TGHN Social Sciences Working Group 2st call Minutes
COVID Hub

Date: 17/07/20
Location: Zoom

Coordinators of the group:

- Chair: Festus Rao – Kenya
- Steve Wandiga (Kenya)
- Douglas Okelloh (Kenya)
- Saumu Lwembe (Kenya / UK)
- Eman Eltahlawy (Egypt)
- Bunu Go (Nigeria)

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 8th June, The Global Health Network supported the first virtual meeting for the Social sciences open Working Group, the report for which can be found here. 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 around the world
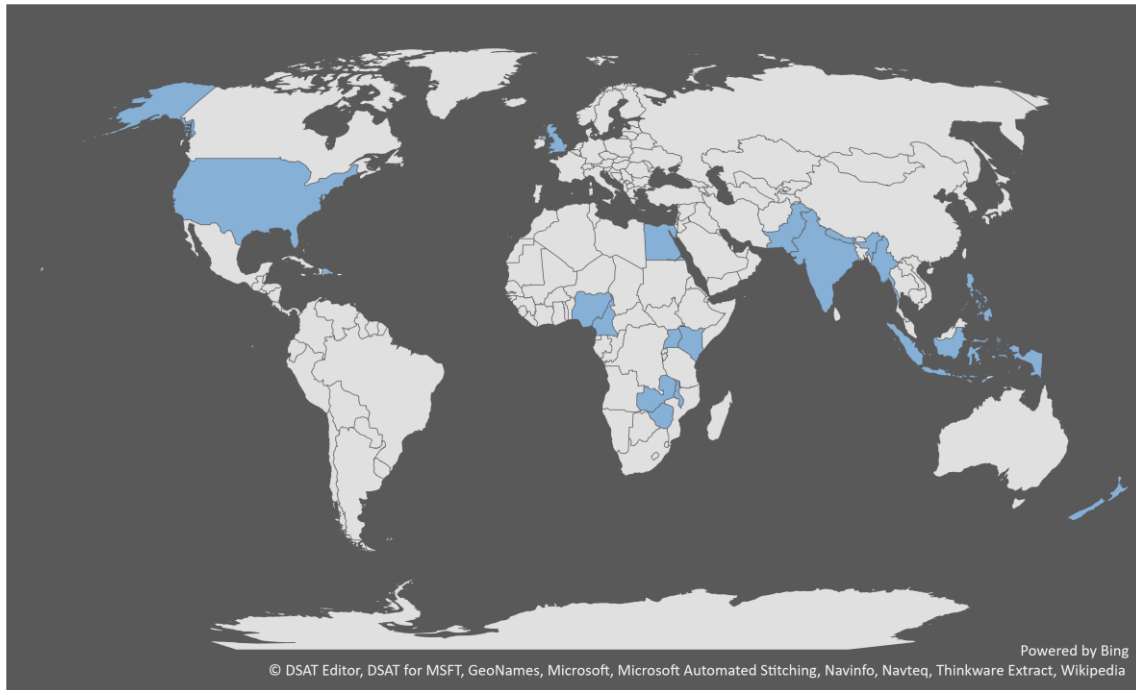
After a meeting with the team leaders on the 10th of July, using the themes identified in the report from the first meeting it was decided that the WG would be best utilised splitting members into 2 subgroups working on the following themes:

- Knowledge, Attitudes and Perceptions of COVID-19 at the community level
- Healthcare Workers and mental health

On 167th July, The Global Health Network supported the second large virtual meeting for the '***Knowledge, Attitudes and Perceptions of COVID-19 at the community level'*** subgroup. The purpose of this meeting is that the members of the WG can meet the leaders, decide the action plans for the WG going forwards and contribute to discussion of the research needs around the first of the 2 themes listed above: Knowledge, Attitudes and Perceptions of COVID-19 at the community level with emphasis on how this has affected health seeking behaviour (particularly for NCDs)

Attendees

Over 50 people registered to attend from across Africa, Asia and Latin America. More than 35 people joined the call from 18 different countries, as shown on the map below:

TGHN team	Jamie Parker, Nicole Feune de Colombi, Ryan Walker
Those who spoke	Festus Rao, Saumu Lwembe, Steve Wandiga/Quanza, Douglas Okelloh, Eman Eltahlawy
	Stuti Chakraborty, Oscar Tapera, Caitlin Murphy, Julio Canario, Blessings Kapumba, Mary Grace Nkate, Priya Thomas, John Hongo, Kedar Baral
Rest of Attendees	AAJA ALOSIOUS, Adam Mabrouk, Adebayo Amao, Agus Sudaryanto, Arun Sadasivan, BASHIR SSUNA, Chinenyenwa Ohia, Derrick Bary Abila, Hitendrasinh Thakor, Joseph Mutale, Juanita Graham, Manjusha G, Mathildah Chithila-Munthali, Maya M, Mbunka Muhamed Awolu, Myra Oruga, Noor Butt, Nosheen Sheikh, Patricia Mukuka, Sangeetha Kasinathan, Tin Maung Hlaing

Agenda:

- Justification for the research
- Researchers (Team composition)
- Research question
- Methodology
- Study Population and Sampling
- Data collection tools & questionnaire
- Schedule

Summary of comments

Festus: I welcome everyone to contribute to the research questions we need to be asking in relation to KAP so we can begin drafting and writing a protocol which all members of the Working Group will be able to implement in their respective countries

Saumu: What are the sources of 'knowledge and perceptions around COVID-19? Generational/cultural etc. Understanding this will allow us to see what the challenges we face are

Steve: We know the pandemic has been reduced into an individual responsibility. This means we need a survey to deep dive into what people are doing individually which makes up the collective response. We know that there is a correlation between COVID-19 and NCDs and so we also need to ask ourselves how the pandemic has affected health systems in this context. People will be looking for 'home grown' solutions before a vaccine/therapeutic options become available

Stuti Chakraborty: HCW working with patients with NCDs in India. Are we looking at any specific NCD or NCDs as a whole which is a wide range (mental health, cardiovascular disease) Furthermore, will we classify them through countries or not?

Festus: HS WG will look at IDs, HCW capability etc – this WG meeting is covering KAP only

Oscar Tapera: Also have interest in NCDs (especially cervical cancer), In the context of some developing countries, cervical cancer is one of the NCDs which causes much of the countries' morbidity. Agree with Saumu that we need to examine the drivers of knowledge etc. Consider a mixed method approach.

Steve: Clarification that purpose of this meeting is for other WG members to contribute and contextualise topics – need to have participation in development of the protocol

V P Singh: Communicating pandemic through interesting and enterntaining manner – different kind of publicity and research material online. Multimedia handbook released by central minister of India; communicated to all WG members alreadt. Planning to use science fiction books and comics to help public adherence. Multipe regional languages, not just English. We are also going to implement a WHO study on how to communicate to the masses

Caitlin Murphy: London; Work in St Mary's hospital. How will the sample population will be selected; one country or multiple?

Festus: Mixed method design so it can be implemented in all countries. This WG functions as a resource platform so people from around the globe can implement this research.

Nicole: develop protocol for all members to run. TGHN is applying for a grant to fund some of the studies run using the resulting protocols.

Julio Canario: clinical psychologist. My contribution is that in the current context it is did]fficult to do research at the community level in countries where COVID-19 is still active and growing. Data collection tools therefore should be digital technologies (eg questionnaires) but we need to know something before doing that at the community level – each country/community will be different. How can we gather data without internet?

Festus: This meeting aims to collect these kinds of ideas;

Mary Grace Nkate: Need to be more specific – we are looking at 'NCDs' but we need to tease out the few most important ones instead of looking at NCDs as a whole

Priya Thomas: Part of mental health group. The impact on Dementia and other chronic neurological disorders is important to look into. Influence of media and how it affects KAP – there have been many efforts to spread the correct information, but social media is also very prevalent in the spread of (mis)information. We should look into this in our mixed method study.

John Hongo: Data manager and IT in area of Health Systems – can offer data collection tool expertise. Not totally electric – consider manual questionnaires due to challenges in LMICs with internet etc.

Kedar Baral: Nepal. Academic. Work on generic protocol and contextualise it locally – local researchers understand which NCDs are the most important in their respective countries. Allows everyone space to work on what they want to but also help develop the protocol.

Blessings Kapumba: Malawi? On the KAP: do we consider facility level within the communities? It will be important to look at the barriers to management & containment of COVID-19 and how HCWs are coping in the communities.

Festus: HS WG is working on this

Steve: Many useful elements from the discussion. In the places where the pandemic is still picking up, our team at KEMRI has experience of this. IPC measures need to be put in place during data collection (eg PPE)

Saumu: Encouraging conversation which will be useful for progressing the protocol.

Chat Section (only comments on the protocol found here):

From Sangeetha Kasinathan : this study can conduct to descriptive survey approach among adult.
From Saumu Lwembe to Julio Canario and all panelists : Good point Julio; the adoption of virtual technologies will have to be considered - in settings that are still experiencing restrictions of physical distancing - but are also are a key challenge as you point out for areas with limited connectivity.
From Sangeetha Kasinathan : purposive sampling technique will be use it for this study
From Oscar Tapera to All panelists : Thanks Saume, nice e-meeting you, our treatment centres cancers are centralized and due to COVID-19 preventative measures access has been reduced or outrightly decimated.
From TGHN: Would a survey to decide which NCDs to consider help? which ones this WG is interested on?
From Caitlin Murphy to All panelists : Yes!
From Caitlin Murphy to All panelists : was raising hand to suggest that
From Sangeetha Kasinathan : DM , HT
From Oscar Tapera to All panelists : That would be the way to do, I am suggesting
From Oscar Tapera to All panelists : Diabetes
From Oscar Tapera to All panelists : Hypertension, cervical cancer, chronic heart disease
From Julio Canario to All panelists : That sounds good Saumu.
From Chinenyenwa Ohia to All panelists : I agree that a survey that will find the interests of the WG
From John Hongo to All panelists : Hi I would like to give my contribution while developing protocol especially in Data collection tools and questionnaire as since our focus will be in LMCs areas
From Julio Canario to All panelists : I agree, purposive sampling technique could be use for the qualitative component.
From Hitendrasinh Thakor to All panelists : mental health

From Stuti Chakraborty to All panelists : Neurological diseases - I think it's very important as Dr. Priya mentioned. I would like to contribute to this

From Kedar Baral : Let us work: generic one

From Caitlin Murphy to All panelists : acute kidney injury treatment ? or dialysis ?

From Mathildah Chithila-Munthali to All panelists : could we add chronic respiratory disease

From Kedar Baral : It has to be contextualize locally.

From TGHN: One member is suggesting to do a generic protocol that can be used to different NCDs and then be contextualized locally

From Caitlin Murphy to All panelists : That makes sense

From Myra Oruga : Agree with you Kedar

From Mathildah Chithila-Munthali to All panelists : the suggestion for generic protocol sound good

From Chinenyenwa Ohia to All panelists : I agree with Kedar

From Myra Oruga : Standardize tool and contextualise it locally agree

From Hitendrasinh Thakor to All panelists : New incidence of Mental Health problems and status of existing conditions

From Chinenyenwa Ohia to All panelists : Yes

From Festus Rao : Data and statistical inputs also needed ,feel free to contribute

From Julio Canario to All panelists : Participants can be chosen from 'vulnerable populations or at greater risk for COVID-19

From Steve Quanza : Very useful thoughts from the speakers and it goes towards emphasising the need for inclusivity in protocol writing. We appreciate these rich contributions

From Julio Canario to All panelists : I think that an important contribution from this study could to design a valid questionnaire to measure knowledge, attitudes and practices at the community level. I have not seen such questionnaire.

From Hitendrasinh Thakor to All panelists : Instead of purposive sampling, random sampling will give the study a more weightage as an acceptable evidence

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From Julio Canario to All panelists : This is Julio Canario commenting on the possibility of designing and testing the validity of a questionnaire

From Mbunka Muhamed Awolu : While doing community level KAP study, it will be interesting if we also look at the risk communication and community engagement.

From Hitendrasinh Thakor : Common protocol and questionnaire can then be modified as country specific tool

From Steve Quanza to Hitendrasinh Thakor and all panelists : Thanks Hitendrasinh

From BASHIR SSUNA : If we are to do a mixed methods study, then we need a qualitative RQ, then decide which type of mixed methods design will best fit your study. I have also seen comments on the sampling procedure to employ, well, for community studies you have to do a systematic random sampling using a sampling frame. I am a Doctor with MSc. Epi/Bio and Fellowships in Mixed methods and Implementation Science Research. I will be glad to part of this. Thank you

> From Steve Quanza to Hitendrasinh Thakor and all panelists : Welcome aboard Bashir
>
> From TGHN : Thank you all so much for your responses! It is fantastic to hear the enthusiasm for taking this group forward!

Call to action and next steps

Two main protocols will be drafted by the coordinators incorporating all the comments:

- Knowledge, Attitudes and Perceptions of COVID-19 at the community level including the drivers to those KAP
    - To be used as a stand-alone or add on protocol for PHIs and Vaccines trial
    - Validity study could be run to validate the KAP survey and then use the protocol for larger studies.
- How has COVID-19 affected health seeking behaviour particularly for NCDs – generic protocol

TGHN will follow up with coordinators and next actions by email.

We encourage the team members to interact through the forum
For this you need to click on the link which will direct you to the forum pages. Each Working Group Forum is closed (i.e. people can only talk after requesting to join the group and having been accepted) so you can interreact freely. Within the forum, we have created different channels within the forum:
- to present yourselves and interact→ "***Who are you and what do you want from this WG***?"
- to interact with the WG leaders/chairs→ "***Communication with the team leads***"

If you are involved in Social sciences research, please get in touch and share any relevant protocols, associated tools and your experience. You can get in touch via the webpage for the WG or by using this email: info@theglobalhealthnetwork.org