Proposed COVID-END paper on the importance of LMIC perspectives in our work
Outline from the Scoping group (latest update 7/6/2020)

Key messages to communicate in the paper:

- ⇒ Local realities are not only important for the contextualization and integration of evidence into decision-making. They are also important for shaping the global research agenda.
- ⇒ Global initiatives to generate evidence for tackling COVID-19 must consciously consider both the conceptual and practical challenges faced by research teams LMICs

Potential journals

Are there any non-health journals we could consider – or are these messages of particular value to health community in which case consider one of the following:

a. BMJ – has published a lot on COVID, but less from global perspective. David T knows Fiona Godlee well and so could sound out if interested
b. JCE – has expressed an interest in COVID-END related materials
c. PLOS/Lancet – more traditionally global health but would be cold calling

Authorship

- ⇒ ICMJE rules – would suggest LMIC colleagues lead (and are senior author etc)
- ⇒ Would suggest that Scoping group members should be considered eligible (allowing folks to opt-out if they want – we should ask Declan and Trish if they want to be involved), other COVID-END LMIC partners (will ask Anna to send these), ??others.
- ⇒ Should we do anything about engaging WHO?

PAPER OUTLINE

Why take a longer and more global perspective to COVID-19 evidence

- COVID shock
  - COVID-19 has shocked our global systems and presented new challenges that require new solutions
  - There is a need for evidence-informed decision-making globally in health and other sectors

- Research response
  - The research community around the world has responded quickly with numerous global and local initiatives to generate evidence.
  - Local initiatives are particularly valued for their role in contextualizing evidence and supporting its integration into national decision-making

- Taking the long view
  - COVID-19 and its related impacts are likely to be felt around the world for many years to come
  - It is therefore important that the initiatives that are currently being formed to generate evidence, do not only seek to address the immediate threat of the virus to health / survival, but take a longer perspective of the pandemic and its impacts globally
  - One global partnership has been taking time to reflect on how to ensure it work is effective over the coming years and that it addresses the challenges of the pandemic globally

What is COVID-END and why is it important that it is locally relevant on a global scale

- COVID-END in a network of evidence synthesis specialists around the world ADD
    - The systematic review community that has come together to form COVID-END is largely focused on reviewing global research to understand the full evidence base on specific issues, carefully assessing to what extent one can generalize from the that evidence base to inform decisions in other contexts.
    - As a community we have also long recognized the importance of local experience and context in generating nuanced questions and ensuring the legitimacy of the evidence that is generated.
    - The broader evidence-informed decision-making community routinely works to build trusted relationships between those generating systematic reviews and the decision-makers who make use of them.

- We recently took time to consider the extent to which our global initiative had relevance in LMICs.
    - We were struck by the importance of the LMIC experiences within the consortium in shaping a global initiative to ensure the evidence generated is useful and can be used in LMIC settings.

Gathering local perspectives from the global south

- The evidence community in the Global South is well placed to support evidence-informed decisions to tackle COVID-END
    - It is well-established, locally-driven, experienced, knowledgeable etc.
        - Centers include: eBASE, Cochrane SA, ACRES, Ekwaro's Centre, ACE, Epistomonikos, ADD
        - Networks include Cochrane Africa, AEN, EVIPNet, GESI, ADD
    - Has notably strong relationships with decision-makers / governments

- Reflections across COVID-END suggest that for this global initiative to be relevant to LMIC settings we need to be cognizant of both the conceptual and the practical challenges that COVID-END present to the generation of evidence

The following content on conceptual and practical issues is based on the inputs from a few COVID-END partners – it would be good to have wider LMIC COVID-END member contributions. Can you add to what is here? Do you have different or additional points to get across?

1. **Conceptual issues for the research community addressing COVID in LMICs**
    a. **The pandemic itself is manifesting itself differently in our LMIC settings**

        ⇒ *SA / Ruth:* There are reports of widespread hunger, children presenting with malnutrition, rising unemployment and homelessness because of COVID. (whilst, I don't know anyone who knows anyone who has the virus in Africa. This is an economic crisis for us, not a health one (at least not yet)).

        ⇒ *ADD*

b. The specific topics that require evidence for decision-making in our contexts are taking on quite a different slant from those in the North.

⇒ *SA / Ruth:* I'm seeing rapid responses from Uganda, SA and Cameroon that focus on lockdowns, on public transport, schools, small business development, disability, electrical supply in rural areas etc.

⇒ *ADD*

c. Poverty and inequality mean there is a requirement for greater consideration of equity issues

⇒ *SA / ACE:* Examples include how online learning doesn't work if there is no electricity or connectivity, how wearing masks and sanitising need different consideration where there is no water etc.

⇒ *Cameroon / eBASE experience:* There is a gap in the available evidence of resources relevant to disabled people: we supported organisations and people with disability (PWD) groups with evidence to guide their practice and developing information for PWD. Identified; access to water, access to information, stigmatisation, social distancing challenges, and living in institutionalized settings as factors that disproportionately make PWD more vulnerable.

2. Practical issues for the research community addressing COVID in LMICs

a. We are in demand from both decision-makers and funders:

- *ACE experience:* We have good relationships with government decision-makers across a number of sectors and are being asked for evidence on a range of issues related to COVID-19.
- *eBASE Experience:* Demand for evidence is still weak with government structures partially due to lack of understanding and awareness of EIDM usefulness and lack of capacity to digest research evidence in current format and predominance of evidence resources in English – this was reported in Cameroon, Chad, and Niger.
- *eBASE Experience:* Our experience with NGOs, CSOs, and development agencies have increased their awareness on EIDM and there was moderate demand for evidence resources on COVID-19 – including from NGOs implementing programmes, UN Women, and media – especially on prevention, COVID and disability, and educational interventions to improve learning outcomes in a time when kids cannot assemble in class.
- *Cochrane South Africa*: We receive requests from various healthcare decision makers, and our staff are in guideline or advisory committees, at the national level (National Department of Health in South Africa) and continental level (Africa CDC; African Union Scientific, Research and Innovation Commission, etc).
- *ADD*

b. Pressures due to the pandemic mean LMIC evidence synthesis centres are short-staffed

- *ACE experience:* We have fewer skilled / experienced staff (not to say we don't have expertise on our teams, but it has limits). We need more hands-on deck for a number of reasons: to fill gaps because not all staff are able to operate at full capacity as explained below; and to meet growing demand from government colleagues and from

funders. But getting new staff members onboard is basically impossible at this time. We don't have a pool of post-grad students who we can easily tap into.
- eBASE experience: we are having difficulties paying the number of staff needed to keep up with flow of resources through the evidence ecosystem. 2 donors in health and education now support all covid work which cuts across other basic services. This is spreading the team thin as there are also other tasks to attend to outside covid-19.
- *Cochrane South Africa*: The multiple requests tend to overwhelm the small number of staff with the relevant expertise and experience
- *ADD*
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c. Staff members are working under difficult physical circumstances:
- *ACE experience:* Under lockdown many of those experienced team members are struggling to work because they live in crowded houses without desks or quiet spaces. It is quite normal for some of our staff members to be working sitting on their beds because they don't have anywhere else to work. Many are also in high risk environments making it particularly difficult to get work done.
- *ADD*
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d. Staff members don't have the technical equipment they need:
- *ACE experience:* We have limited numbers of computers, especially laptops, to go around and our institutions are not running smoothly enough for us to access new machines for people, even if we have funds to do so. Since 1st March we have ordered 8 laptops for staff. To date 2 have arrived and been delivered to staff members (via a lot of arm twisting). We only actually have budget for 2.
- *Cochrane South Africa*: Some of our staff use personal computers for work. Another issue is that we do not have access to multiple databases and online journals like universities do.
- *ADD*
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e. Staff members are struggling with connectivity - Systematic searches and use of specialist review software require good internet connections.
- *ACE experience:* Few of our staff had any internet access to home prior to lockdown. Data / wifi and phone company coverage at home is limiting people's abilities to get online. We estimate that our senior team has spent 1,200 USD of personal money to buy data for their teams since lockdown started in late March (we will find a way to reclaim this from project budgets eventually).
- *Cochrane South Africa*: We have asked our staff who do not have wifi at home to buy data, and we would be able to reimburse them.
- *ADD*
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Proposed solutions to these specific challenges

a. Better (not just more) regional/global co-ordination (WHO, COVID-END, Africa Union initiative)
b. Research topics / priorities should include LMIC priorities and not just HIC ones, esp as many of the economic priorities current experienced in the global south are likely to become priorities in the north in the medium to long-term

c. Donor support needed for specific challenges (eg to provide data/IT infrastructure for home working in LMICs) if we aren't to risk losing the valuable LMIC expertise within the global community
d. Share tasks – eg Cochrane exchange
e. ADD ??others

What lessons can we learn from this for the global evidence response?

- Global initiatives benefit from listening to diverse voices
    - The global initiative is stronger for having listened to LMIC voices – not only the dominant HIC agendas are considered

- LMICs have lessons of relevance to HICs
    - COVID-19 is increasing poverty levels everywhere, not only in LMICs, making many of the lessons shared from LMICs relevant to HICs
        - Equity issues have greater importance to all evidence syntheses / research generation

- Lack of global and regional coordination -> duplication of effort [Not currently based on findings shared above]
    - Coordination valued – but must include all voices to avoid being dominated by HIC priorities