ASCEND
Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases

ASCEND LEARNING BRIEF

Applying Risk Assessment and Mitigation Action tool to safely restart NTD activities

Ascend is managed geographically in two lots. Lot 1 focuses on 11 countries in East and Southern Africa and South Asia. Lot 2 focuses on 13 countries in West and Central Africa. Both Lots gratefully acknowledge the financial support provided by the UK Foreign Commonwealth and Development Office (FCDO) to fund the Ascend programme.

Lot 1:

Bangladesh • Ethiopia • Kenya • Malawi • Mozambique • Nepal • South Sudan • Sudan • Tanzania • Uganda • Zambia

Lot 2:

Benin ▪ Burkina Faso ▪ Chad ▪ Cote D'Ivoire ▪ DRC ▪ Ghana ▪ Guinea ▪ Guinea Bissau ▪ Liberia ▪ Niger ▪ Nigeria ▪ Sierra Leone

Contents

Acronyms

BCC	Behaviour change communication
CDD	Community drug distributors
IEC	Information, education and communication
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity management and disability prevention
MoH	Ministry of Health
NGO	Non-Government Organisation
NTDs	Neglected tropical diseases
PPE	Personal protective equipment
SOPs	Standard operating procedures
RAMA	Risk Assessment and Mitigation Action
VL	Visceral leishmaniasis
WHO	World Health Organisation

1. Background

Since **27th July 2020 with the release of interim guidance from WHO**, countries have been working towards safely resuming neglected tropical disease (NTD) activities following an almost four month recommended postponement of community-based surveys, active case-finding activities, and mass treatment campaigns for NTDs. The guidance proposed a two-part decision-making framework: part 1 was a risk-benefit assessment carried out by the governments to decide if the planned activity should proceed; and part 2 was an examination of a list of measures that should be applied with the aim of decreasing the risk of transmission of COVID-19 associated with the activity. Working with various non-government organisations (NGO) and government partners, the Ascend programme quickly adapted to navigate this uncertainty. This meant that countries wishing to restart NTD activities could be accommodated by creating a process that gave them the best chance of doing so successfully. By adapting an existing WHO risk assessment tool for mass gatherings, the Ascend Lot 2 programme was able to specifically address key considerations for NTDs.

The Risk Assessment and Mitigation Action (RAMA) tool was developed by Sightsavers in collaboration with partners working in NTDs who identified the need for a systematic assessment of the risk posed by the COVID-19 pandemic against the country specific context. The tool has been through several iterations and pilots.

This learning brief shares the experiences of applying the RAMA process across different countries. Similarities and differences offer key learnings for current and future risk management in national NTD programmes. Suggestions provide potential for further adaptation and application in countries where NTD activities are implemented.

2. Introduction to RAMA

A comprehensive risk management process was developed to ensure compliance with the WHO guidance, including close monitoring of COVID-19 trends, independent verification and evaluation of written standard operating procedures (SOPs), confirmation of mitigation budget and availability of any required personal protective equipment (PPE), and completion of security risk assessments. (Figure 1 Overview of RAMA process (simplified))

Where suitable, resumption of activities is then conducted in a controlled and stepwise manner. Upon conclusion of the planned activity, an updated COVID-19 trend report is submitted, along with results of routine monitoring and evaluation of activities.

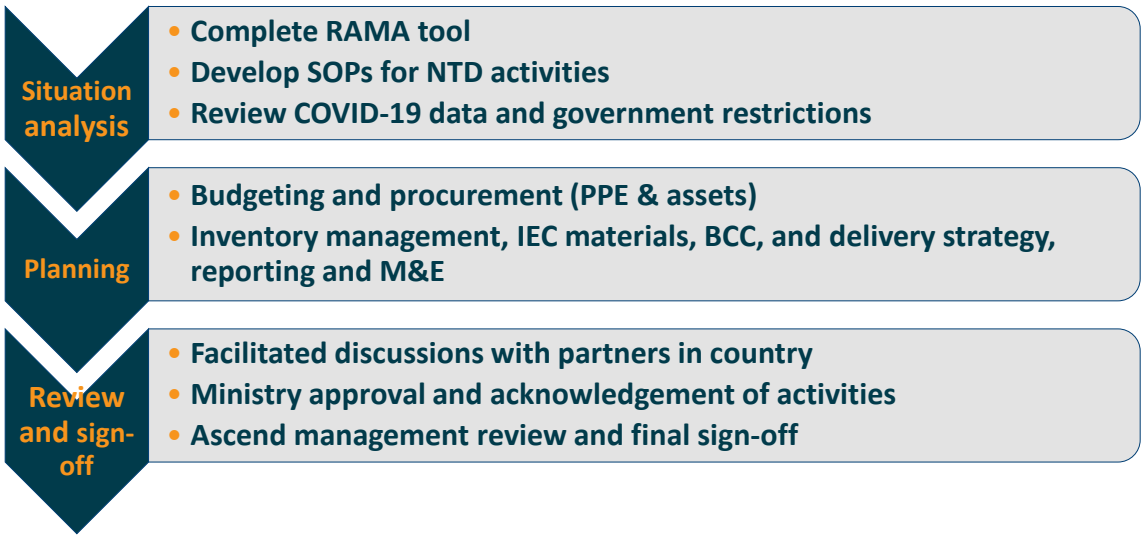
National ownership is, by design, central to the RAMA process, with it only commencing once the MoH indicates desire to resume NTD activities. MoH representatives have fed into all iterations of the RAMA tool and are encouraged to lead in completing and reviewing RAMA documentation at each stage, with technical support from Ascend.

The RAMA process involves completion of a tool (excel-based template) covering elements from the general WHO risk assessment and mitigation checklist for mass gatherings[1] and additional factors specific to MDA, surgeries, and surveys. Ascend developed several guidance documents to support completion of the tool.

Application of the RAMA process can vary from country to country and in most cases is managed by the national NTD programme with support from Ascend staff and inputs from regional NTD representatives and public health authorities. Knowledge about the status of transmission of COVID-19 as well as outbreak readiness in the region and locality is required, as well as an understanding of delivery of the NTD activity.

[1] https://www.who.int/publications/i/item/how-to-use-who-risk-assessment-and-mitigation-checklist-for-mass-gatherings-in-the-context-of-covid-19

Figure 1 Overview of RAMA process (simplified)



Information provided in the tool preferably should follow national policies around COVID-19 mitigations and align with the WHO considerations for implementing mass treatment, active case-finding, and population-based surveys for NTDs in the context of the COVID-19 pandemic[2]. Risks and mitigations identified through completing the tool correspond with a score, which is reflected in the risk decision matrix (Figure 2: Risk decision matrix (RAMA tool)). Scoring informs the level of preparedness and go/no-go decision to proceed with activities.

Figure 2: Risk decision matrix (RAMA tool)

Total Risk Assessment Score	Very Prepared to Mitigate COVID-19 Impacts (76-100)	Somewhat Prepared to Mitigate COVID-19 Impacts (51-75)	Somewhat Unprepared to Mitigate COVID-19 Impacts (26-50)	Very Unprepared to Mitigate COVID-19 Impacts (0-25)
0 - Negligible	Very low	Very low	Very low	Very low
1 - Very Low Risk	Very low	Very low	Low	Low
2 - Low Risk	Low	Low	Low	Moderate
3 - Moderate Risk (low-moderate)	Low	Moderate	Moderate	Moderate
4 - Moderate Risk (high-moderate)	Moderate	Moderate	High	Very High
5 - High Risk	High	High	Very High	Very High
6 - Very High Risk	Very High	Very High	Very High	Very High

[2] https://www.who.int/publications/i/item/WHO-2019-nCoV-neglected-tropical-diseases-2020-1

3. Taking a deep dive to learn and adapt

As a new process and tool that was designed and deployed rapidly across several countries, it is important to learn and adapt through the application and feedback from stakeholders. Ascend collected feedback in several ways (Box 1 – Key data sources). A sample of stakeholders from the Ascend Lot 1 and 2 programme teams and ministries of health who were most involved in the RAMA process were interviewed. Questions focussed on the barriers and enablers for adoption of the RAMA tool by national NTD programmes and country-level experiences of applying the RAMA process.

Lot 1 had organized two roundtable discussions with country teams, which focused on addressing main challenges and opportunities in implementation of NTD programmes during COVID-19. Experience with application of the RAMA tool was an essential part of this discussion[3]. Lot 2 organised a briefing session during which the RAMA guidance was presented. This gave the country teams the opportunity to ask questions. A survey is being designed to gather feedback on the RAMA process for completion by the country office teams and partners. This feedback will give an idea of the extent of adaptation that is required. Eventually, we will demonstrate how we used the feedback to adapt and streamline the process in a call with the countries.

Lastly, Ascend Lot 1 and 2 facilitated a joint virtual learning session with stakeholders and partners. During the event participants discussed the similarities and differences in application of RAMA between countries, challenges experienced in different countries which offered important learnings for current and future risk management in national programmes. During the virtual learning session participants made suggestions for further adaptations to the RAMA process and tool.

BOX 1 – KEY DATA SOURCES

In depth interview with 17 people across 9 countries

Benin, Chad, Cote d'Ivoire, Guinea, Kenya, Mozambique, Liberia, Nigeria, Sierra Leone representing:

- National Director General, MoH
- NTD Programme Managers & Coordinators (National, State and Disease-specific), MoH
- NTD M&E Lead, MoH
- Ascend Country Leads/ Programme Managers and Programme Officers Disease-specific Coordinators, MoH

Two roundtable discussions with Ascend country teams from 11 countries

Sudan, South Sudan, Ethiopia, Uganda, Kenya, Tanzania, Zambia, Malawi, Mozambique, Nepal and Bangladesh

Virtual facilitated learning session with 75+ participants from 20 countries:

- Country presentations from Benin, Nigeria, Mozambique, and Nepal
- Interactive feedback exercise with participants
- Panel Q&A with Ascend country and programme management representatives, moderated by **Lieutenant General Louis Lillywhite**

  Gertrudes Machatine, Ascend Lot 1 Country Lead for Mozambique
  Ioasia Radvan, Sightsavers COVID-19 Adaptation Coordinator
  Joy Shu'aibu, Sightsavers Director for Programme Operations for Nigeria
  Kate Hargreaves, Ascend Lot 1 Team Lead
  Laura Appleby, Ascend Lot 1 Technical NTD Lead
  Midiaou Bah, Ascend Lot 2 Programme Manager for Guinea
  Nastu Sharma, Ascend Lot 1 Country Lead for Nepal.
  Pelagie Boko-Collins, Ascend Lot 2 Country Manager for Benin
  Phil Downs, Sightsavers NTD Technical Director

[3] https://www.crownagents.com/blog-post/responding-to-covid-19-experiences-and-lessons-from-east-africa-and-asia/

4. Lessons from the field

Working under constraints of COVID-19 generates **opportunities for collaboration** and **strengthens local ownership**

Pausing NTD implementation cascade, including mass drug administration (MDA), surgeries, increasing backlog and delaying prevention of disabilities, delays to surveys indefinitely was a concern for NTD programmes and there was a need to advocate for quick and safe resumption of NTD activities. Developing the RAMA tool and process answered this need by providing a means by which national NTD programmes, communities, implementing partners, and donors could be reassured.[4]

RAMA requires data and information to be obtained from stakeholders outside NTDs. It meant relationships with these stakeholders had to be leveraged and in doing so these relationships were strengthened.

Experience from Mozambique and Kenya highlight MoH staff taking the lead in completing the RAMA tool. It was an extensive and intensive process to address the questions and obtain evidence. This involved consulting multiple partners in-country as well as requesting inputs from WHO country offices. Completing the RAMA at regional/county levels developed better ownership of delivering a safe programme and a greater sense of trust in the programme**.**

RAMA is not the only process and tool to inform decision-making on resuming NTD activities. In some countries, governments preferred to use their own assessment method for decision-making. For example, in Zambia MoH felt that the RAMA tool too prescriptive and impractical.

> **"It gives the NTD programme the opportunity to collaborate better, to collaborate more with other related agencies. Nigeria**

> **"The lesson for me is something that was already there, but just a reinforcement of the fact that system strengthening is important. Chad**

Completing the RAMA tool and process requires **dedicated time and diverse stakeholders working together across all levels. It led to more governmental ownership at central and regional level**

The process and tool were introduced at a time of national lockdowns and restricted movement. This meant that the method of communication and training was delivered mostly remotely – a significant difference to usual practice of cascade, face-to-face workshops. As a new requirement, introduced quickly and remotely, it took some time, and back and forth communications, for stakeholders to understand how it should be completed.

Preparing the documentation and evidence, including budget for mitigation measures, was a particular capacity challenge at country level. It takes time to obtain data and information from stakeholders and to present at review meetings, sometimes multiple times, before approval can be granted. For example, in Kenya, due to in-country travel restrictions, most information was obtained through phone calls and online

[4] https://www.sightsavers.org/blogs/2020/10/covid-19-ntd-innovation/

meetings. It took between two and four weeks to complete the tool with periods of waiting for information. In Ethiopia it was recognised that the tool required a certain level of capacity and therefore could not be easily completed by lower levels of the health system.

Overall, in localities with low known COVID-19 cases and low perceived risk of transmissibility, i.e. less data and information to assess, it was found that the tool was easier to complete. One country alluded to a 'light-touch' version of RAMA, which would be applicable for areas where there is low overlap between NTD endemic and COVID-19 transmission.

> **The process was for the beneficiary and when they [MoH] realised this there was much better feedback and collaboration. Benin**

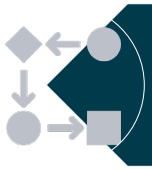
> **Their [MoH] expectation, despite this explanation, is why can't they do this once and for all for all NTDs. So just making one submission. Nigeria**

RAMA draws attention to **geographical specificity of risk to community level and the responsibility to protect and leave no one behind.**

RAMA requires up-to-date figures at local levels. It is this **attention to risk by location** that allowed for NTD activities to safely resume amidst the COVID-19 pandemic. It has ensured safer working practices and provision of personal protective equipment (PPE).

Countries applied RAMA in a context specific manner, reflective of the level of decentralized administration operating in country. The rationale to conduct RAMA at sub-national levels was obvious for some countries, pointing out the variety between regions, counties and districts and the differentiation between the national and sub-national level health system.

> **By virtue of having a step-by-step structured discussion about the delivery process of how things are done then we have the opportunity to revisit operating models. This presents an opportunity to examine excluded populations and to think about how best and optimally to bring them into NTDs and ensure they are not excluded. Ascend Lot 1**



RAMA provides a **common standard across countries, yet is adaptable to country needs.**

RAMA has helped increase awareness and understanding of risks associated with NTD activities, formalise and document processes for risk assessment and conduct activities in the context of COVID-19. There are now structures in place and SOPs that can be referred to in the future. Feedback from interviews is summarized in Figure 3.

In most of the countries, MoH and implementing parties used the tool as reference for applying mitigation actions throughout the MDA process from training to implementation, such as implementation of social distancing and the use of hand sanitiser and facemasks. In addition, the planning and budget was revised based on mitigation actions identified in the tool.

> We used this tool for the training to tell the people exactly what needs to be done. For instance, the social distancing, making sure the training is done outside as much as they can, and the use and distribution of hand sanitizers. **Kenya**

> The process was a guidance to go through the activities for resumption. We have the security aspect, the RAMA, the COVID-19 trend. So every step was clearly untestable. **Guinea**

Ascend has seen increases between 10% - 30% of the budget to account for COVID-19 mitigation measures. For instance, the change from central distribution posts to door-to-door drug administration required the hiring of an additional number of community drug distributors (CDDs), which was preferred over increasing the number of days for drug distribution. In other countries mitigation actions entailed adjusting the training to take place outdoors, applying social distancing and hygiene measures. The tool helped to prepare SOPs for these activities, including adequate amounts of PPE for health facilities.

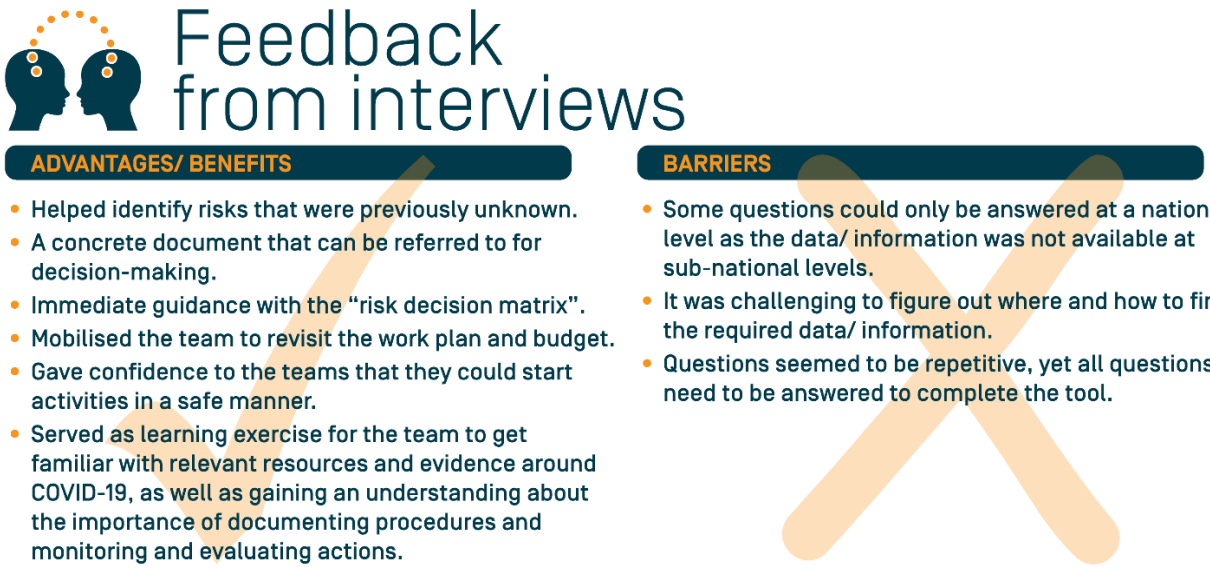
A special case for application of RAMA occurred in Nepal related to visceral leishmaniasis (VL) care, which never had any stop/start direction from WHO. Approach to VL care needed to be reviewed in light of COVID-19 as VL patients were potentially very vulnerable to co-infection with COVID. This showed a lot of initiative and recognition of the power of the RAMA tool.

On one occasion, the tool proved beneficial in detecting hotspots of misinformation about COVID-19. There appeared to be rumours about the pandemic having an impact on health services and communication with the health centre gave an opportunity to debunk misperceptions amongst communities and health workers.

> If you are not assessing the risks, you may see them only in the field. With RAMA you can see them before, and that is good. **Mozambique**

> Risk assessment has enriched NTD activities planning to include budgeting. **Malawi**

Figure 3



5. Opportunities and recommendations

The COVID-19 pandemic has put additional stress on overburdened health systems[5]. RAMA offers NTD programmes, implementing partners, and donors, a level of reassurance. Moving from application of the RAMA process to common practice, enables NTD programmes to be prepared in the event of ongoing COVID-19 or future outbreaks of other diseases.

> **Last time it was Ebola, this time it is COVID. The RAMA tool helps us in the future… how we can implement NTD activities during the pandemic period and avoid any contamination and how not to stop activities. If for one pandemic disease we stop all NTDs, it will be catastrophe for the countries. Guinea**

> **There have already been discussions around how the measures could be used for other epidemics... If you are not assessing the risks, you may see them only in the field. With RAMA you can see them before, and that is good. Nepal**

In addition to assessing risk and mitigation actions prior to resuming NTD activities, the RAMA process can be used to monitor agreed mitigation actions. When monitoring and evaluating activities, it is suggested to also **include the community perspective**: the pandemic limits the participation of community actors and adding this perspective could be an asset to applying the RAMA process. In return, the community can benefit from being more engaged in public health issues.

Finally, there may be opportunities to apply the RAMA tool, with appropriate modification, beyond the COVID-19 outbreak, for instance to **assess the risks around fund management, climate change, civil unrest, or to prevent the spread of other transmittable diseases.**

During the virtual learning session participants suggested **recommendations** for Ascend to further adapt the RAMA process and tool:

1. **Recommendation:** Include monitoring & evaluation on the implementation of the SOPs
   Action taken: Countries are encouraged to submit the results of any monitoring tools as evidence of SOP adherence. RAMA approval is conditional on the implementation of the SOPs. It is vital that implementation is COVID-19-safe. Monitoring adherence to the SOPs in the field will provide reassurance and evidence of this.
2. **Recommendation:** Advocate at ministry level for application of RAMA processes across all NTDs
   Action taken: Encourage greater government ownership of the RAMA tool and processes. Build upon strong existing relationships to ensure that completion of the RAMA documentation is country-led and that MoHs have input at each stage.
3. **Recommendation:** COVID-19 caseload should be disaggregated by IU/district level for a better appraisal of local transmission and mitigation measures.
   Action taken: Continue to encourage countries to submit COVID-19 data at district and IU level. Everything should be predicated on a granular understanding of the COVID-19 context.
4. **Recommendation:** Include in the guidance the expected timelines of the RAMA process.
   Action not taken: Both Ascend Lots offer guidance on the application of RAMA, however due to variations between countries the timelines cannot be standardised.
5. **Recommendation:** Complete and submit one RAMA template for specific regions, integrating all diseases.
   Action not taken: The RAMA process involves steps that require activity specific considerations e.g. RAMA tool for MDA, surgery OR survey and COVID-19 SOPs specific to that activity. Therefore, the RAMA tool is completed based on NTD activity not diseases for one region.

[5] https://science.sciencemag.org/content/369/6502/413

6. **Opportunity:**
   The RAMA tool is an adaptation of a WHO tool for Mass Gatherings in the context of COVID-19. WHO is aware of the application of the RAMA tool. There is interest in getting the RAMA tool formally approved by WHO, which we are currently exploring.

Concluding remarks

RAMA was developed thanks to global collaboration, and has resulted in informed decision-making for the safe resumption of NTD activities. The effectiveness of its application is testament to the leadership, relationships, and motivation of national NTD programmes working alongside Ascend. Millions of MDA treatments, as well as MMDP services and surveys have safely resumed despite the persisting risks of COVID-19. Witnessing the results of RAMA – ensuring safe resumption of NTD activities for staff and communities – has aided adoption by national NTD programmes.

It is important to continue to monitor the situation in countries and work with governments to implement activities in a safe context. In many countries this situation may remain unstable. Close collaboration and monitoring of COVID-19 trends going forward will continue to be important and to work together to resume the NTD activities.

Guidance for RAMA continues to be adapted as more countries go through the process and more lessons are learnt.

Acknowledgements

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