

# **How Sightsavers' NTD team is responding to COVID-19**

May 2020

## Last updated

| Person       | Detail                  | Date       |
|--------------|-------------------------|------------|
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## Background

The COVID-19 pandemic is having a profound effect across the world. In response, the World Health Organization (WHO) issued interim guidance for neglected tropical disease (NTD) programmes asking for community-based surveys, active case finding and mass treatment campaigns to be postponed.

This is not about cancelling NTD programmes but delaying some activities. A flexible approach is required: one that preserves the gains made in fighting NTDs while ensuring NTD programmes can support COVID-19 activities where this is needed.

The situation is changing quickly, and Sightsavers is monitoring developments closely, liaising with governments and partners to assess what COVID-19 means for our joint NTD programmes. This document summarises Sightsavers' position as of May 2020.

## The WHO guidelines

- On 1 April, WHO released a statement in relation to NTD activities, which can be read in full [here](#).<sup>1</sup> Key extracts are as follows:

“The COVID-19 pandemic has prompted almost every country to implement unprecedented public health measures. WHO continues to provide guidance to member states to assist them to respond quickly and confidently to this emergency. A range of public health measures are being implemented that include hand hygiene, respiratory etiquette and practising physical distancing.

Consistent with these public health measures, particularly physical distancing, **WHO recommends that community-based surveys, active case-finding activities and mass treatment campaigns for neglected tropical diseases be postponed until further notice.**

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<sup>1</sup>Full statement, available at [www.who.int/neglected\\_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/](http://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/)

However, support for (1) prompt diagnosis, treatment and care of neglected tropical diseases for patients presenting to healthcare facilities, and (2) essential vector control measures, should continue wherever possible, as these are critical interventions.

WHO also encourages local health authorities **to use existing NTD platforms, surveillance mechanisms and WASH/health education opportunities to support implementation of COVID-19-related measures, as appropriate.**

WHO is in the process of producing more detailed guidance, which will be shared in due course. Recommendations will be updated on a regular basis to reflect the evolution of the pandemic.”

- On 5 May the 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](#). A few 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.

## Scenario planning: The impact on our programmes

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Our NTD activities cover work in 32 countries and resulted in 113 million treatments distributed in 2018, bringing the total number of NTD treatments we have supported to 1.143 billion.

Major donors that support our NTD work include the UK government’s Department for International Development (DFID), Virgin Unite, The Bill and Melinda Gates Foundation, ELMA Philanthropies, Children’s Investment Fund Foundation, the END Fund and Conrad N Hilton Foundation. We are working closely with these 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.

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The following table provides an example of our current scenario planning, based on three of the five NTDs we work on:

|                                       | COVID-19 causes 3-month delay                                    | COVID-19 causes 6-month delay                     |
|---------------------------------------|--|---|
| <b>Trachoma*</b>                      |  |   |
| <b>Mass drug administration (MDA)</b> | ~90% of our project year target achieved                         | ~45% of our project year target achieved          |
| <b>Surgeries</b>                      | ~45% of project year target achieved                             | ~27% of project year target achieved              |
| <b>Surveys</b>                        | ~77% of project year target for trachoma surveys                 | ~71% of project year target for trachoma surveys  |
| <b>Schistosomiasis</b>                | and soil-transmitted helminthiasis**                             |   |
| <b>Mass drug administration (MDA)</b> | ~89% of project year (April 2019 to March 2020) targets achieved |   |
| <b>Surveys</b>                        | ~40% of our project targets for SCH/STH achieved                 | ~33% of project year targets for SCH/STH achieved |

\*Trachoma data taken from Accelerate modelling

\*\*Schistosomiasis and soil-transmitted helminthiasis data taken from GiveWell modelling

## Learning from the Ebola crisis

In 2014 and 2015 Guinea, Sierra Leone and Liberia were devastated by Ebola. The official death toll was 11,300 people, but many view this as a gross underestimate.

The impact on these countries' already weak health systems was catastrophic. All our eye health, NTD and social inclusion programmes were suspended until the middle of 2015 when the epidemic began to come under control, and we were able to begin to rebuild.

The experience gained through our support of these countries during the Ebola crisis is now helping to inform our activities in relation to COVID-19.

During the outbreak we were flexible in our support to the ministry of health and our partners – our projects flexed to offer support outside our usual interventions in the country. For example, when it became clear that those who had survived Ebola were experiencing particular problems with uveitis, which can lead to blindness if left untreated, we worked with Partners in Health to screen Ebola survivors in Sierra Leone. More than half of the 2,500 people examined needed uveitis treatment. Through this work, more than 1,200 health workers received training on how to deal with Ebola-related eye complications.

Our activities led to Sightsavers' Sierra Leone country director being honoured by the country's president. This recognition was given in relation to the support we provided to people with disabilities during the outbreak and our provision of free eye treatment for those who had been infected.

## Exploring how we can flex Ascend to support COVID-19 work

In the Ascend West and Central Africa programme, which treats five diseases in 13 countries and is part of DFID's flagship NTD initiative, work is underway to model the impact of any COVID-related delay on activities. Following supportive conversations with DFID, we are also exploring how we might be able to 'flex' our programme to assist the COVID-19 response, as outlined below. If these activities go ahead, teams must follow any national or local policies regarding social distancing, travel, and infection prevention during implementation.

- Adapting mass drug administrations to join with preparing, responding to, and recovering from COVID-19
- Adjusting patient care and disease management to join with COVID-19 preparedness, response and recovery
- Incorporating COVID-19 social and behaviour change information into NTD communication materials and mass media campaigns
- Evolving NTD digital data tools and platforms to support COVID-19 surveillance systems
- Supporting the COVID-19 response through our established supply chains

- Re-deploying advisers, technical assistants, logisticians, professional managers and other personnel to support COVID-19 efforts
- Leveraging our implementation networks and partnerships to focus on a joined-up and effective response to COVID-19 on the ground
- Bolstering COVID-19 surveillance by pivoting the efforts of NTD case finders and community volunteers.

## Ensuring we leave no one behind

Sightsavers also works on 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 this population group, both through lack of access or even denial of access to health services. Social distancing can also undermine the critical support services they require to secure even their basic needs and to benefit equally from COVID-19-focused programmes. Sightsavers will be working with others to highlight these problems and urge governments to incorporate these issues within their COVID-19 response planning.

## Vital structures we need to ensure remain in place to allow us to resume activities after COVID-19 delays

- **Personnel and expertise:** Partners and ministries of health need to maintain capacity to implement activities after programme delays end. When activities can resume, we need ministries to restart as soon as possible; to ensure that happens, staff need to be in place.
- **Surveys:** Preparation and planning of impact and surveillance surveys through analysis of available data.
- **Drug procurement:** Drug manufacture and ordering takes time, so to resume programmes promptly, drugs must be in country. However, in the longer term, COVID-19 might affect NTD pharmaceutical donors' ability to maintain NTD drug manufacture at current levels. This is due to the complexity of the supply chain that provides the active ingredients of NTD drugs and whether manufacturing staff are diverted to produce COVID-related medicines. This would have a major impact on NTD programmes and the ability to resume work quickly at scale.

**For more detailed insight into the impact of COVID-19 on Sightsavers-supported NTD programmes, please read [this blog](#) 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).



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

[www.sightsavers.org](http://www.sightsavers.org)