

ECLIPSE Newsletter #2

July 2020



'The globe's still working'

Spring 2020. The UK is in lockdown. I have just been outside for a daily walk with my daughter – we are allowed to go outside for exercise once a day. People crossed the street and walked in a big bow around us. I wanted to shout at them as it does not feel right to avoid people in such a way, but I know we have to do this in these bizarre times. What a luxury we have, in this typical English neighbourhood, as there is enough space to walk while keeping the recommended physical distance.

'COVID-19 has 'eclipsed' our lives', I hear on the radio. I get a bit teary when I hear 'ECLIPSE'. I think of the ECLIPSE communities in Brazil, Ethiopia and Sri Lanka. The idea that the COVID-19 virus is an equal opportunity killer – or 'a great leveller' as some call it – is problematic and utter nonsense. The virus might not discriminate between race, class or country, but the consequences of this global health pandemic are certainly not the same for all. The most vulnerable communities are most affected by the virus and by the lockdown restrictions.

*They've made it again,
Which means the globe's still working,
the Creation's
Still waking refreshed, our summer's
Still all to come —
And here they are, here they are again*

Ted Hughes, *Season Songs* (1976)



By Martine Vandevelde (ANGLES artist)

Global health does not respect borders. In these 'unprecedented times' it has become abundantly clear that global health also means local health. I think of the poetic saying that when a butterfly flaps its wings in Brazil, it can set off a tornado in Texas. For better or worse, we are in this together.

This crisis lets us re-evaluate what we often take for granted. Outside of my window I see swifts who returned from their migration. They remind me of the poem by Hughes, about the incredible journey birds make every year. 'They've made it again'. I find comfort in that. Yes, it means 'the globe's still working'.

Professor Lisa Dikomitis, ECLIPSE Co-Principal Investigator

For reflections by Dr Helen Price (ECLIPSE Co-Principal Investigator), see page 14

* During the COVID-19 pandemic, the ECLIPSE team has continued to work on cutaneous leishmaniasis. In the first part of this newsletter, we hear from our team members across the globe about how this pandemic is affecting their professional and personal lives.

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COVID-19 in Brazil

On 19 May 2020, our ECLIPSE Co-Investigators **Prof Clarice Mota** and **Prof Leny Trad** coordinated the roundtable *'Taking care of nature, of ourselves and of others to promote health: dialogues with other cosmologies'* at the **UFBA Virtual Congress**. Three guests participated in this discussion: Célia Xacriabá, an indigenous leader, Lindinalva de Paula, an activist of the Black Women Network of Bahia, and Tiganá Santana, a philosopher, poet and musician. In this roundtable discussion, the speakers explored alternative perspectives on the COVID-19 pandemic, by questioning its relationship with the current Western development model, and reflecting on healthier and more sustainable ways of living together.

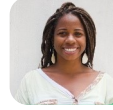


“ I write my reflection based on the words of three indigenous leaders from the State of Bahia during the public debate at the UFBA Virtual Congress. The speakers highlighted the critical situation caused by the rapid dismantlement of public institutions for indigenous protection. COVID-19 resulted in the acute aggravation of the healthcare’s systems chronic problems: insufficient funding and human resources, low healthcare quality, culturally inappropriate health practices and the lack of confidence in epidemiological and service monitoring data. Without the support of the government, local control of the coronavirus among indigenous communities relied solely on their initiative. The indigenous social movement started to produce statistics on the impact of the pandemic by strengthening the coordination between all the 305 indigenous ethnicities in Brazil. In each community, the spirit of union and solidarity is getting stronger day-by-day. The ‘collective bravery and huge creativity’ of these communities have led to the monitoring of all public access to indigenous areas, the production of masks, and the proliferation of traditional healthcare prevention practices. Ancestral knowledge and human solidarity are the only possible solution. ”



Leo Pedrana
Postdoctoral researcher

“ I remember very well when the ECLIPSE Keele team members were in Salvador and the pandemic seemed like a sensational exaggeration. Little did we imagine what was about to come shortly, either in Brazil or in the world. At this moment we have spent 3 months in social isolation which is profoundly affecting us all. The SUS (Unified Health System) proved to be our antidote against misinformation about COVID-19. I am very thankful for the consolidated SUS, managed by highly competent and respected people in communities across all regions of Brazil for stepping up and reducing the suffering of so many COVID-19 patients. ”



Gisela dos Santos
Research assistant



By Martine Vandeveldel (ANGLES artist)

“ At this very moment of writing [June 2020], more than one Brazilian is dying per minute due to COVID-19, and we have already lost more than 42,000 humans in this terrible war. The worst is to think that perhaps the worst is yet to come. Hope is based in the sacrifice, dedication and hard work of so many Brazilians committed to face it, and saying everyday to themselves and to the whole country:

‘we will win,
we shall never
surrender’. ”



Paulo Machado
Country co-lead

“ This [below] is a place in my neighborhood, which is called ‘Praça 2 de Julho’. It is a big and important square in this city where people usually exercise, come to have fun and bring their children to play on the swings installed in the square. Today (Sunday) is a day that this square used to be really full of children playing around but is empty instead. A few people still come to exercise, but only round the square. ”



Giselle Ferraz
Project coordinator



Images by Giselle Ferraz



COVID-19 in Ethiopia

“When the first case of COVID-19 was confirmed in Ethiopia on 13 March 2020, tension and fear flooded in the Africa’s second most populous country. The public started panicking. Confusion prevailed so quickly. Endless questions, but only very few answers.

COVID-19 shook the sociocultural fabric of our communities. Social distancing measures have been really tough. Handshaking and kissing on the cheek and/or forehead are day-to-day greeting rituals that most Ethiopians are still tempted to engage in despite knowing the risk they carry during the COVID-19 crisis.

As a matter of unfortunate coincidence, the preceding couple of months are known for busy sociocultural events: weddings, *Mariam ginbot* (get together feasts), mass prayers on Good Friday, *Tezkars* (memorial events for deceased beloved ones), etc. Anticipating their risks, the regional and federal governments have banned such massive gatherings till the pandemic’s dust settles. What a relief! ”



Mebrahten Gebremariam
Project administrator



Images by Betlehem Feleke

“ I had to self-quarantine at home for two weeks after I came back home from the US on the 12 March 2020. It was such a difficult time to be all alone and not to get closer to anyone, especially the kids who were eagerly waiting for three weeks to hug me and check my luggage for sweets and chocolates as they always. So, I had to greet them from a distance and lock myself in the room. That was the most difficult moment as a dad. Especially my younger one did not know what was going on and I still remember the confusion on her face. Another experience was seeing the pile of dishes in my room since I cannot do the dishes so as not to touch the washing facilities, just in case. I did not also want anyone else to do them for me. You can imagine how messy the room would look like, with every single cup, plate, spoon, etc. being piled up on my table. After a fortnight, you have no idea how I felt when I learned that I am OK and after all the anxiety, I met the family. ”



Zenawi Zerihun
Co-Investigator

“A lot of people still defy government orders to stay at home, wear masks or even keep social distancing although personal handshakes have now become rare and far between. There is also a widely held belief that COVID-19 is a whiteman's disease and that blacks are not prone to it. There have also been rumors that the disease can be treated using garlic, ginger, lemon, and honey. Now that the Ministry of Health started to report cases on a Federal daily basis, communities have gradually started to get convinced that COVID-19 is indeed a global health threat.”



Kelemework Tafere
Postdoctoral researcher



By Martine Vandevelde (ANGLES artist)

“Following the invitation from my university to join a community service project on COVID-19 prevention, I have been actively working with my team to increase people’s awareness about the pandemic. We are producing preventive manuals and short videos aimed at raising awareness among communities in Tigray. Since I live in a region where the majority of the population resides in rural areas with scant opportunities to acquire awareness about the pandemic and prevention measures, I did not hesitate to involve myself in this valuable project. With the number of the infected peoples and deaths currently increasing in Ethiopia, our project is aiming to expand its outreach to remote areas. We are especially aiming to inform the vulnerable groups in society such as women, children and people with low income.”



Mahlet Alemu Gebhrihiwot
PhD student

“In my city, people are confused with both the nature of the virus and its multifaceted consequences. I know that changing people’s perceptions and attitudes are equally, if not more, important than just treating the disease itself. However, in my city I was able to witness firsthand how people are in dilemma about COVID-19 where even directions given from professionals are swiftly changing. Recently, I observed a man withdrawing money from the bank and told to wash his hands, but he put the money in his mouth and continues to wash. This man thought that the virus could be contaminated only by his hand not through the paper notes.”



Binega Haileelassie
PhD student



Image by Binega Haileelassie

For more reflections by our ECLIPSE Ethiopia team members, visit our Twitter page:
https://twitter.com/ECLIPSE_Keele


COVID-19 in Sri Lanka


Screenshot captured during the introductory speech by Prof Nadira Karunaweera

Webinar on “Enhanced Entrepreneurship Skills for Scientists in the 'New Normal' Environment”

The latest event organized by the Sri Lanka National Chapter of the Organization for Women in Science for the Developing World (SLNC-OWSD) was a webinar on Entrepreneurship Skills held on 25 July 2020, with participation of around 200 scientists from about 30 countries, in addition to the many who watched the live stream. This webinar included speeches and panel discussions by eminent scientists, entrepreneurs and finance professionals. Helpful insights on translating scientific findings, products, concepts into profit-making ventures, which will have a positive impact on the country’s economy were widely discussed, including logistical requirements such as funding opportunities for scientists, with special emphasis on challenges brought about by the COVID-19 pandemic.

SLNC-OWSD, the representative organization of the OWSD, launched in year 2018, under the auspices of National Academy of Sciences Sri Lanka is a young, growing organization spearheaded by **ECLIPSE co-investigator Prof Nadira Karunaweera** as its Founder President. SLNC-OWSD is committed to promote female participation in science, technology and innovation, to promote women involvement in scientific leadership and decision-making processes, both at national and international levels. It acts as a platform to enable networking of scientists, capacity building through training in leadership, showcasing successful women scientists as role models and promoting awareness on opportunities that are particularly important for young scientists.



Image provided by Chandani Liyanage



By Martine Vandeveld (ANGLES artist)

“ COVID-19 has brought with it an opportunity to view life from quite a different perspective. The sudden lockdown has interrupted my teaching at the university. Initially, I thought that this would give me the chance to relax and spend time with my family. But within a few days, life became really stressful due to loneliness, lack of access to food and other necessities, despite having enough cash in hand. I learned from relatives and students that people living in small villages have a stronger capacity to cope with these uncertain times than those living in cities, by mobilizing their social networks. To adhere to social distance regulations, our university has instructed us to commence online teaching. My experience confirmed that COVID-19 is reinforcing existing urban-rural and rich-poor disparities in education as marginalized sections of society have no access to devices or WiFi connection. Portrayals of ‘home as a safe place’ are not always true, with rates of domestic violence indeed increasing during lockdown. Overall, Sri Lanka has been successful in containing the pandemic. However, top-down communication by experts and social distancing strategies generally lack culture competency and if these are to be carried forward, our ‘new normal’ might impact certain groups of society more than others. ”



Chandani Liyanage
Postdoctoral researcher

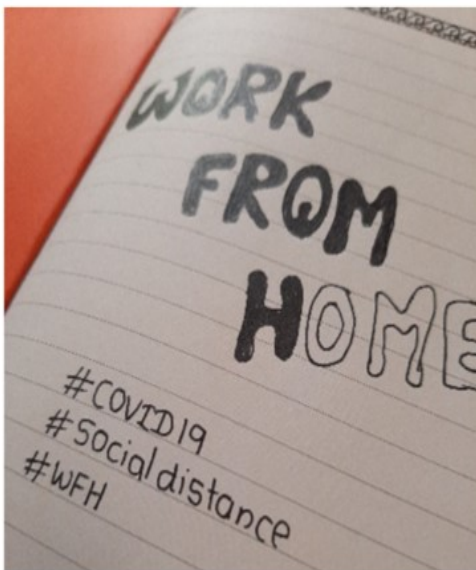


Image by Hasara Nuwangi

“ COVID 19 took a toll on us, that goes without saying. But strangely, I also found myself being thankful for most of the things I took for granted. I was used to the bustling city life, with traffic and street food, unknown faces passing me every day on the street, dressing up and putting on makeup. It was a never-ending hustle, which I was slowly accustoming myself into. But when you are in your mid-twenties and you are stuck inside a house, with an uncertain future, you get a chance to re-evaluate your values. And that’s what I did. COVID-19 changed the millennial mindset I had, now I understand that a busy life, pushing yourself to limits every day and continuous hustling is not the life I want. The ‘new normal’ won’t be easy, but every dark cloud has a silver lining, and seeing the good in the bad situation, however hard it is, will help us go a long way. ”



Hasara Nuwangi
PhD student

“ For me, COVID-19 is something that goes beyond a ‘deadly virus’. It has taught us plenty of wonderful lessons; how to love each other, how to be kind and helpful, how to be selfless, how to spend quality time with the people you love, how to comfort each other, how to appreciate little things and more importantly how to manage what you have and be happy with little stuff. As a resident from a very calm, beautiful and rural area in my country, Sri Lanka, we always knew how to survive the worst through helping and caring for each other. The only difference with COVID-19 was that we had to do it while maintaining ‘social distancing’. Personally, I’d like to call it ‘physical distancing’, because no one in my village isolated from anyone socially. They shared extra vegetables with each other, sewed and distributed masks free of charge, helped financially the poorest families and at the very minimum, called each other to ask ‘how are you doing?’. So I believe that we can survive even during the most difficult situations (it can be a pandemic, a war, a natural disaster or the end of the world) if we care and love each other. A little love is needed to cure a broken world. ”



Sonali Gunasekara
PhD student


COVID-19 in the UK

“ The changes wrought by COVID-19 mean my actual 2020 looks very different from the 2020 I had imagined. I even had my first ‘holiday at home’ courtesy of COVID-19. Holidays, to me, involve travelling somewhere by plane, train or car and researching the best eats, top sights, even the weather forecast. Instead, this holiday was spent entirely within walking distance of my house. The best eats were cooked in the kitchen with my husband directing; the top sights were a stroll around Keele Hall on our daily walk with the dog; the weather forecast could only be known by taking my picnic blanket outside and stretching out on it with a book in hand. My 2020 is very different to what I had planned. COVID-19 has changed the world – and my plans along with it – but it has encouraged me to explore other ways of connecting with family, with friends and with the simpler pleasures in life. I do not know what the future has in store, but remaining connected to those closest to me will endure in new and unexpected ways. ”



Brianne Wenning
Postdoctoral researcher

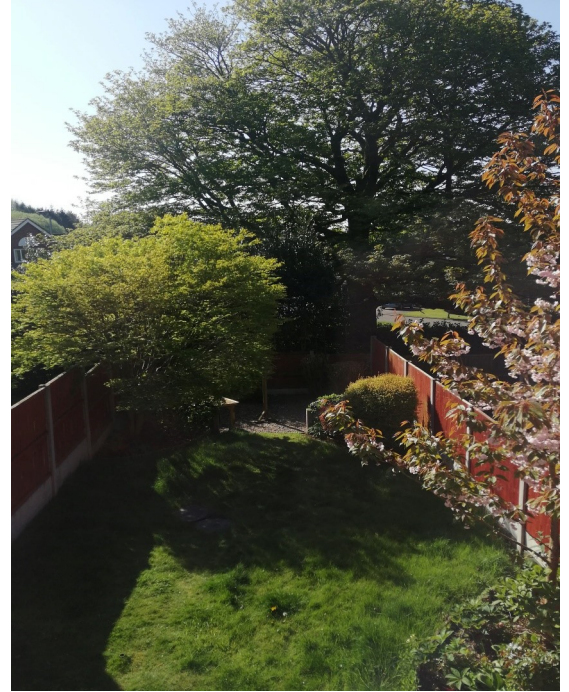


Image by Brianne Wenning



Images by Kay Polidano



“ On this morning’s walk around the streets of Manchester, I was reminded of the incredible resilience of human beings and nature itself. The noise of crowds, bars and cars in the city has now been replaced by the calming sounds of rustling leaves and chirping birds. Around every corner, I stumbled across so many posters displaying messages of positivity, hope and gratitude. I noticed that flyers are also being posted through people’s letter boxes offering help with medication, grocery shopping and (virtual) companionship for the lonely among us. The sense of anonymity and individuality that is so typical of contemporary cities seems to be fading, making way for a newly found spirit of community and shared responsibility. As I walked through the eerily quiet streets, I unexpectedly felt a surge of hope, that one day – when these terrible times are over – and we will reunite on the streets again, we can learn a lesson or two about with nature and fellow human beings. ”



Kay Polidano
Postdoctoral researcher

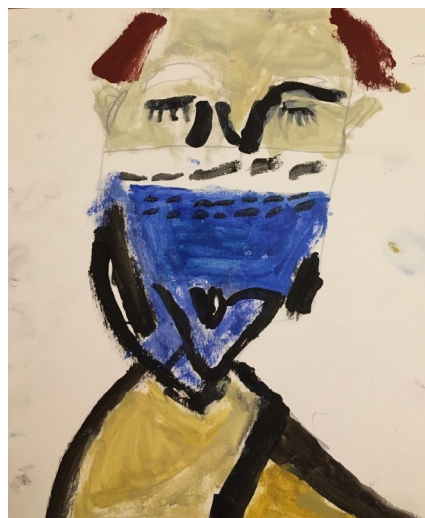
“ In general practice, we have witnessed a rapid and united response in converting to non-face-to-face consulting, in an attempt to protect practice staff and patients. The advances in video consulting, information sharing and electronic communication means that health interactions have become much more fluid. However, we also now face fears about the negative effects the pandemic and this new way of working will have on chronic disease management. My own anecdotal experience reveals that there seems to be some benefits (our asthmatics and COPD patients are giving up smoking and engaging closely with their treatment) against some drawbacks (in diabetic patients, lifestyle and medication coherence seems to be slipping). The diagnostic process can be hindered by the reduction in face-to-face patient interaction, an example being a patient who was assumed to have COVID-19 given her breathlessness and fatigue, and thus advised to keep away from the health services, but was eventually found to be profoundly anaemic, something that would have been immediately apparent had a physical examination and face to face consultation been undertaken. Whilst it is clear that the primary care landscape will inevitably be changed once the COVID-19 pandemic has come to an end, no technology currently available can replace the incredible value that real human interaction in medicine (and in life) brings. ”



Toby Helliwell
Co-Investigator | GP



Image by Nefeli Argyrou



Drawing by Nand Verhaeghe-Dikomitis

“ COVID-19 is also affecting my godson’s otherwise 'super hero' focused drawing. 6-year-old Nand painted this portrait from a photo of my daughter Nefeli wearing a face mask. ”



Lisa Dikomitis
Co-Principal Investigator

“ Lockdown? I’ve loved it. Being over 70 (just), I am considered to be ‘old and vulnerable’, which is certainly not how I see myself. However, I don’t have any underlying health conditions so have not been ‘shielded’ (told I must stay in). Being retired, I am used to planning my own time so have not experienced the frustrations of younger people who, pre-COVID, had the use of their time dictated by work and education. I have not had to worry about balancing working at home with home schooling and I don’t have caring responsibilities. I have been able to use my time to keep myself physically and mentally active.

Being a lay contributor to a number of health-related projects and groups, I thought that my activities would be curtailed. That has not been the case. I took part in an extended NIHR Health Services and Delivery Research Committee prioritisation meeting, I have written a report for DfID on the Cerebral Palsy Africa project taking place under difficult circumstances in Ghana, and I’ve also contributed to a number of Keele LINK (Lay involvement in knowledge mobilisation) group virtual meeting. ”



Linda Parton
Lay Co-Investigator



Meet the ECLIPSE Ethiopia team

*The **UK** and **Brazil** ECLIPSE teams have been introduced in ECLIPSE newsletter #1.*



Dr Afework Mulugeta
Public Health | Associate Professor
Mekelle University

Ethiopia ECLIPSE country lead



Dr Zenawi Zerihun
Co-Investigator



Dr Nega Berhe
Co-Investigator



Mr Shewaye Belay
Researcher



Dr Getachew Redae Tafere
Postdoctoral researcher



Dr Haftom Temesgen Abebe
Postdoctoral researcher



Dr Kelemework Tafere Reda
Postdoctoral researcher



Mr Binega Haileselassie
PhD Student



Ms Mahlet Alemu Gebrehiwot
PhD Student




Mr Desalegn Tadese Mengistu
PhD Student




Ms Bethlehem Feleke Regassa
Project Coordinator



Mr Mebrahten Gebremariam Belay
Project administrator

 Meet the ECLIPSE Sri Lanka team



Prof Suneth Agampodi
Professor of Community Medicine
(Rajarata University of Sri Lanka)
Sri Lanka ECLIPSE country lead



Prof Nadira Karunaweera
Co-Investigator



Dr Hema Weerakoon
Co-Investigator



Dr Kosala Weerakoon
Co-Investigator



Dr Thilini Agampodi
Postdoctoral researcher



Dr Nuwan Wickramasinghe
Postdoctoral researcher



Dr Janith Warnasekara
Postdoctoral researcher



Dr Chandani Liyanage
Postdoctoral researcher



Ms Hasara Nuwangi
PhD student



Ms Sonali Gunasekara
PhD student



Mr Asitha Mallawaarachchi
PhD student



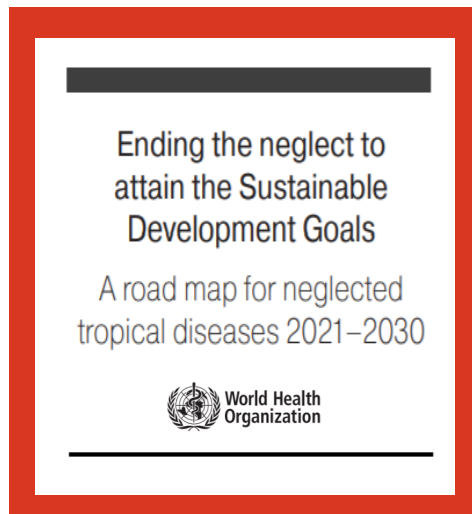
Dr Ayesh Hettiarachchi
Project coordinator



Mr Chathura Samarasekara
Project administrator



New roadmap for Neglected Tropical Diseases



A new road map for neglected tropical diseases (NTDs) 2021-2030 has been recently published by the World Health Organisation. It is intended to succeed the first road map published in 2012, 'Accelerating work to overcome the global impact of neglected tropical diseases', which set out global targets and milestones to 2020 for 17 NTDs. Similarly, the 2021-2020 road map entitled 'Ending the neglect to attain the sustainable development goals', sets out global targets for 2030 and milestones to prevent, control, eliminate and eradicate a diverse set of 20 diseases and disease groups. These targets are also aligned with the Sustainable Development Goals, such as alleviating poverty and hunger, enabling people to pursue an education and lead productive working lives, and promoting equality. Strategies are also proposed in this NTD road map for attaining these new targets over the next decade.

Whilst no control targets were set for cutaneous leishmaniasis (CL) in the first road map (2012-2021), the recently published road map establishes both CL-specific targets and strategies towards their attainment.

Control targets for cutaneous leishmaniasis

Indicator	2020	2023	2025	2030
Number of countries having reached: 85% of all cases are detected and reported, and 95% of reported cases are treated	N/A	44 (51%)	66 (76%)	87 (100%)

Strategies


Critical action 1	Critical action 2	Critical action 3
Develop and scale up easy-to-administer oral or topical treatment that could be used in health centres	Improve the affordability of rapid diagnostic test for detection of cases, and the availability of treatment	Estimate the burden of the disease by improving surveillance, and establish a patient database to ensure effective monitoring of the impact of control interventions

Reflection on the new road map

These new targets and strategies are a welcome addition in the global fight against cutaneous leishmaniasis. The inclusion of targeted and specific measures highlight the need for the work of the ECLIPSE project and provide a potential direct, observable outlet for the work we are doing. Our focus on CL and its impact can contribute to realising these targets by 2030.

"What gets measured, gets done"

Dr Mwele Malecela
Director of the Department of Control of
Neglected Tropical Diseases, WHO

 **Public outreach**

Documentary: ‘Leishmaniose, retrato do abandon’

A documentary entitled ‘*Leishmaniasis, portrait of abandonment*’, featuring ECLIPSE Brazil country co-lead **Dr Paulo Machado**, has aired on TV Brasil. It captures the impact of cutaneous and visceral leishmaniasis in highly endemic regions, including CL in the rural area of Corte de Pedra, one of our ECLIPSE research hubs.



You can access this video by clicking on the icon above.

Live TV discussion on COVID-19

Dr Getachew Redae, a postdoctoral researcher in our ECLIPSE Ethiopia team, has participated in a discussion on live TV about COVID-19, hygiene and sanitation ahead of the holyday in Tigray. As a volunteer member of a think tank group for the regional government of Tigray, Getachew has been involved in the production of standard operating procedures for lockdown implementation and quarantine centers, use of personal protective equipment and COVID-19 related funeral service.



Webinar series: Feminism and capoeira



On 18 July 2020, the collective Marias Felipas kicked-off a series of online conversations called ‘Another Roda is Possible’ about feminism and capoeira. The meetings serve as a space for discussion and education for capoeiristas all over the world, and are focused as gender-based

violence, intersectionality, the body and education, among many others. During the first online meeting, ECLIPSE Brazil postdoctoral researcher, **Dr Christine Zonzon** has discussed the topic of sexual violence in Capoeira.

The effects of the COVID-19 pandemic on the control of other diseases, including the neglected tropical diseases and malaria, is yet to be fully established. There will be substantial impacts on health services, treatment availability and vector control programmes. Health-seeking behavior will also change, as we learned from the Ebola outbreaks in West Africa, and this is likely to have far-reaching impacts on all healthcare issues. The focus on handwashing and hygiene might give some benefits but these will be countered by the huge challenges we now face. Priorities have shifted towards the SARS-CoV-2 virus that was almost unknown until a few months ago. The pandemic has shown that scientific research can move extremely quickly with the necessary resources. The speed at which vaccine trials have been initiated is unprecedented. The crisis has also exposed the huge importance of public involvement and a strong and integrated public health strategy. We hope that all members of our ECLIPSE family are safe and well, and that by the next issue of our Newsletter, the situation will have improved for all ECLIPSE countries, so that we can soon reunite and proceed with our research activities.

Dr Helen Price, ECLIPSE Co-Principal Investigator



Recent publications

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Find out more:



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