

EPISODE 1: RESEARCH IN THE TIME OF COVID-19

Garry Aslanyan [00:00:11] Hello and welcome to the Global Health Matters podcast. I'm your host, Garry Aslanyan. Since last year we've all become masters in adapting our lives as a result of the COVID-19 pandemic. Not surprisingly, researchers have had to adapt the rules they play with in the time of the pandemic as well. National lockdowns have brought challenges such as restricted mobility, reduced access and risks in conducting field work. Yet every crisis is also an opportunity for innovation. Today we'll be hearing from guests who have worked in research before the pandemic, and continue to work in it, and we'll see how they've adapted to the situation. First, I'm joined by Dr Suneeta Krishnan. Suneeta is the Deputy Director for Strategy, Planning and Management Evaluation at the Bill & Melinda Gates Foundation office in India. Suneeta is a social epidemiologist by training with more than 20 years of experience in conducting research and engaging policy-makers on health and social equity in India. She'll be sharing her experiences of adapting research activities at the time of the pandemic. Hi Suneeta. Welcome to the show and thank you for joining me from Delhi today. Maybe we can start by you sharing with our listeners how you've had to change gears and address the challenges presented by COVID-19 in your work in India.

Suneeta Krishnan [00:01:57] Thanks, Garry, and great to be with you. It's almost one year to the day when India imposed a very stringent national lockdown in the face of the COVID-19 pandemic. At that time, it was immediately clear that we were facing a highly dynamic situation and that information was going to be essential to guide the pandemic response. There was a need for real-time data on who was being affected by COVID-19, but also by the lockdown, how were they being affected and how did policies need to shift in response? But generating real-time data in the context of a pandemic and within an environment that wasn't already set up to do this looked super daunting. We needed information fast, and at the same time, we also needed to ensure that insights were going to reach those who could actually use them. And so we had to focus on getting the information while we were in the midst of a lockdown, but we also had to be paying attention to getting that information to the right people, and we couldn't forget the issues that we always have to contend with when we do research which is concerns related to the quality of the data and the ethics around data collection

Garry Aslanyan [00:03:20] For this episode, Suneeta, I also spoke with two other researchers, and I'd like us to maybe discuss over the episode some of the themes they've also covered in those discussions and see how this relates to your own situation. First is Muna Abdi. Muna is Director of the Somaliland Central Statistics Department in Somalia. She is also a principal investigator in a multi-country research that engages nurses and midwives who provide female genital mutilation (FGM) prevention services. That's quite interesting. Let's listen to Muna speak about how COVID not only influenced the FGM situation in Somaliland, but also influenced the research activities she is leading.

Muna Abdi [00:04:18] Conducting research and even before COVID-19, in a country like Somaliland, it's not that easy because of many aspects. During COVID-19 pandemic the situation was complicated and worse than before as the government would lock down and there was no actual movement. This meant that data collection and all research activities were stopped. Another situation was that people who don't have access and mostly the

service was doing was basic household research, which was people residing in the nomadic and rural areas. And in this situation, it was not easy to get that unless we go there and we collect data. Knowing the increase of the FGM during COVID-19, we can't sit and wait until it's finished. So we decided to pursue our research with face-to-face data collection procedure, which was the normal procedure commonly happening in the country. But we started a new method is by protecting the research team and the clients, which are the respondents. We gave our research team training on COVID-19 prevention and spread methods. We distributed PPE equipment and at the same time, if they met any respondent who is in need of COVID-19 prevention equipment, to give it to them. On the other hand, we have encouraged as a team to benefit from this opportunity that we have now because we are meeting people who aren't even aware of this pandemic, people who don't know, and the ways and methods COVID-19 is spread. So the research team has started an awareness raising prevention of COVID-19. Any respondent they meet, they will tell them that COVID-19 is there and they have to protect themselves and they are sharing the equipment. In our office, we try new methods of getting information. Somaliland communities are divided into three categories: people who live in urban areas, most of whom have access to the Internet and technology, people in rural areas who don't have access to technology and people who live in much the same or worse than those who live in the rural areas. So first of all, what we have seen is that the pandemic was in the urban areas compared to the rural and the nomadic people. And for the first solution we started with people who have access to technology and Internet so that we can get their information, the perception they place from this pandemic affected for their work on the movement and or their normal life. So we have started in new ways we can capture the data from respondents and the society which was first. For people with access we developed online surveys using social media, Facebook, Twitter, WhatsApp, email, all of those social media applications. And we have succeeded to get information in order for the government to make concrete and immediate decisions for the pandemic.

Garry Aslanyan [00:08:36] Suneeta, as we heard, COVID resulted in a lot of barriers to conduct research unyet at a time such as this, it's important to carry some of the activities and they've continued, but the risks for FGM have increased. And then, as you heard, Muna mentioned that they used technology at the beginning, then they turned to their normal data collection. Have you seen similar examples of how innovative technology enabled research methods were used in your projects?

Suneeta Krishnan [00:09:12] Absolutely. So much of what Muna said resonated with me and really we've had very similar experiences, of course, on a range of different kinds of health issues here in India. There were numerous examples of technology-enabled research efforts that have been conducted in the country, including online surveys using social media platforms such as WhatsApp, Facebook, interactive voice response systems. The most common method of surveying was by phone and these certainly posed several ethical challenges. There are two in particular that I would like to spend a few minutes on. First is, how can research retain both rigor as well as ethics in the context of research teams who are working remotely? Working in a work from home situation? How does remote working affect the functioning of research teams and the ability to actually quality assure data collection processes? And the second question that a lot of research groups in India were faced with is what happens to the relationship between researchers and research participants? There are

the issues of what are you obligated to share and are you obligated to inform participants around, for example, COVID-19 risks such as what Muna described, but also questions related to how do you manage privacy and confidentiality in the context of a mobile phone interview? So let me take these two questions separately. There has been an explosion of phone surveys in the context of the pandemic. What are the implications of doing a phone survey in the context of an emergency situation? And we've had several dialogs in the country on this issue and several of our research teams have also written blog posts. So, for example, Dalberg Advisors identified four Rules of the Road for conducting ethical research during COVID-19. And I'd like to just call out two particular rules that they came up with. These are not innovative or totally novel, but the pandemic provided us with the opportunity to remind ourselves of the critical importance of ethics and the protection of research participants. One important rule in the context of an emergency is: check your license to drive a project. The authors highlighted the importance not only of thinking through the implications and unintended consequences of asking questions on select topics. Sometimes asking specific kinds of questions could trigger further trauma. But also they highlighted the importance of paying attention to their own ability to mitigate and address those consequences. So as a result, academic institutions and research organizations ended up teaming up with civil society groups to collect data because civil society groups are often community based groups. They were in touch with the affected communities and so they were able to guide the formulation of the research questions. They were better positioned to anticipate the implications of asking those questions. And thirdly, and most importantly, they were also available to help address the immediate state of distress or need that many respondents may be experiencing. The second rule that the Dalberg authors proposed is set up your own speed bumps, which included internal workshops, external peer reviews of research questionnaires, pretesting questionnaires, including using techniques like cognitive interviews and securing IRB reviews and approvals. COVID's been an important reminder that all of these long standing practices that we deploy to do good research are critically important in the context of an emergency.

Garry Aslanyan [00:13:26] Thanks for that, Suneeta. It's clear that research in the time of COVID comes with a really considerable need for double-checking the ethical dimensions and checking how exactly researchers are embarking on that. And it's interesting that you've had to really reflect on that and it resonates with some of the comments made by Muna. Earlier, I also spoke with Professor Dissou Affolabi. Dissou is Head of the National Tuberculosis Programme in Benin, West Africa, and he is also the Executive Secretary of the West and Central Africa Network for TB Control. So let's listen next to Dissou and see how COVID affected TB in Benin, and also how being part of this regional research network of about twenty-seven African countries in West Africa, opened up new opportunities.

Dissou Affolabi [00:14:48] The impact was very major, and then we we saw in the region in Benin that we have a decreased number of TB cases in the second and the third quarter of the year compared to 2019. This is about TB detection. The system for TB treatment is that you have to take the tablets. You have to take medicine in front of a health worker. So a patient in Benin, they are either at the hospital or they can come every day to the hospital from their home to come to take the drugs. But when COVID came, transportation was difficult and it was harder to have the patients every day. So we put a system in place to let

them continue to have the treatment despite COVID-19. The impact of COVID-19 on TB is that it disorganizes the health system in many countries. Sometimes TB health workers, doctors, nurses or lab technicians, have been sent to other centres to take care of COVID instead of taking care of TB patients. We need to be together to tackle tuberculosis. That's why we set up, thanks to TDR, we set up this network. The goal of this network is to create a platform for sharing experiences, good or bad experiences, to a platform for discussion among national tuberculosis programmes. Apart from this programmatic aspect, we also think that by putting together all the national tuberculosis programmes, we can deal more on research. That's why research is also a big part of this network. Since the beginning, we put in place a series of webinars and in each webinar we have a subject to discuss. At the beginning of the next webinar, our colleagues from Guinea and Sierra Leone will share their experience on Ebola, and raise the issues that we should put in place in all countries; a contingency plan to see how we can continue to fight TB in these COVID times. That's why in all of these countries, we have training on contingency planning. A contingency plan has two goals. The first one is to continue to perform TB activities in this area, to continue to have data on TB, to see the challenges on TB and to put in place measures to mitigate the impact of COVID-19 on TB programmatic aspect, and also our research aspects. This has been really useful because we realize that in one year we now have 11 projects with various subjects on COVID and TB and their impact in place. This was not the case before. There are projects on how we can use COVID as an opportunity to detect more TB. The second topic is about how we can use new technology to tackle more TB in these COVID-19 times. For instance, in Benin, we are testing remote supervision using new technology. Since we have lockdown and movement issues, how can we continue to know what is happening in the TB centres, how the work is doing there despite the limitations of the travel bans. And finally, the last topic is about community. How can we use this time to know how a community can engage to better follow TB patients on their treatment. Since the beginning of our network, we have raised awareness of the necessity of research within the programme. So COVID gave us the opportunity to go beyond what we were doing.

Garry Aslanyan [00:20:55] Suneeta, you've also had experience in establishing a network in support of research and data collection in India. I read in advance of our chat. Could you tell us more about that experience?

Suneeta Krishnan [00:21:10] Absolutely. So as the national lockdown was announced a year ago, we began to witness a rapid mobilization of researchers to document and analyze the effects of the pandemic and policy responses here in India. And within the days after the the national lockdown, we began to engage with a number of these researchers. During these conversations a repeated concern was, how do we actually ensure that all of this research that we're now mobilizing to do will actually have impact? And so this issue of maximizing the impact of the research kept rearing its head. It quickly became clear as well that we needed to find a way to harness the power and potential of this community of researchers who were mobilizing to generate data and to ensure also that they were doing so in a coherent way, because we didn't want all of the research to be done, for example, in a couple of geographic regions or within certain socioeconomic groups. We really needed to ensure that data were being collected across a range of states, cities, urban areas, rural areas, that we were really reaching out and trying to assess the vulnerability of a wide variety of groups. And it was clear

that the research community needed to be aware of what different members were doing. We needed a platform where we could come together and share what we were doing, share ongoing results and findings, also have a space in which we could make sense of what it is that we were learning and synthesize that so that we could communicate more effectively with decision-makers. And this was what led us to support the formation of a social science research network focused on COVID-19 that is now called CORE Net. The goals of CORE Net were really twofold. First was to bring together key stakeholders, particularly researchers, together in order to generate relevant and synthesized evidence and insights that could be communicated in a timely and coordinated way to both government as well as other stakeholders involved in the response to the pandemic. And the second goal was to promote ethics and equity in research practices and norms. The idea was, can we develop certain norms, certain standards within the research community to protect both researchers as well as research participants and their interests?

Garry Aslanyan [00:24:06] Suneeta, with both your experience and the experience from West Africa, it's clear that these networks were key and it's clear that it really was something that was important at a time of the pandemic to come together, share experiences and share approaches. How do we make sure that these networks remain effective and continue, and we build on that in the so-called post-pandemic time?

Suneeta Krishnan [00:24:43] Yeah, that's a great question. And it sounds like from Dissou's response as well. In that case, it was a TB network that was already in place and had certain goals and a certain imperative prior to the pandemic. So it's highly likely that those kinds of networks that have already come together and have a certain goal in mind are also likely to be fairly resilient. In the Indian context, for example, there has been a network of development partners and organizations addressing India's fairly large childhood malnutrition problem. They mobilize in the context of COVID to really understand what is the impact of COVID-19 and related responses on childhood stunting, wasting, etc. I know that's a network that's already been in existence and I think will continue post pandemic because they have that very robust issue that they're working on together. Networks such as CORE Net, which coalesced in the context of the pandemic, I think will have to really think about what is the value proposition in a sense. What is that compelling goal objective that's going to keep them together post pandemic? Are these networks that developed in response to the pandemic needed in a post pandemic situation? I don't know, but in bringing CORE Net together, we spent a fair amount of time thinking through, What are the principles of collaboration? What will enable us to work together effectively and perhaps set us up to work together effectively, even in a post pandemic context? And so let me share a couple of those principles with you, because I think they are really important ones that are relevant to other networks as well. The first principle is one of harnessing the collective. You know, that you bring different stakeholders together on this common platform in order to leverage the collective understanding and the collective resources and expertise of that collective. So this idea of together we are actually greater than just the sum of our parts. Related to that is the opportunity to pool research resources. So one of the things that happened within Kornet was a lot of exchange of research instruments. Some research groups are really expert on how to measure the issue of food security. Others were really expert on how to measure livelihood and securities. And so they were able to therefore share those expertise with each

other. The process by which we came together enabled us to build some trust and to also evolve shared values. We discovered what the values are that drive each of our organizations, and it enabled us to really build those partnerships and facilitated the exchange. All of the participation in this network was really self-directed. People were coming to the coffee hours. They were presenting in the monthly research seminars, etc., because they wanted to participate, they wanted to share, they wanted to learn from each other. And along with that came, I think, a really deep respect for diversity; diversity of thought, diversity of approach, diversity of positions. And I think there is a lot of appreciation that we've developed over the past year for looking at the same issue from different standpoints, the fact that we can really generate so much insight by bringing diverse perspectives to a particular issue. And finally, all of us were very committed to ethical and responsible data practices, ensuring that we were paying attention to issues of informed consent, methods for minimizing risks related to breaches in confidentiality and privacy and so on. So I think some of these principles have enabled us to be a very sort of cohesive, in a sense, community of practice, and hopefully we'll see how these principles evolve and how they'll keep us knitted together even as the pandemic resolves.

Garry Aslanyan [00:29:36] This is probably one of the kind of unexpected benefits of a pandemic where we are able to reflect on these approaches and these networks, and the principles you've observed probably resonate with a lot of our listeners and I'm sure an opportunity to reflect on some of those that they're also involved. So thanks for that, Suneeta, very rich feedback from your experience. Another opportunity, continuing with the theme of what we've heard from Muna and Dissou, was that we've seen both of them mentioned nontraditional actors who became involved either in research or in response efforts. So Muna mentioned how data collectors for female genital mutilation research became messengers for raising awareness about COVID and Dissou also mentioned how their work really gave an opportunity for some communities to be engaged in TB care. Have you also seen similar engagement of new actors in research efforts during the pandemic?

Suneeta Krishnan [00:31:07] Absolutely. Both the emergence of new actors engaged in research, but also greater prominence of actors who've been collecting data for many, many years but who haven't necessarily been recognized and acknowledged for their role in generating data and insights. Again, data collection efforts that have really acquired a lot of prominence is the emergence of civil society groups who have engaged in extensive data collection efforts across India. For example, in the early days of the national lockdown, many of our listeners may be aware of the migration of urban workers from urban areas back to their rural communities. And that created sort of a second emergency situation in many parts of India. One of the civil society groups that has been working with migrant workers for a number of years is Jan Sahas, and they undertook a fabulous rapid mobile phone-based assessment of the impacts of the lockdown on these internal migrant workers. And they did that by drawing on a database of phone numbers from sixty thousand workers who had been registered with them prior to the pandemic. And the data that they collected were absolutely instrumental in shaping both the civil society response as well as the state response to the migrant worker crisis that we experienced. So given the scale at which many civil society organizations work in India, I think there is a huge scope for greater partnerships between researchers and these organizations to conduct meaningful research and to really close that

loop from research to action. The second group that, as I indicated, has also been involved in a lot of data collection, but hasn't necessarily been acknowledged and received much attention, are frontline community health workers. Community health workers are collecting information on women who are pregnant, on children under five and their growth and feeding that back into service delivery and so on for a number of years. Now, in the context of the pandemic, India mobilized hundreds of thousands of these community health workers to collect information to guide the pandemic response, to understand who has COVID symptoms and to help track and engage in surveillance at the community level, but also link individuals who were either symptomatic or who were in households with symptomatic individuals to testing, to treatment facilities, etc., and their data collection efforts in aid of service delivery and public health were also widely recognized in the context of the pandemic.

Garry Aslanyan [00:34:22] Great, thanks for that and clearly it is a shared experience in the pandemic in terms of engagement, and we hope that this will continue after the proverbial, after the pandemic world that we are all waiting for. The last theme or an area I wanted to unpack for us was, you already mentioned this research to action part, how some of the communities were engaged because of that and it became more important for them to engage. Let's hear from Muna, where she reflects on why even in the time of a pandemic research needs to continue. And we'll see her reflections on that aspect.

Muna Abdi [00:35:21] Using new mechanisms that allow them to continue their work without actually harming themselves or harming the clients or respondents, they are collecting the data. But let's do our research, let's continue activities related to the research, which is the only way we can clarify and we can see the future. We can actually give solutions to these situations and problems we have. It's the method that we can actually see the truth that is there. So if we stop because of a pandemic or because of any other challenge that happen to us, which means we don't know where we are going, we don't know the situation we are seeing and we don't know the future plans and mechanisms at least to actually move forward. So let's proceed and research, be on target, but let's protect ourselves.

Garry Aslanyan [00:36:34] Suneeta, Muna highlighted the value of research clearly and potentially how this needs to be translated into action. Have you worked recently more on strengthening efforts to translate evidence to policy in India or in the region?

Suneeta Krishnan [00:36:53] Absolutely. We embed research and evaluation in many of our investments, which largely have to do with technical assistance to state and national governments in various programmatic domains. Therefore we pay attention to: How does data get used for decision-making? How does research translate into action? This is an area where we're still evolving our understanding and building our skills as to how to do this well. I think this is an area the whole translation of evidence to action is an area that is discussed quite a bit in the field and an area where I think that there aren't any clear cut answers or there's no roadmap to do these five things and automatically the evidence to policy or action translation is going to occur. But there are several insights that we've gained over time. And let me share a couple of the insights that I have. One is the importance of both fostering demand as well as supply of evidence. So I think we need to recognize that it's really important to engage in dialog with decision-makers to surface, What are the key questions that they

have? What is the evidence that they need in order to be able to make their decisions more effectively and in a more informed way?, and then build the supply, build the data systems, build the monitoring and evaluation such that we're actually responsive to the questions that decision-makers have. So the dialog, I think, is really key between those who have the demand and have the ability to provide evidence to action and those who provide the evidence itself will supply it. Second insight is that no single piece of information, no single study, no single source of data or type of data is probably going to be sufficient to help facilitate what typically are complex decisions in the context of a development programme. It's really, really important to use a variety of data sources: qualitative data, quantitative data, administrative data, as well as survey data, etc. And so really bringing in and ensuring there is a diversity of data sources and a diversity of perspectives that are producing evidence is important. The third is to actually activate those feedback loops between those who are producing and generating data and evidence and those who are in the process of acting in the context of policies or programmes. Having periodic, what I call, pause and reflect exercises also are really important because they allow programme stakeholders to take stock of how their programmes are functioning to identify those areas where there are information gaps that can then be further explored through data collection activities. So I think these are sort of three key insights that I have. The fourth one is that I think we haven't done very well with the idea of celebrating failures, because there's a lot of insight and actually evidence that's embedded in programmes and actions that actually don't work the way you expect them to, and celebrating those, taking risks and really testing your new ideas and being willing to fail, I think are also really important and can shape that whole evidence to action cycle.

Garry Aslanyan [00:41:04] So would you say the COVID situation made it harder or easier to translate evidence at this time, especially when a lot of the decision-makers are interested in more information? They want to know more. Have you observed any change in that particular aspect of your work?

Suneeta Krishnan [00:41:26] I think there's been a huge hunger for information on the part of individuals who are either setting making policies or implementing programmes because COVID is so dynamic. Every day we're faced with a changing scenario. And so the importance of having the latest information and using that information to adjust the response was just completely clear. I think in sort of pre-pandemic or non pandemic situations, you don't realize necessarily how dynamic communities and issues really are, but the pandemic just exacerbated that, made it so clear. And I think it also brought everyone together in a way; there's so many divisions amongst us and so many issues that get in the way of actually all of us just sitting down at the table or via Zoom and exchanging ideas, exchanging information, etc. In the context of the pandemic, we had to put all of our differences aside and we had to come together because we had to respond. This was literally, for many people, life and death. And one of the things that we're grappling with is how do we sort of hang onto that sense of urgency and that compulsion to actually sit down together and to exchange information and to arrive at decisions, informed decisions, but to arrive at those decisions also in a timely way. I think the sense of urgency, this willingness to sort of set aside differences and actually just come together to help make good decisions is absolutely something we want to hang onto and we need to hang onto.

Garry Aslanyan [00:43:18] As we wrap up the episode today, Do you have any recommendations for conducting research at the time of COVID, at the time of the pandemic?

Suneeta Krishnan [00:43:28] I think we've discussed this now quite a bit. This idea of being part of a community and contributing to a community. For me, thinking about research and the research endeavor as an endeavor that entails and involves being part of a community, and also building a community is one that I take away from this pandemic. And there's a quote from M. Scott Peck that's actually in Bell Hooks' book called All About Love, that's kept me going over the last year. And Peck says, What is community? Community is a group of individuals who've learned how to communicate honestly with each other, whose relationships go deeper than their masks of composure, and who have developed some significant commitment to rejoice together, mourn together, delight in each other and make each other's conditions our own. So Peck declares in and through community lives, salvation of the world. And as I look to a post-pandemic era, what I would like to take with me from this year has been this idea of using research and doing research in a way that creates a sense of community and that builds communities. And I think this is how we really also ensure that research doesn't remain in the academia, but also is applied and is used to improve the human condition.

Garry Aslanyan [00:45:14] Thank you, that's really inspiring, Suneeta. It's an exciting time to do research, and it's clear we've gone from Benin to Somalia to India today, and challenges are there, but despite the challenges, research has continued. The need for research is still there. The need for evidence obviously is even greater than ever. And a lot of new opportunities also have emerged, especially when it comes to the use of technology, when it comes to more nuanced considerations for ethics, opportunities to engage communities or actors who otherwise are not really engaged in obviously a better understanding of how we communicate the evidence to decision-makers. So thanks for that. We thank our audience for listening today. We are really excited that you have joined us. We remind you that you can subscribe to our podcast in whichever platform you may use. You can find the notes on the episode that you've just listened to on the TDR website and information about today's guests, as well as any other related material. You can get in touch with us through emailing us, as well as posting your comments on our social media accounts. Thank you for listening.

Elisabetta Dessi [00:47:01] Global Health Matters is produced by TDR, the Special Programme for Research and Training in Tropical Diseases. Garry Aslanyan, Lindi van Niekerk and Makiko Kitamura are the content producers and Obadiah George is the technical producer. This podcast was also made possible with the support of Chris Coze, Elisabetta Dessi and Izabela Suder-Dayao. The goal of Global Health Matters is to provide a forum for sharing perspectives on key issues affecting global health research. Send us your comments and suggestions to TDRpod@who.int and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.