTDs should be adapted to include key COVID-19 prevention messages (i.e. the importance of social distancing and proper mask wearing).
- Adopt virtual engagement for a higher level of advocacy.
- Provide specific education on mask wearing and other COVID-19 risk mitigation strategies.
- Leverage media and town criers as a platform to provide community information on NTD activities and COVID-19 risks, as opposed to community meetings (to limit mass gatherings).
- Actively engage community members / leaders before and during the activities to help sensitize the communities about COVID-19 and the safety precautions to be followed during activity.
- Connect with local COVID-19 committees in the health system or governance system for support and guidance on NTD activities.
- Provide clear communication that ivermectin and azithromycin have not been proven to treat or protect against COVID-19, and prevention strategies are still required.
- Consider important alternative partners (e.g. private sector) and platforms (e.g. social media) to communicate behavior change.

- Ensure no one is left behind in the communication strategy (e.g. persons with disabilities).

Lesson: Establish local guidance on PPE

Contributing Factors

- The acceptability, availability, and feasibility of using different types of PPE will vary based on local context.
- Severity of COVID-19 risk may impact the type of PPE recommended for a given activity.
- Local governments' requirements for PPE will vary by location.
- Cultural acceptability on the use of PPE will vary by location.

Potential Strategies

- Develop local guidance on what type of PPE will be used and why—where relevant, you may want to coordinate with the COVID-19 committees/task forces in the decision-making process.
- State clearly and come to consensus on who can provide what PPE, so there are no unspoken assumptions that leave the activity without needed PPE.
- Low-cost innovations, like the loupe-face shield, can provide PPE security for high contact interventions like Trachoma Surveys.

Resources

[Mask use in the context of COVID-19, WHO, December 2020](#)

https://www.ntdtoolbox.org/toolbox-search/assembly-instructions-integrated-loupe-face-shield

Additional Resources

Numerous resources are available at the below links and may be helpful in the planning and/or implementation of your activities. Though numerous partners and stakeholders have contributed to this collection of documents, it is not exhaustive and there may be additional useful resources available. Consider discussing with your local departments to ensure there is information sharing taking place; if there were other outbreak, pandemic, or community transmission mitigation strategies that were employed previously, consider how those could be reapplied to the COVID-19 context.

If you do have additional resources that are not included and that could be useful for other programs, please feel free to contact **Kim Jensen** (**kjensen@cartercenter.org)** from the **NNN COVID-19 Best Practices Working Group** so they can be added to the collection.

Mask use in the context of COVID-19, WHO, December 2020

WHO, ESPEN, USAID documents

Risk Assessment and Mitigation Action (RAMA) tool