

Designing a platform study for public health intervention – meeting 1

TGHN COVID Hub

Date: 05/06/2020

Location: Zoom

Minutes:

- **Trudie:** Mixed method platform trial on PHI's – discuss how we could progress. Write a protocol as an open collaborative project. Do that and apply for funding if people are interested. Application led by Mariam with the rest of us as co-applicants? Open protocol with nobody as author?
- **Mariam:** Great idea to put this down on paper and make us all think about it. Possibly focus on the basics today – the questions we wish to answer and how we propose to answer them should be the basis of today's meeting. Your proposal that we each share one question is a good idea – makes sure to include various LMIC contexts. I really hope that this protocol could be broad enough to have a global reach to be implemented in any LMIC setting – people have ideas but have problems putting the ideas together. After the call I was thinking; governments around the world has struggled to implement PHI's – for a protocol to really test PHI's will be difficult but testing the result of the PHI's is feasible. The level of adherence to and trust of the PHI's can be measured. Eg in Pakistan there are still a substantial number of people who believe COVID19 is a conspiracy theory – this type of mindset is decreasing efficacy of PHI's; Education should be a heavy focus, also how to enhance public trust in the imposed PHI's. Also look at the number of new cases/deaths depending on these PHI's
- **Trudie:** Explanation about research priority survey – feeding the results back later today.
- **Festus:** will be good to define the ideas the protocol should cover. I can share my screen now to show you some ideas about the protocol.

- Blurred line between collecting figures for public health and collecting data for research.

My Input will be having a cross-sectional survey within the protocol to assess the level of awareness among communities on Covid19 as well as assessing myths hindering public health messaging.

We can also assess level of Trust on various management levels from National, county, sub counties, Health centres and dispensaries in handling of the Covid19 disease (Tests and Public health interventions) and views on what will instil confidence. Specific objectives: Evaluating awareness, myths and level of Trust.

These can be administered through well-structured questionnaires (either paper or electronic) by trained healthcare workers within selected health care facilities. The population should include majorly the communities but the healthcare workforce can be integrated to get view in either parties.

The Ethical aspects will include submitting the protocol for expedited review, assuring that necessary measures will be taken during consenting and that appropriate public health measures will be taken to avoid exposing either the investigator(s) or participants from transmission of Covid19.

Overall Goal: This information will inform on better ways to control transmission & contain Covid19.

Regards: Festus

- Level of trust eg in tests which are not reliable which is not helping – people testing both +ve and -ve are less likely to believe its real. Even as we focus on the community let us also focus on the health departments which actually implement these PHI's.
- **Welile:** My input is that it would be important to unpack the overarching goal of the call for which we can generate generic protocols. Common international outcomes which we can evaluate at then end. In terms of the funding, there are a few options for this. Funding to disseminate the protocol and also funding to support study implementation. According to the WHO roadmap the funding seems to be focussed on biomedical interventions over behavioural/social scientific studies. The reality is therefore that the focus is on biomedical interventions, but this is an opportunity for us to ride on these studies and add social components.
- **Trudie:** We can design a really nice platform study to investigate these but coming up with 'add-on' protocols on top of vaccine trials. Within the setup of these trials every centre giving out vaccines should be able to do their own sub-studies. We can definitely discuss this, as well as the type of protocol/funding we want to go for. At the moment BMI's aren't being implemented: there is a definite need for studies into the actual things being done already: PHI's. The funders need to hear about those who are having to make the decision whether to stay at home and stay safe or sell their produce at markets to make a living! Please talk about this in the call later!
- **Mariam:** Welile has made some excellent points, and I'd like to make 2 additional points. We are also seeing a failure of the biomedical model – some of the biggest publishers have failed to pick up on some blatant research errors (eg HCQ studies). It's not just about PHI's, we need CE: when people

read newspapers condemning science that is where public trust in science is lost. Hence CE is almost as important as BMI's – as you've said, the drugs and vaccines may not be taken up by the community when they become available – this is obviously very important to deal with. Applying for funding for dissemination of the protocol is a great idea, but also apply for funding for a pilot study?

- **Trudie:** on the protocol: mission 1 = writing protocol, mission 2 = applying for funding to get these studies implemented
- **Welile:** Ambitious part of me says both, but there's a reality of limited hands on deck, but then again this is a unique opportunity to do this before the specific, tailored funding begins. We don't have to start from scratch – amend what is available on TGHN's website. No short answer though!
- **Mariam:** My instinctive response is usually to say yes to every idea! At the moment I would want this protocol to be both developed and implemented – could we revisit the funding application once the protocol has taken a more evolved state?
- **Festus:** I think what Welile said is a good point, but I'm not sure whether integrating both PHI's and BMI's in the protocol is the way forward. What do others think?
- **Trudie:** platform protocol of mixed methods – making it as robust as possible to provide actual evidence. Comparative aspect of exploring PHI's used may be required
- **Nicole:** 2 components are very important. Given our 7 different WG's, creating an open mixed method protocol with quanti and quali parts. Have different WG's on different parts – use them all together to make this protocol development easier and working on the 2 strands will make it quicker. If we can make a WG page on THGN's website with everyone able to help would be really useful
- **Trudie:** if we can bring this up in our next WG's that would be great
- **Mariam:** I completely agree with the ideas that Festus shared earlier, and a mixed method research study that looks into CE & adherence to PHI's in whichever context seems to be emerging as the core idea. Much like the REMAP-CAP study we could have an add-on protocol for anyone to use on any study.
- **Nicole:** The ethics and CE groups is developing a guide/protocol. For engagement and trust of interventions. It might be then good to engage with them for that point
- **Festus (chat):** For example, Remdesivir for African populations then we brainstorm various objectives including public health interventions and various biomedical endpoints we want to examine
- **Trudie:** There are already lots of RCT's on therapeutics etc but it is how we integrate social scientific protocols into these.
- **Nicole:** The ethics and CE groups is developing a guide/protocol. For engagement and trust of interventions. It might be then good to engage with them for that point

- **Festis:** In Kenya we are having issues with trust, CE etc – the preventative PHI's at current are very effective
- **Welile:** I like the idea of pooling the different WG's. On funding: TDR approach of small grants? Once the protocol is up and running small grants could be supported by TGHN/Mariam's institute
- **Trudie:** Having some sort of pot for funding small add-on studies using our protocol sounds like a great idea. Summary: we want to develop a platform protocol which will enable teams to assess PHI's eg lockdown, social distancing etc which are not evidence based at the moment. Building trust and enhancing CE has several questions within it. We need to stand alone – flexible mixed methods protocol but also to be used as an add-on study for those running drug/vaccine trials. Funding: Both apply for pilot studies and also develop a pot of money to fund individual researchers.
- **Welile:** Also the pooling of WG's
- **Mariam:** Great work for a single meeting
- **Festus:** Great ideas here
- **Mathilda:** Thanks, my apologies for coming in late; I think this sounds very encouraging – yesterday I spent 3 hours on a zoom meeting bringing together Malawi's researchers and health department. Government were looking for priorities – this is very timely as I now know what the priorities are for the Malawi government.