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The Global Health Network
COVID-19 HSPR Working Group

Team Leaders meeting
Zoom call
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Nicole: I guess the next thing for us is to discuss the study materials. I looked at the materials Oscar and Mathildah sent, but I didn't have time to comment on them. Would also be good to hear about how the HIV/ Malaria study is going. Were the rest of you able to read Oscars part? And did any of you read what Mathildah sent last night?

Dorathy: Wasn't able to read any of them yet

Julio: I haven't either

Nicole: Maybe it would be good if you talked through it a bit Oscar? Or I could start?

Oscar: I was going to comment on the SOP Mathildah shared, I went through it but not in detail. We need to finalise the tools that will actually be used for data collection etc. There is need on community entry and engagement to include a para or two on infection prevention and control. But it was really good, those were my two comments. Nicole if you want to go through mine then I will answer any questions.

Nicole: Mathildah, I wasn't able to read it all through, I'll send you through the final plan which has a detailed community engagement section, so that will help you and you can pull some things from that. The other thing was on the specific objectives on the final grant we added one more about making recommendations on a hosp level, gov level, and internationally.

Mathildah: Thanks Nicole and Oscar, as you say it's a work in progress, I can tidy it up when I get the final version.

Nicole: We had developed the original protocol, but then when we applied for the grants, even though they are both separate applications, we tried to unite how the results would be cross-linked etc. For the consent forms, there were 2. We were going to do a women's survey, health facility survey, and health worker survey.

Oscar: That's right Nicole, even though we usually don't need a health facility consent form, it would still be good to have one, or at least it is here in Zimbabwe.

Dorathy: Yep its similar in Nigeria too

Nicole: My question when I was reading this is when we do the woman and child survey are we going to different households, or is it the same women, and also ask them about their children?

Oscar: The idea is that the first respondent is a woman (over 18). In the event that there is a child (under 5) they are still eligible. We need to make sure we don't ask them the same qs. We could also separate them, have separate women from the children's mothers because there could be problems with the data collection tools. One for the women's survey, one for child's survey for each houseold.

Dorathy: So exclusion criteria would be that if a woman is picked for one study they couldn't do another study?

Nicole: Do you mean survey or study? Because we are saying they couldn't do the same survey.

Dorathy: Ok I see.

Nicole: It would be interesting to also include woman who are not mothers. Like women who are 60.

Dorathy: But if they are 60 they wouldn't be reproductive or are we doing all women?

Oscar: Yes maybe 16-49 may be better

Nicole: Is that ok in the Dominican Republic Julio?

Julio: Yep that works but there are many teenage mothers. So should we include them in the study too?

Nicole: We may have to stick with 18 as the youngest age as that is what we put in the grant. [checks grant] Oh no we put 15-49 for maternal health.

Oscar: That will give complications for the consenting process – if they are less than 18 they are still considered a child. They will have to have someone over 18 who signs them for the consent.

Nicole: My other question is similar to the SOPS, many times we are stating the pop of the study. On the grant, we thought the pop would be according to each country. It's not going to be the same pop for each country. We need to calculate how many are going to be in each country, which will change between country.

Oscar: I think that […..bad connection]

Nicole: We need to do the same thing for the SOPs Mathildah – calculate the number per country. Also the same for Malaria/ HIV study Dorathy. It would be more useful to crete them leaving spaces, and then you could adapt it each for your own country. We also need to talk about data sharing. Was wondering if in the consent forms we should state that we want to share the data in the other countries too to complete multi-centre analysis.

Oscar: There is a section about data sharing – with Ministry of Health, WHO – the Confidentiality section. We should include that in the consent form, I agree.

Nicole: In the dissemination we have said that we would be sharing results on the webpage and the larger community. In community engagement we said we would also turn the results into specific community outcomes/ suggestions. So that was about the consent, most of my comments were that if it was possible to use generic names of drugs – if not they will need to be updated for each country.

Oscar: I agree, but the challenge of using generic names is that in Zimbabwe many of the primary nurses don't know the generic names. I think each country needs to contextualize according to the country.

Dorathy: I think it would be better to use the generic, then maybe an eg if necessary.

Nicole: I think we should pub generic on the overall, and then each country puts other names if needs be. One more question: about the provision of services – how many days in a month are RMMCH services available. Compare between now (COVID time) and pre-COVID time?

Oscar: Yes, that is true.

Nicole: Two more comments: regarding how the definitions change, eg rural in one country may be urban in another.

Dorathy: Yes, we also have the peri-urban in my country.

Nicole: Ok we can do that but use thresholds, so we can still compare urban with urban.

Dorathy; Would like to say that if the peri-urban is common, can we put it in too. Because in pub health in my country comparison between peri-urban and urban is common.

Nicole: As long as we agree on the categories it doesn't really matter what the names are.

Dorathy: we could go along with the WHO healthcare classification: primary, secondary then tertiary.

Julio: I think that primary and secondary, instead of health facility which is more specific. I think that both of them are useful if we want to be clear. We can use these categories for the Dominican Republic with minor changes.

Mathildah: Yes so in Malawi

Oscar: What would be the difference for number 4? Because it is mainly for medication.

Nicole: If we want to compare as the services provided, we should do as primary, secondary, tertiary.

Oscar: Using the primary, secondary, tertiary might help. Brings together the synchronization to compare between countries. So I think going by the WHO primary secondary, tertiary categories is the way to go.

Nicole: and we should do the same for the two studies.

Julio: Just to clear up, I believe that they are two different types of categories. And that they don't overlap.

Nicole: Should we put it as a second category (primary, secondary, tertiary)

Dorathy: the question is type of health facility. Its broad, but it will be easier to compare and it is how it is categorized in most countries. I don't think national to dispensary is ideal.

Nicole: I think we can ask both.

Dorathy: In Nigeria, even in the urban centres you can have the primary, secondary, tertiary. Primary is local level. Secondary hospital or private hospital. You have to be referred to tertiary

Nicole: In Argentina in the North, you can have a health centre in a rural area that is tertiary. But we cannot compare a tertiary health centre with a primary health centre in another country. We can still ask for facilities to increase understanding, but for analysis we should use primary, secondary, and tertiary.

Julio: Yep we should have both.

Nicole: Yes perhaps the type of facility will help at a national level then primary, secondary, and tertiary would be more useful to compare internationally.

Oscar: One thing to add which we may need to agree on. You may find that a mother has children (3 or 4) that are all under five. Will she be responding for all the children or not?

Nicole: We want to have an overview of all the different services. Just trying to think how it would create bias if we always choose the first or last child. Is there any way to randomize?

Oscar: we could use a (randomization of samples technique) approach and then analyse. That is definitely an option, if we don't do that we need to account for some biases. Let's use the randomization technique for both the women and children.

ALL AGREE

Nicole: We are more or less ok with the consent and SOP. Other question is where are we with HIV/ Malaria protocol?

Dorathy: By the end of this week, I will be able to send some things. I haven't been in touch with my team. I started working on the data collection tools, so I will finalize it and share it with you by the end of the week.

Nicole: ok great, if you need any support ask us. What we will do is review these documents now, Mathildah and Oscar you can work on this. We can follow up by email.