

COR-NTD 2020

Virtual Meeting, November 12 – 14

Integrating for Impact

COVID-19 and NTDs

Session Date: 11/12/20

Session Time: 11:00 AM - 2:00 PM EST

Session Description: The COVID-19 pandemic has had a substantial impact on NTD programs globally, particularly following WHO's recommendation on April 1, 2020 to temporarily suspend community-based surveys, mass treatment and active case finding. As countries have turned their focus toward COVID-19 control and mitigation, health system resources have been strained and NTD programmatic and research targets are in jeopardy of being delayed. Community trust in NTD and other health programs has also been threatened by the spread of rumors and misinformation. Despite the difficulties faced by NTD programs, however, there are also significant opportunities for innovation, collaboration across sectors, and community engagement to strengthen both the COVID-19 response and NTD activities in order to ensure that progress toward achieving the 2030 goals continues.

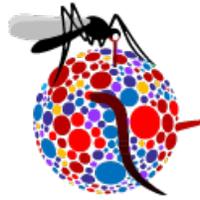
The session will feature insights from researchers, implementing partners, and program managers around 3 key topics:

- 1) Programmatic impacts of the COVID-19 response, and how lessons learned present opportunities to build more resilient NTD programs and health systems
- 2) How mathematical modelling can be used by countries to support decision-making around mitigating delays and maintaining progress towards the 2030 goals
- 3) How NTD programs can mitigate misinformation and increase trust in health personnel and services within local communities.

Speakers will highlight areas of interest including integration and collaboration with other programs (e.g., malaria), community-led peer-to-peer health education, and novel technologies and communication pathways for NTD monitoring and control. The primary output of the session will be a unified operational research agenda aimed at strengthening NTD programs and health systems in the context of COVID-19 through programmatic enhancements, innovative tools, community outreach, and cross-sector collaboration.

Session Chairs: Effie Espino, Andreia Vasconcelos, Jutta Reinhard-Rupp, and Justin Nono

Session Rapporteurs: Sarah Martindale and Emma Davis



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KEY DISCUSSION POINTS

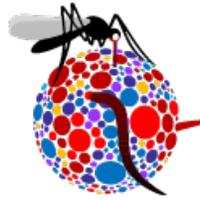
Presentation 1: Building Resilience into NTD Programs to Face Emerging Infectious Diseases of High Consequences – Maxine Whittaker, on behalf of Effie Espino

- The work considered was linked to the WHO NTD roadmap 2021-2030 which talks about integrated and mainstreaming approaches. The roadmap needs us to have resilient national programs. To do so, national programs need strong leadership and governance.
- In the pre-meeting session, several issues were addressed including:
 - How do we look at NTD program preparedness and getting back on track? Operational issues and the key research agenda associated with this includes:
 - Centralised vs. decentralised health system including short term and longer term objectives
 - Re-enforce integration platform emphasised in the NTD roadmap – improved methods increase the timeliness and effectiveness of health system responses to NTDs and epidemics/pandemics
 - Human health resources with a focus on community health workers – sufficient incentives, capacity requirements to meet technical needs
 - New approaches including communication and digital platforms – what are the messages and the best ways to convey these, and what are the opportunities for digital health and what platforms already exist
 - Consider high COVID caseload (high/low) versus NTD program status (control/pre elimination/elimination). What are the adaptive changes needed and the responsibilities how do we scale up measures?
 - Exchange of tools and experiences between NTD programs, WASH and response to COVID-19 in the short term (dengue, LF, VL, MDAs) and long term (COVID-19 and NTD integration, WASH).

Presentation 2: The Impact of COVID-19 on the 2030 Goals – Deirdre Hollingsworth

What mathematical model analysis says?

COVID-19 response is likely to lead to delays in MDAs and other activities. But how long can NTD interventions be postponed before progress towards 2030 goals is adversely affected? In



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which settings will delay lead to the biggest impact, and what strategies can be implemented once activities resume?

- Delays in MDA rounds leads to greater number of infections in the community, some gains in reduction in prevalence will be lost, and more rounds of treatment will be required. The longer the delay, the greater the resurgence and more rounds required to get on track. In higher transmission settings, the resurgence is faster.
- Remedial strategies to get programs back on track includes extra rounds of MDA and different coverage or treatment strategies
- For trachoma, for areas not on track, a missed MDA will cause an increased level of infection in these populations. However, enhanced MDA could help it get back on track
- Working with ESPEN to provide access to models in a user friendly format

What is happening on the ground?

- Survey of program managers on impact of COVID-19 (Sept-Oct 2020) has been conducted
- Most countries concerned about delays, and minimal MDA was conducted to date
- Some of these concerns were: shift to door-to-door distribution from fixed sites, movement restrictions, budgets have increased, issues around expiring drugs and diagnostics, repurposing of personnel affecting continuity of programming, fears of covid-19 transmission, delays and reduced quality of JAP applications
- Coping strategies to overcome these include: training for door to door approaches, coordination with covid-19 response, increase telephone and virtual communication

What other programs have done? – example 1 from Mike French (RTI)

- Main aims to help programs restart safely and effectively, do no harm but maintain program gains, regain confidence of communities, recognize we will restart with rather than after covid-19
- Considerations to restart: what is the COVID-19 situation, where are the cases, how will this effect NTD programs, are funds available, are drugs/diagnostics available, what mitigation measures are required, how do we communicate with communities to reassure them
- Practical approaches to implementing WHO guidance – available on www.ntdtoolbox.org

What have other programs done? – example 2 from the malaria program

- Modelling was done to look at impact of COVID-19 on malaria clinical incidence and mortality



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- WHO report highlighted Key recommendations to prevent this
- How can malaria programs and malaria programs work together?
 - LLIN distribution will benefit vector borne NTDs
 - Recommendations to continue to seek care for malaria will impact case finding for NTDs
 - Malaria prophylaxis treatment distribution could be integrated with NTD treatment distribution
 - Strengthening of surveillance systems and supply chains
 - Community engagement opportunities for integrated approaches

Presentation 3: Fake News and Trust in NTD Health Programs - Justin Nono Komgueb

- The WHO NTD roadmap requires concerted actions in three areas: accelerated program actions, intensify cross cutting approaches, mainstream them into national health systems. They are reliant on trust between communities and health actors. When mistrust occurs, this is often due to lack of information, misinformation/rumors and fear.
- Three major questions: 1) how to identify misinformation and areas at risk of misinformation? 2) how to prevent such misinformation before it occurs and mitigate against it 3) how to ensure resilience of community trust towards NTD programs
- Example from Guinea – mistrust during MDA of PZQ in Guinea:
 - Parents reported unhappiness due to side effects in children. MDA was suspended. Delegation from MoH made visits to affected areas to rebuild trust, TV address delivered. Due to complex social-political climate in Guinea. Lessons learned: social political context to always be considered and work closely with community leaders to ensure adequate time for social mobilization.
- Example for NTD survey in rural Cameroon
 - Parents were concerned on purposes of biopsies as part of survey. Growing concerns and confrontation led to a study interruption. Traditional scheme to mobilize communities was not effective. Another strategy of engagement parent groups and community leaders was more effective and allowed the resumption of the study. Highlighted the importance of community led coordination.
- Misinformation in public health emergencies
 - It undermines trust, it increases the likelihood that communities will globalize the issues and extend this to other health services. Lessons learned – act quickly, rapid formative work is necessary, community engagement, track the rumor, multi-pronged approach is required.



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Discussion points: Q&A

- What would be the potential impact of a COVID-19 vaccine?
 - Cold chain vaccines likely to cause problems in LMICs
 - Festival season coming, likely to be a large surge in cases and delays to vaccine access
 - A very large number of vaccines worldwide will be needed for herd immunity
- How can we build trust in MDA and health workers?
 - Important to identify source of loss of trust
 - Provide legitimate sources of information in the community
 - Train and empower the public and encourage local ownership of program
 - Build on existing links between COVID committees and NTD programs
- What is the impact on IDM diseases?
 - Concern is loss of link between case finding and transmission
 - Could have undetected outbreaks of VL
 - gHAT is slower, so less concern if delays aren't too long
- Is lower COVID prevalence/severity associated with higher NTD presence in communities?
 - Recent paper in Science suggests COVID-19 prevalence in Kenya is ~5% (comparable to non-NTD countries)
 - There are hypotheses exist considering helminths and cytokine storm suppression, ACE2 protein expression, etc.
 - Lower reported prevalence could be a function of testing and lab capacity
- What are the learning opportunities?
 - Data collection around rebound
 - Potential for learning from VL resurgence patterns
 - Learning and data collection has to be secondary to treatment/control

KNOWLEDGE GAPS IDENTIFIED

What data and tools need to be generated to address the issues raised by the group?

Breakout 1: Building resilience into NTD programs

- *There is often limited knowledge/specialization on NTD activities; how do we harness the existing skills to integrate across the NTDs?*
- *What do we mean by 'resilience' and how do we judge 'success'?*
- *How do emergencies affect resource diversion from the NTDs?*
- *Can we get real-time information on what is actually happening within programs?*



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Breakout 2: Impact on 2030 goals

- *How effective are the models at predicting resurgence or mitigation strategies?*
- *How can we learn from programs that are already attempting to restart activities?*
- *What is the operational impact of the delays? (MDA supply chains, sampling biases, feasibility of mitigation strategies, etc.)*
- *Can COVID-19 mitigation strategies affect NTD transmission?*
- *What is the feasibility of resuming programs with 2 rounds of MDA?*
- *Will programs be able to resume with high levels of coverage?*
- *How can we verify/establish the efficacy of mitigation/catch-up strategies and how long will this take?*

Breakout 3: Fake news and trust

- *How do we identify a misinformed community/demographic?*
- *How should we develop and deliver messaging?*
 - *Do we develop messaging within the community?*
 - *Do we train community workers and leaders in messaging and misinformation handling?*
- *How do we assess if our messaging is effective and being absorbed?*
 - *Do we pre-test messages and messaging channels first? If so, when and how?*
 - *Do we assess information absorption at different levels (e.g. child vs parent)?*
 - *How often do we assess messaging/communication, and who assesses it? At what stages in a program do we assess?*
- *How to identify resilient communities where misinformation has not spread and identify why*
- *What current tools/models exist that programs can use to assess and address misinformation and lack of trust issues in a community?*

RECOMMENDED NEXT STEPS

What operational research and other actions need to be taken to address the knowledge gaps identified by the group?

Operational research priorities:

- Collate and analyze information from programs at different stages of restarting.
 - Any new data/evidence should be used to validate models and update predictions.
- Assessment of strategies for integration across the NTDs, including COVID-19 and WASH activities.



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- Cost-efficacy analysis of mitigation strategies
- Planning of misinformation management into both COVID-19 and NTD programs.
 - Practical tools to develop coherent messaging for communities and at-risk groups and assess if they are being absorbed or need to be changed
 - How to harness the ‘infodemic’ linked to the COVID crisis to strengthen communities’ knowledge about NTDs and associated programs
 - How to avoid interference, multiple sources of information and confusion during field sensitization
- Identify success factors in engaging national agencies and local governments to support NTD implementation during disaster responses
- In the short term – how good practices in NTD programs can be integrated into COVID-19 operations, and how effective management of LF can be optimised during lockdown
- In the longer term – what are the mechanisms required to support integration for effective NTD prevention, control and elimination practices to maintain financial, community and political responsiveness
- Assess effectiveness of adherence to personal hygiene components of the COVID-19 responses, and identify innovative ways to support sustainable access to WASH services
- Understanding exactly how diagnosis, treatment, and prevention of COVID will divert resources of different kinds (human resources, capital resources, consumables) from NTD programs
- Identify the specific criteria for implementing additional or catch-up measures—where and when is this both required and feasible?
- Identify whether behavioral changes caused by COVID impact survey sampling biases