

## COVID-19 Research knowledge and implementation HUB

### Health Systems Working Group

#### **Team Leaders Meeting**

**Date: 03/09/2020**

**Location: Zoom**

AIM: start thinking of the operational site and plan of this protocols:

- training that will be needed and how will his be done
- Quality Management Plan, Data Management plans and SOPs
- Specifying budget needs.
- CE plans
- Ethics review process, consent forms, having everything ready to submit for ethics approval

**Oscar's** restructured version of the above:

- Data collection tools (Structured questionnaires) – for each study
- Study SOPs (including data management, community engagement, infection control etc) – for each study
- Study Budgets – for each participating country/institution
- Ethics review process (consent forms, translations, IRB applications etc)- for each participating country/site/institution

**Julio:** We need a deadline – we are losing momentum; we need to work towards Nicole's suggestions. We will still need to meet each week I think to keep this momentum up.

**Mathildah:** Group training? Developing the tools together and using them in our respective contexts? Or each developing our own tools? I would say that developing the tools together is the best way forward

**Dorothy:** We should each aid the development of these different tools based on experience – as Julio said, this will stop us from losing momentum.

**Oscar (chat):** I suggest that we develop generic tools and customize to the specific contexts

**Julio:** I agree that this is a good option, as we are talking about more than 1 protocol – as Dorothy said we should work on the tools which we have experience in. Since there are other things which we need to know (eg sample size calculations) I agree with Oscar.

**Oscar (chat):** We could work in pairs as for the protocols and develop the tools for the protocols we led and we can then review each teams' inputs?

**Dorothy:** Do we have a template which we could work on?

**Julio:** These templates should be available on TGHN website or some other place on the internet.

**Dorothy:** Application forms usually wouldn't be designed by us, for example. I think we should look at the data collection tools, SOPs etc for now, as we've not decided the country/institution etc which

are participating – if we develop our own generic template for now we can adapt to the context later.

**Mathildah:** Agreed that the ethical review processes may be context specific – but SOPs etc we can develop now

**Julio:** We could leave some things blank in the protocol but objectives etc will be the same for everybody. Agree with Oscar that we should work in pairs.

**Mathildah:** To clarify, you are proposing that we develop an example with ethical review processes, SOPs etc to guide people who use the protocol?

**Julio:** Exactly, create a guide of the basic things which are needed.

**Dorathy:** To clarify, for each sub-group do we go through the process of going through SOPs etc etc or does each sub-group each take 1 part then share?

**Julio:** The latter, like at the very beginning. Julio and Mathildah as one team for example, Dorathy and Oscar as another?

**Dorathy:** Each person leads 1 sub group but also works on the other sub-groups? (sorry if I didn't quite understand this!)

**Oscar:** We should agree on deadlines as well. I worked with Mathildah on the RMNCH. Yes, Mathildah we need to agree right away? We can do questionnaires with Mathildah?

**Julio:** follow up email to outline next steps; decide sub groups and divide up tasks, take it from there

**Dorathy:** let's work out who is doing what, and what is the deadline?

**Julio:** deadline; 2 or 3 weeks?

**Dorathy:** 2-3 weeks is fine, but what exactly do we want to achieve in these weeks? Eg just SOPs then come back and do the next part, or try to do everything?

**Oscar:** Sorry Julio, can you clarify that each team works on all the tools for a specific study?

**Mathildah:** We can share the responsibilities within the teams; if each has at least 3 people in it then we can allocate different parts to different team members.

**Oscar:** Mathildah, I agree with you and we can share drafts in 2 weeks for reviews by the entire group

**Julio:** I would suggest for example giving 2-3 weeks for data collection tools, then another 2-3 weeks for SOPs... Would take a long time but if we did this more quickly we would need specific deadline based on a funding call.

**Oscar:** I am happy to co-lead data collection tools with Mathildah if she is fine with this in 2 weeks?

**Dorathy:** I see your point; last time it fell to 1 or 2 people to do the bulk of the work. I'm trying to think whether we can source templates for these things – it would mean that the process would be much quicker in terms of morale and momentum, especially given that COVID and the problems we are looking into should be addressed immediately. In the next 2 weeks we should work on the SOPs but also look for templates for the other parts, and then reassign tasks and give ourselves another 2 weeks to wrap up the protocol development, otherwise we are at risk of the project fizzling out

**Mathildah:** The team leaders last time were doing the bulk of the work; In this case it is very clear that there are more than 1 items so that it will be easier to share and allocate tasks. We can also look for templates which we can share with others.

**Dorathy:** Maximum of 5 weeks, for example, to be done with the whole thing

**Oscar:** Can we leave the backend to the sub-groups to decide how they will work?

**Julio:** Agreed; we can do our best to do this template. We may need 3 weeks for the first part (go back into teams, within the teams try to develop a draft for each one of these components then come together to review these)

**Mathildah:** Can we say 24<sup>th</sup> September as a deadline? (all agree)

**Dorathy:** I was comfortable with J/O's suggestion that the SOPs could be sub-group specific. This should be our target: Come up with SOPs for each of the sub-groups by 3 weeks. In that meeting we could also look at the template then go back and look at the draft of the other components. As Oscar said, sub-groups should try to get every member to deliver something.

**Dorathy:** In the email that Nicole sent she suggested that we think about the countries in which the protocol could be used; in SOP development thinking about specific countries could be useful.

**Oscar:** I agree with Dorathy on specificity on the study sites

**Mathildah:** Should we reflect on that now so it can inform this next block of work on the SOPs?

**Dorathy:** yes – when working with everything you're not working with anything. We could tentatively agree

**Mathildah:** Could we discuss this by email so that everyone can contribute? Deadline of Monday/Tuesday

**Grace:** If we pick a country, whoever is there needs to be comfortable with taking the lead. Maybe someone could suggest their country/institution?

**Oscar:** Zimbabwe will be in

**Dorathy:** Nigeria will be in

**Mathildah:** Malawi will be in

**Dorathy:** Dominican Republic (Julio) will be in

**Saumu:** Kenya yes, but I will need to check with colleagues 'on the ground' – if I'm developing the SOP with Kenya on the ground consulting with Festus/Steve would be useful so it doesn't become a superficial SOP

**Dorathy:** This is why we need to decide on sites asap

**Mathildah:** Deadline for choosing the sites should be Tuesday 8<sup>th</sup>

**Dorathy:** 2 things we didn't talk about: Training needs, Community Engagement and budget needs – these issues could be discussed in the next meeting. Once sites are chosen everything else will fall into place