

Project Summary Brief:

Determinants of willingness to work among Neglected Tropical Diseases (NTD) Implementers during health shocks: Case of NTD implementers in Ogun State during the COVID-19 Pandemic

Background to the study

COVID-19 pandemic has resuscitated an important question on how to make health systems sufficiently resilient to manage health shocks. A health shock is seen as an unpredictable illness capable of diminishing the health status of a given population and has the capacity to affect the supply of health workforce (Leive and Xu, 2008). At the heart of health systems are health workforce, a most critical resource during health shocks. The pandemic did not only put a stop on major Neglected Tropical Diseases (NTD) interventions such as surveys, case findings, Mass Administration of Medicines (MAM) campaign, but has also affected the delivery of NTD services at health facility level. As a result, the World Health Organization (WHO) reached out to local health authorities to continue to support prompt diagnosis, treatment, and care for NTD patients presenting at healthcare facilities during the pandemic by using existing NTD platforms to support COVID-19 response (WHO, 2020). This saw the involvement of NTD Implementers in COVID-19 response globally and this is also the case in Ogun state, Nigeria.



However, the capacity of NTD implementers to continue to deliver safe and quality NTD services within the context of a pandemic like COVID-19 could be challenging. This is due to concerns about their safety given that they are also susceptible to the risk of the infection both for themselves and their families which may lead to decisions to stay away from work. It is commendable how the NTD community have mobilized NTD implementers to respond to the COVID-19 surge, however, failure to protect them from getting infected could amount to significant personal and public health consequences. So, understanding the willingness of NTD workforce to deliver interventions during health shocks like COVID-19 is therefore pertinent.

Aim: To examine the determinants of willingness to work among NTD community implementers during COVID-19 pandemic.

Methods

A quantitative study of implementers willingness to work during pandemic outbreak was designed, using cross-sectional survey with NTD implementers at the community and health facility levels. The overall objective was to explore implementers willingness to work during a pandemic and the implication for delivery of NTD services in future pandemic situation. This is thought to be useful in the planning of public health interventions that will allow for the continuation of NTD services during health shocks. The study was designed across two sites in Ogun state namely, Abeokuta South and Odeda Local Government Areas (LGAs), accounting for rural-urban context and reflecting areas endemic for one or more Preventive Chemotherapy (PC) NTDs.

All CDDs who volunteer to deliver MAM at the community level and who also took part in hygiene promotion campaigns as part of the COVID-19 response as well as health workers who provide clinical/non-clinical treatment to patients presenting at the health facilities serve as the study population. We randomly selected **10 health facilities** in each of the study sites and from each health facility, we randomly selected **10 CDDs** and purposively selected **3 health workers**. So, overall, **260 NTD community implementers** took part in the study (*see figure 1*). We included closed ended questions about implementers socio-demographic data, implementers knowledge and attitude of COVID-19 pandemic, the likelihood that they would continue to work during a pandemic, and questions around the determinants of willingness to work during pandemic among implementers who are hitherto reluctant to work during a pandemic

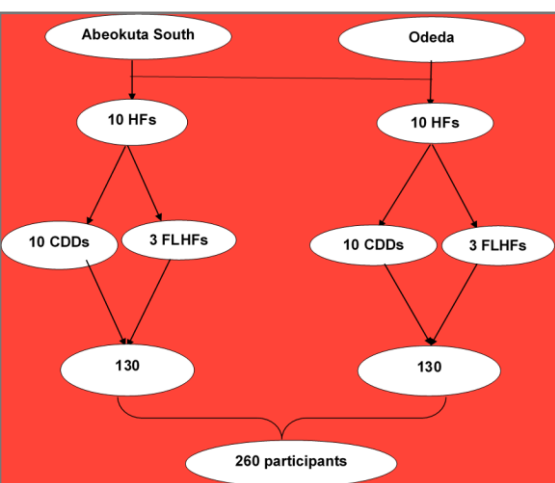


Figure 1: Sampling and sample selection

Results and Findings

Findings from the study showed that about 80.2% of NTD implementers interviewed had no experience delivering MAM during a pandemic and this is higher among CDDs (91.4%) than among health workers (62.6%). It also showed that 85.7% of the participants were knowledgeable about COVID-19 while 80.2% had a positive attitude towards COVID-19 while delivering NTD services during pandemic. Overall, approximately 40% of implementers are willing to deliver NTD services during COVID-19 pandemic (figure 2). Figure 3 shows that with or without an intervention, willingness to work is higher among CDDs (41.7%) than among health workers (36.1%). The major factor driving willingness to work is when there is an early coordinated response to the pandemic from the government and health authorities.

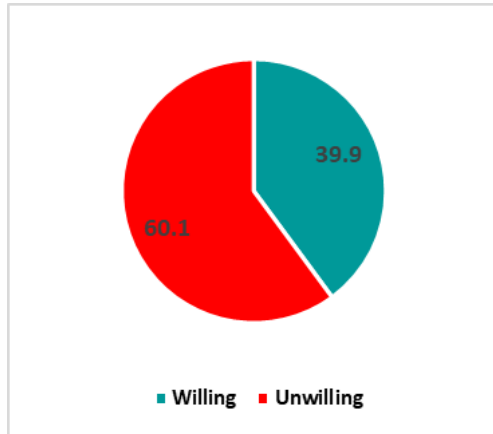


Figure 2: Proportion of implementers willing to work

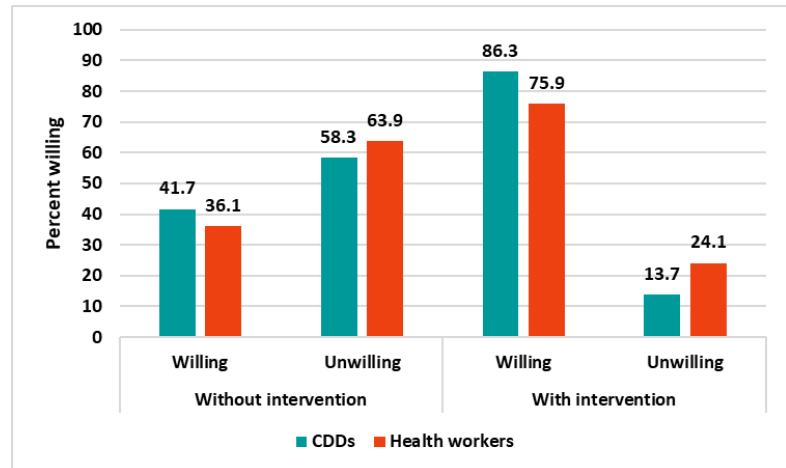


Figure 3: Willingness to work with and without an intervention by type of implementers

In terms of what will make implementers more willing to work during pandemic assuming certain interventions will be in place, the study found that amongst those who were hitherto unwilling to work without an intervention, putting in place an intervention will make them more willing to work. In this case, willingness to work increased from 41.7% to 86.3% with an intervention, an increase of 44.6% and 39.8% among CDDs and health workers, respectively. The study identified two important things relating the willingness to work both without and with an intervention. With no intervention, willingness to work among implementers was driven the most by an early coordinated response to the pandemic by government and health authorities. This is due to the fact that timely coordinated efforts will help to get implementers more prepared and ready to be repurposed to respond to the pandemic as well as deliver NTD services to their communities. On the other hand, willingness to work was less driven by the greater risk of infecting oneself and one's family, when colleagues are dying, children and siblings fell ill, when partner or friend fell ill, anxiety about being infected, and working with untrained volunteers. Implementers will be more likely to work if interventions such as provision of anti-viral drugs, availability of PPEs, supplementary hazard allowance, provision of flexible working hours, availability of vaccination, life and disability insurance etc.

Impacts

- ✓ The study has shown the need for adequate training of implementers before deploying them to respond to any pandemic so that they can be well informed on how to minimize the risk of infection among implementers. Proper risk assessment of health shocks should be done prior to deployment of implementers to protect older implementers as well as their dependents
- ✓ An early coordinated response to pandemics by the health authorities will make implementers more prepared and ready to be repurposed to respond to the pandemic as well as to deliver NTD services to their communities.
- ✓ Interventions such as provision of transport, PPEs, anti-viral drugs, commensurate hazard allowance, disability allowance and flexible work hours to reduce absenteeism from work during pandemics
- ✓ All these when put in place will improve the willingness to work among NTD implementers as it will go a long way in reducing their susceptibility to the risk of the infection.