

The Global Health Network

COVID-19 Intervention Trials Working Group

Leaders meeting

Date: 18/08/2020

Location: Zoom

Attended: Mariam, Welile, Oscar, Julio, Myra, Mathildah

Mariam: MM study which could be used as a stand-alone cross-sectional study into trust, knowledge, attitudes etc – grouped under ‘Community Attitudes and Practices’. Community can be anyone – the public at large, any specific study population etc. Could also be used as an add on study. I’ve also shared a [document](#) which categorises various PHIs. Platform trial assessing public education health interventions addressing the myths and conspiracies etc; first need to establish a couple of educational activities where it is unclear that one is better than the other. Our protocol should be a 2-stage protocol: We should not define everything with finality at the onset. Note that there will likely be overlap with the SS protocol – using the WHO document as a guide we could at the moment focus on MMS focussing on the KAP in the community (I will look further into how to define a community). If we assess all 4 categories in the doc we will have a deep understanding of the community KAP – this is the first phase. IN the second phase we could then assess different educational methods, as long as neither has a clear advantage over the other (otherwise it may be unethical).

Davide: From my perspective: the approach is very flexible, you are considering the other WGs protocols. Do the comments from the other leaders agree with your draft?

Oscar: In principle I agree, but I wanted to check if we could consider a step wedge (??) approach. In Zimbabwe, from an ethical and practical point of view, it would be hard to assess one PHI vs no PHI – instead roll out interventions over selected areas; within a specified time assess the reach of the intervention

Mariam: I have also been thinking about this: platform shouldn’t be evaluating different PHIs – in most LMIC’s they are centrally controlled by the government; research into the most effective non-pharma interventions is important but I think how to improve the uptake of the PHI’s used is more important. Many researchers in LMICs will find it very hard to conduct the former. What I’m proposing can be very easily implemented in very low resource settings. ‘Community’ could be whole city/single institute

Nicole: Yes, it is important to evaluate uptake of the PHIs but how do you then plan on choosing which interventions to target the education at? As there is no evidence either way.

Mariam: My point is that we can’t deny any group public health education – eg Several simple messages over social media. This is the education that everyone receives. On top of that we could have additional groups where we could see whether in the community if we held educational focus groups where you invite community leaders/patient representatives etc it would enhance understanding. I’m not exactly clear what other arms there could be, but I’m hoping that once we

explore the KAP and reasons for non-compliance we will be able to have a better idea... (Connection lost)

Welile: Thanks to the group for the work that has been done so far. I'd just like to caution us on the feasibility: while this is an exciting area, we have no control over the policies which are put in place. It is also rapidly evolving – policies change very frequently. Therefore, putting so much of the protocol about these rapidly changing interventions is risky. Unless we are looking at a multimillion-dollar large scale public intervention trial there would be many confounding factors; Many resources are now being diverted from COVID-19 back to other diseases which have been neglected in the past 6 months. We need a protocol which does not need many resources but is powerful etc. At a later stage we could have a much larger study question/project pooling smaller projects from WG members.

Mariam: I missed some of Welile's comments but I heard that she was questioning the feasibility of running a research project which includes implementing PHIs which is why it is probably best to measure uptake of different PHIs in different study populations. I am unclear of which PHIs we are trying to assess – we need to focus on what we need to do right now; a 2-stage study which assesses first the community KAP then how to improve this. We don't need a clear-cut plan for this; If we develop a mixed methods evaluation of different communities across the world this will be useful for policy makers. We do have a gap in knowing what works and why.

Julio: I don't see clearly what our objectives are in terms of what we are looking at: KAP/myths/uptake etc? How are we going to deal with the data? If we have different PHIs how are we going to discuss them? Analysing each PHI separately?

Mariam: Aim is that whatever PHI is implemented in a particular region we would assess KAP and uptake of the PHI – using these results we would then design public educational strategies which improve uptake of interventions. We could divide this protocol into 2 parts: 1) assess KAP 2) education. SS WG has developed Phase 1 in their KAP protocol – could join with them and they could provide further input into that protocol (connection lost)

Julio: maybe we still need to focus a bit more on which kind of PHIs we want to evaluate or the education of the PHIs. Will you start with evaluating the education or intervention?

Mariam: I shared the document which categorises various PHIs: Personal measures, physical and social distancing measures, movement measures, special protection measures. These 4 levels of PHIs are implemented already in all countries, so we can assess these and which are best in terms of community uptake and knowledge (connection lost)

Welile: Let's take more comments while Mariam is having technical issues

Davide: We could circulate the document again and comment on it again

Oscar: As Welile said, PHIs are rapidly changing. Mariam has suggested piggy backing on the SS WG, but I am concerned that this protocol would have to wait for the SS WG; 1st part could be an exploratory (qualitative) – prioritise PHIs we could look at. Look at KAP etc; then use the evidence from the exploratory research to develop a feasible 2nd part to evaluate education on these topics. Even from phase 1 we need to be clear on which PHIs. Sequential exploratory mixed method study at first. We can learn from SS WG but we can also do our own exploratory work.

Mariam: I will write the points I wanted to make over email and then we can comment and discuss how to take things forward. I have a plan for an initial exploratory study.

Davide: Is there a rough timeline for when you will be able to share this Mariam?

Mariam: Friday at the latest

Welile (chat): the study objectives, methodology need further review esp the outcome measures most of which are not measurable

Nicole: We can all comment on a shared google doc then host another call when we have more ideas