TGHN Health Systems Research Open Working Group 1st meeting

COVID Hub - Minutes
Date: 16/06/20
Location: Zoom

Introduction

The ongoing establishment of 'COVID-19 working Groups' is addressing the discussion and consensus building around identified research gaps across low resource settings. All attendees of 'open workshops' have been invited to participate by completing a survey and expressing their interest in the 'COVID-19 working Groups'. The purpose of these groups is leading to the creation of communities of practice.

On 16th June, The Global Health Network supported the first virtual meeting for the 'Health Systems open Working Group'.

The meeting was organised in response to questions raised in COVID HUB workshop which highlighted the need for greater discussion of the impact that COVID-19 pandemic might have on health systems, and the effect of healthcare infrastructure on the ability to respond to the pandemic.
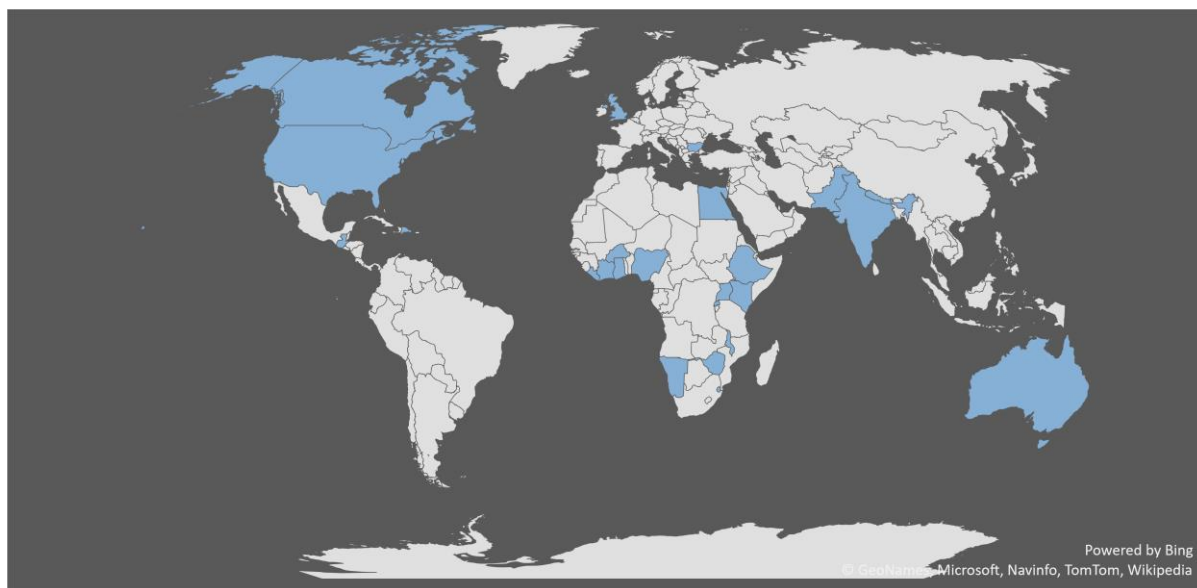
The purpose of this meeting was to form teams across the globe to share ideas, gather consensus, form collaborations and seek funding. These groups can share and engage widely to support rapid research implementation during this pandemic. We can fully support the operations of these groups and so your precious time can be spent on these key discussions.

Questions which guided the discussion included:

- *What existing tools already exist today that are globally applicable now? Do they need adapting for the COVID-19 response in specific resource-limited context?*
- *Where are the Health Systems gaps? What do we still need to know about COVID-19?*
- *Can these gaps become research questions? If so, can we set up a plan to answer them? What is needed to find this answer?*

Attendees

Over 71 people registered to be members of this WG and 27 attended the first team meeting from 24 different countries as shown in the following map:
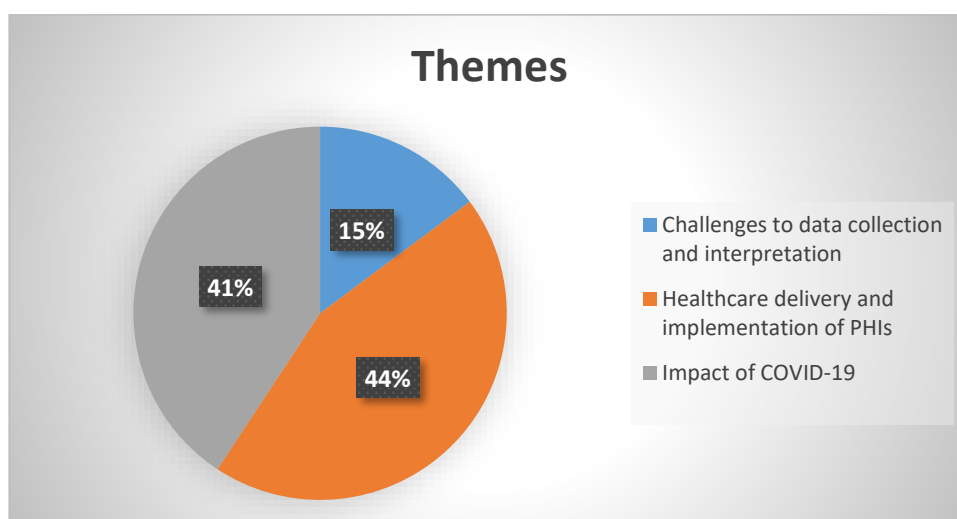

Fig 1. Location of the WG1st meeting attendees.

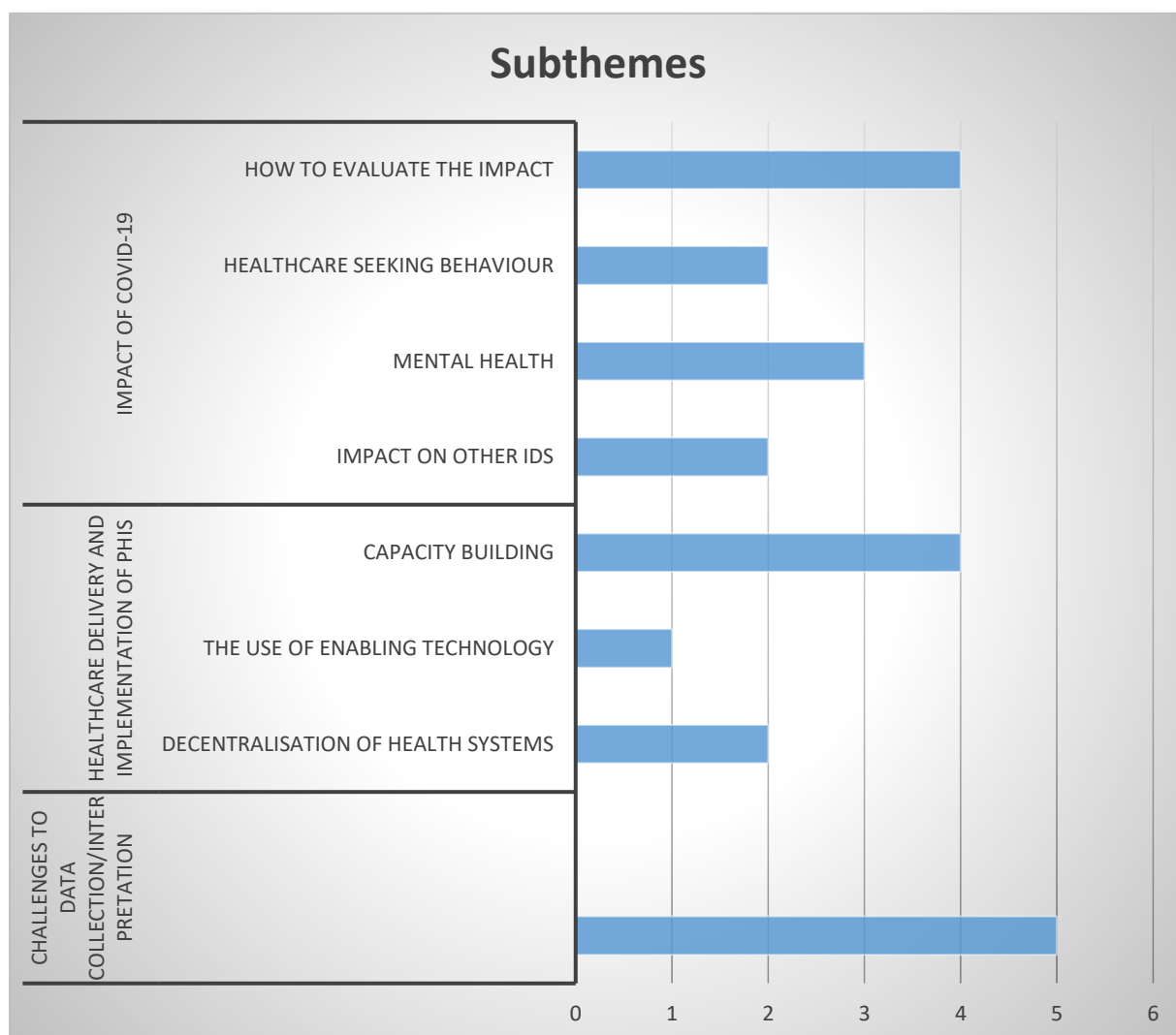| TGHN team	Trudie Lang, Davide Balardi, Ryan Walker, Jamie Parker, Nicole Feune de Colombi, Welile Sikhondze
Those who spoke	Pranay Wal Eman Eltahlawy Haleema Sadia Steve Wandiga Welile Sikhondze Mathildah Chithila-Munthali Oscar Tapera Julio Canario
	Danish Ahmad Festus Rao Chinenyenwa Ohia Resen Korboi
Rest of Attendees	Mark Tefero Kivumbi Monica shellie Salandini David Odong Saumu Lwembe Yibeltal Tebekaw Bayou Vijay Kumar Mishra Tresia Amugamapeni Ashmin Bhattarai Watyapuwo Touiwindsida Sawadogo Roger Paluku Hamuli Richard Yapi Nadia mumtaz Grace Mzumara Naomi Dzamesi Faridah Namatovu Ali Kayongo Tadios Manyanga Sara Gomes Adama Traore Salandini David Odong Taremwa Ivan Mugisha

Summary of comments

Three main themes emerged from the thematic analysis highlighting research priorities within the Health Systems Research Open Working Group 1st meeting (Fig. 2.).

Themes

- 15% — Challenges to data collection and interpretation
- 44% — Healthcare delivery and implementation of PHIs
- 41% — Impact of COVID-19

Fig 2. There were 3 broad themes which emerged from the discussion

Within these topics it was then possible to categorise the questions, comments, and discussions to further specific areas (Fig. 3.).

Fig 3. Several subthemes were identified from the discussion

Reviewing the discussion, comments and question we consider the following questions emerged as the priority research questions, concerns and knowledge gaps.

What are some of the biggest obstacles to delivering quality healthcare at the moment?

Several of the working group members mentioned various challenges to health service delivery in LMICs. Some pointed out that the private healthcare sector was not being coordinated with and utilised as well as it could be, a point which has been emphasised in previous working groups. '*The private sector is also there but is underused at the moment: they have an extensive network throughout the country which could be utilised*'

The centralised nature of many countries' health systems was also considered to be an obstacle to uniform healthcare delivery as naturally urban populations tend to have better access to health centres, hospitals and health care workers. '*We currently have many testing facilities but this is not enough – we need to actually try to decentralise test centres into individual counties or provinces which would help decrease waiting times.*' As well as the obvious impacts of centralised systems on physical health of those unable to access these facilities, the impacts on mental health on both sides were mentioned. On the one hand one attendee pointed out that the decrease in waiting times and easier access to tests could help to reduce anxiety, but another voiced the concern that '*Not everyone appreciates door-to-door services, due to the potential loss of confidentiality.*'

Another common theme across many of the working group meetings held so far has been concern for vulnerable populations (including the poor, old, young, pregnant and chronically ill communities). In terms of health systems and service delivery particular impetus was placed on those living in slums. '*How do we support those living in slums: food, medicines etc – especially when their areas are locked down?*'

One contributor talked about the lack of use of technology in many communities which could help health centres, HCWs and patients alike to coordinate in efforts to deal with COVID-19. It was emphasised that the topic of telemedicine is vital in the current conditions of much of the globe, with normal public health and community sensitisation techniques hard to implement under socially distant conditions.

Capacity building was also a key factor in this discussion as it has been in several of the other working groups. '*We have struggled with capacitating the health system and COVID has added another layer of vulnerability to Zimbabwe's healthcare system.*' Participants were keen to develop strategies both to identify the level of capacity building necessary to reach the whole population and to actually implement and accelerate this process.

What are some of the possible broader impacts the COVID-19 pandemic might have on health?

The effects of the current pandemic on other endemic diseases was discussed at length. The impacts on vaccination programs gained particular focus, with large decreases in the number of children vaccinated, probably due to social distancing, repurposing of vaccination centres and teams to COVID related activities and likely many other factors. '*We have seen a large decrease in vaccination of children.*' It was agreed that vaccination impacts need to be identified and mitigated.

As shown on the graphs above, the negative effects on mental health was noted by several attendees. '*We need to be more aware of the mental health crisis, in which children and especially adolescents are severely affected.*' It was acknowledged that there have been increased reports of gender-based violence, anxiety and depression across many countries. Factors suggested to have contributed to exacerbating this crisis included '*Loss of jobs, incomes, identities, comforts & decreased access to services.*'

The continued tracking of other IDs and NCDs was also pointed out to be important, and the relevance of COVID-19 on these epidemiological models was recognised: '*As part of a TB program my team has been embarking on an epidemiological modelling study. The integration of COVID impact mitigation measures was necessary to create a model which looks at the impact of COVID on HIV, TB and other diseases*'

It was agreed that more methods in terms of evaluating the impact of the pandemic and the global/national response(s) to it need to be developed in order to assess the broad range of impacts which have been observed on health systems across the world. *'We need to find the tools we can use to evaluate impact on health systems as there are currently not many'*

What can we do right now with the data already available and how can we gather more data?

Issues of data collection and partaking in research were also brought up. One member pointed out that scientists who are not allowed to go to the field cannot collect data (COVID-19 cases and deaths), and therefore it is hard for many countries to accurately track the spread of the virus – this may make it harder to mitigate any future impacts of the situation on the health systems in these countries.

Several members of the group acknowledged the large quantity of health system data during the COVID pandemic already available and it was suggested that a cross-country paper could be written looking into the general impacts of the pandemic on healthcare delivery. This would help to identify further research priorities regarding health systems**.** '*There is already lots of data which already exists. Could we explore it and come up with some conclusions or guidelines from it?*'

Call to action and next steps

Following this first meeting, there was an agreement in the need for a platform (for which TGHN will be providing – details to come) where members of the team will be able to post information on funding calls, specific resource and tool a well as a forum chat for members to form new collaborations and plan future work.

HPSR studies are critical right now! Suggested starting points from this first call are as follows:

1) **Write a commentary pieces using a framework discussed by this WG.**
2) **Use this WG as an opportunity to work/study data together and escape the situation of several poorly resourced, similar, weak studies being done with little amount of data.**

Areas of interest from the members of this group are

a. **General impact on health systems on this pandemic and what are the research question rising**
b. **Specific questions: Evaluating the impact of COVID-19 on**
   i. **vaccine programmes**
   ii. **mental health**
   iii. **health seeking behaviour**
   iv. **other IDs**

'If you are involved in Health Systems Research please get in touch and share any relevant protocols, associated tools and your experience. You can get in touch here info@theglobalhealthnetwork.org' or join this working group by completing this survey: https://oxford.onlinesurveys.ac.uk/covid-19-research-working-groups-members-selection-sur