

How Sightsavers' NTD team is responding to COVID-19

July 2020



Introduction

In response to the COVID-19 pandemic and following guidance for neglected tropical disease (NTD) programmes issued by the World Health Organization (WHO) ([endnote 1](#)) Sightsavers and partners have paused key NTD activities, such as active case finding and mass treatment campaigns.

One of the best strategies for getting NTD work back on track is to do what we can to support countries' COVID-19 relief efforts. To this end, over the past few months we have been working with partners, governments and communities on two key areas: **'flexing' NTD programmes** to support the COVID-19 response and **devising contingency plans so we can resume NTD activities** when it is safe to do so.

The following document outlines:

- Our five-step assessment process for resuming NTD activities
- Current scenario planning to estimate the impact different NTD activity delays could have on progress to control and eliminate NTDs
- Details of how DFID's flagship NTD initiative, the Ascend West and Central Africa programme, is flexing to respond to COVID-19
- Our work to ensure people with disabilities are not left behind by countries' COVID-19 responses.

Sightsavers is monitoring developments closely, liaising with governments and partners to assess what COVID-19 developments mean for our joint NTD programmes. This document summarises our position as of July 2020.

Resuming activities: our five-step approach

Working with various partners from countries across the world, Sightsavers has agreed a **five-step rigorous review process**, which all our country offices will follow to determine whether it is safe and appropriate to resume NTD activities.

Step 1: Risk review

Complete a planning matrix called the Risk Assessment Mitigation Action (RAMA) tool, which reviews the risks associated with resuming activities and the way these risks can be mitigated. The matrices examine different activities, such as mass drug administrations (MDAs), surgeries and disease surveys, and also take into account the impact of any other community-based health interventions happening in the area. Through this risk review, programmes will clarify the standard operating procedures (SOPs) they will follow when resuming activities to ensure the safety of health workers and community members in the context of COVID-19.

Step 2: COVID-19 trends

Work with national COVID-19 task forces to obtain data on the latest coronavirus trends in specific countries and on a regional level. This will be a continual process to ensure any changes in the spread and impact of COVID-19 can be identified and responded to.

Step 3: Financial review

Review the financial implications that additional health messaging on COVID-19 – as well as mitigation strategies such as mandatory facial covering, ensuring physical distancing and intensified handwashing – will have on programme activities.

Step 4: Discussion

Discuss the information gathered through Steps 1-3 with the relevant programme director(s) and Sightsavers' technical team.

Step 5: Decision

The decision on whether or not to resume activities will be referred to Sightsavers' NTD senior management team and regional directors, in close collaboration with our head of risk and security. In some cases, donor approval and additional security-risk assessments will also be required.

Protective personal equipment

Our top priority is the safety of our staff, partners and the communities where we work. For this reason, we will always promote the use of appropriate protective personal equipment (PPE) (e.g. masks, eye protection, gloves and gowns) to carry out NTD activities, such as medicine distribution, surgeries and the collection of samples for lab analysis. We are sourcing PPE through existing health systems or via approved local suppliers who follow our strict code of conduct.

Scenario planning: The impact on our programmes

We are working closely with programme donors to (a) protect the progress that has been made on controlling and eliminating NTDs; and (b) look at the short-term impact on activities, depending on how long the pandemic delays our work and how we can mitigate against a long-term impact on disease elimination.

The following table shows the projected impact that COVID-related interruptions to the Ascend West and Central Africa programme's first year of activities could have on reaching 2030 goals to eliminate the five NTDs we work on ([endnote 2](#)).

Disease (Goal)	Minimum average delay to achieving the 2030 goal and type of setting where this would be seen	Maximum average delay in time to achieve the 2030 goals and type of setting where this would be seen	Minimum catch up strategy
Soil-transmitted helminthiasis	No impact (hookworm, 20-50% prevalence)	Less than one year (hookworm and <i>A. lumbricoides</i> , 20-50% prevalence)	Additional round of community wide treatment (hookworm) or semi-annual treatment (<i>A. lumbricoides</i>)
Schistosomiasis	No impact (less than 10% prevalence)	Less than two years (more than 50% prevalence)	Additional treatment round in settings with moderate or high prevalence
Lymphatic filariasis	No impact (less than 10% current prevalence)	One year (15-20% current prevalence)	One year biannual OR three years enhanced (80%) coverage OR 1 year of combined treatment (Ivermectin, Diethylcarbamazine and Albendazole)
Onchocerciasis	Less than or around 40% of baseline prevalence, or/and long treatment duration, then no impact	More than 40% baseline prevalence and shorter treatment duration, then modest impact	One year biannual treatment in the subsequent year (2021) to help the programme get back on track (65% coverage; 5% non-adherence)
Trachoma	Less than 1 year (using a mean of 20% active trachoma prevalence)	More than 2 years (using a mean of 40% active trachoma prevalence)	Additional treatment round in high prevalence settings

‘Flexing’ Ascend West and Central Africa to support COVID-19 work

Through the Ascend West and Central Africa programme, which treats five NTDs in 13 countries, we are working with ministries of health and national COVID-19 task forces to identify areas of immediate need in responding to the pandemic, ensuring we’re providing support where requested.

Work is also underway to manage the impact of COVID-related delays on NTD activities by refining mitigation strategies that will allow national programmes to resume activities safely.

The main flexing activities Ascend West and Central Africa is supporting in 10 countries are as follows:

- **Mass media behaviour change communication (BCC):** We are working with **M&C Saatchi**, ministries and partners to develop BCC content for the COVID-19 response. As well as messaging on prevention behaviours such as physical distancing and hygiene, this information will seek to tackle misinformation on COVID-19 and identify accurate information sources.
 - People living in remote communities often have less access to formal health services, so we are working to reach them in alternative ways, such as through posters in public places, local radio ads and WhatsApp.
 - Our COVID-19 BCC activities have a particular focus on reaching vulnerable groups, including children, people with disabilities, rural and border communities, and minority groups. Messages will be accessible and culturally appropriate, tailored to local languages.
 - For example, in Benin, mass media communications for COVID-19 will be accessible for people with hearing impairments. They will also be translated into the minority languages.
- **Training** community volunteers, community leaders and district heads to disseminate and reinforce key messages on COVID-19 to communities.
- **Training** school health coordinators on ways to protect staff and pupils from COVID-19 infection.
- **Supporting supervision at national, regional, district and community level:** For example, in regional health directorates and health districts in Côte D’Ivoire, and monitoring implementation at county and district levels in Liberia.
- **Strengthening surveillance:** We are doing this by training health workers, volunteers and contact tracers. In Guinea-Bissau we are training health information system officials; and in Ghana, we are training health workers in disease surveillance in target border facilities.
- Provision of **sanitary and cleaning supplies and hand-washing materials** to health workers, hospitals and laboratories engaged in COVID-19 case management.

Ascend's Innovation and Learning Fund

The Ascend West and Central Africa programme's Learning and Innovation Fund offers grants of between £20,000 and £500,000 to encourage cross-sector partnerships that have the potential to multiply the impact of NTD programmes. The first of the fund's five application cycles, which closed in May, prioritised proposals for adapting NTD work to support the COVID-19 response, and those that will support the recovery of NTD programmes. Other funding cycles – all of which will look to encourage innovative, cross-sector ideas – will be made available later this year. www.ascendwest-innovationfund.org

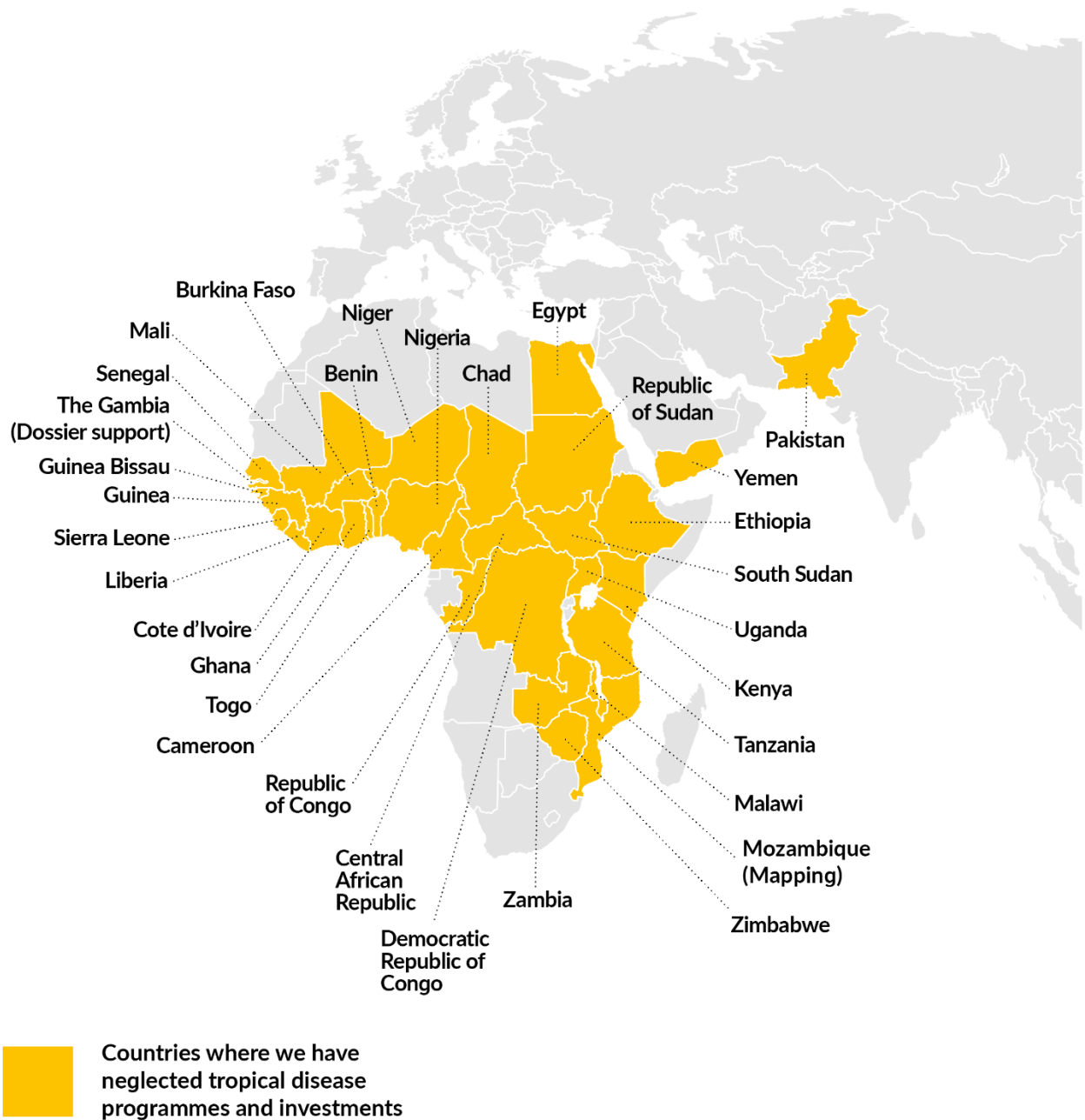
Ensuring we leave no one behind

Sightsavers is fighting for the inclusion of people with disabilities in development programmes, including its NTD activities. There is an increasing recognition that COVID-19 has specific impacts on people with disabilities, through lack of access – or even denial of access – to health services. Social distancing can undermine the critical support people with disabilities require to secure even their basic needs and to benefit equally from COVID-19-focused programmes. Sightsavers and partners will be working to highlight these problems and urge the United Nations and governments to incorporate these issues within their COVID-19 response planning.

For more detailed insight into the impact of COVID-19 on Sightsavers-supported NTD programmes, please read [this blog from April](#) and [this think piece from June](#) by Professor David Molyneux, CMG, emeritus professor, Liverpool School of Tropical Medicine and chair of the Ascend West and Central Africa Technical Consultative Committee.

NTD map

The map below shows the countries where NTD activities are scheduled to take place in 2020 (highlighted in yellow).



Endnotes:

1. WHO guidelines

On 5 May WHO published a consolidated, joint interim guidance document (with IFRC and UNICEF) on ‘Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic’, which can be downloaded and read in full [here](#).

The key points to highlight from the document are as follows:

- Community-based surveys, mass treatment and active case finding should be temporarily suspended. Countries should monitor and re-evaluate at regular intervals the necessity for delaying these activities.
- In areas with community transmission [of COVID-19], only essential activities should be continued.
- In a given geographical area, upon the detection of (a) a sudden increase in the incidence of NTD infections or (b) a significant burden of disease, **the decision to resume or commence active case finding or mass treatment campaigns, or both, will require a risk-benefit assessment on an event-by-event basis; the assessment must factor in the health system’s capacity to effectively conduct safe and high-quality health interventions in the context of the COVID-19 pandemic.**
- Ensuring access to diagnosis, treatment and care of NTDs for patients presenting to health care facilities should continue to the extent possible.

This followed interim advice that was issued on 1 April, which can be read in full [here](#).

WHO continues to encourage the prompt diagnosis, treatment and care of patients with symptoms of any NTD who arrive at healthcare facilities. To support this, Sightsavers have produced a supplementary guide, available in both French and English (*Trichiasis surgery during COVID-19: Keeping health workers and patients safe. Proposed Standard Operating Procedures for Trichiasis Management at Static Facilities*), which is available on request. A similar guide for hydrocele surgery for people with lymphatic filariasis will shortly be available.

2. As outlined in WHO (2020) Ending the neglect to attain the Sustainable Development Goals A road map for neglected tropical diseases 2021–2030.

www.who.int/neglected_diseases/Revised-Draft-NTD-Roadmap-23Apr2020.pdf

We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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