

CATALYSE 6-MONTH

REPORT

Project Title:

Exploring and learning from regional, national and sub-national evidence, policy and systems responses to COVID-19 in West and Central Africa (CATALYSE)



Catalyse

Covid-19 and West and Central African Health Systems
Covid -19 et Systèmes de Santé en Afrique de l'Ouest et du Centre

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NB: WS and Country Deep dive leads only are listed here to represent their teams. Full team members are listed further in the report

Period covered by the report: 1 August 2020 – 31 January 2021

The project has a Senior external collaborating and advisory team of Health Policy and Systems and Health experts as below:

- Prof. Wim Van Damme, ITM Antwerp
- Prof. Bruno Marchal, ITM Antwerp
- Dr. Sara Van Belle, ITM Antwerp
- Prof. Uta Lehman, University of the Western Cape;
- Prof. Lucy Gilson, University of Cape Town,
- Dr. Rene Loewenson TARSC

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SYNTHESIS

The learning taking place around COVID-19 as an emergent pandemic calls for different forms of relevant, accessible evidence to plan and implement equitable health-related responses.

The CATALYSE research project seeks to build collaborative learning in and across countries and regionally in West Africa and Central Africa (DRC) between formal reported evidence and the experiential learning from implementation in countries. The proposed work will compile what is available in the short term to inform responses and as a basis for regional discussion on follow up implementation research and policy dialogue. Its general objective is to organize and analyze and make effective links between the different forms of evidence to inform public health and policy responses and to learn how governments, the public, the health system and non-state/ private sector actors have responded to COVID-19. This is in order to generate lessons that can feed into strengthening the public sector capacity now and in the future to respond to other similar cross border epidemics / pandemics, making effective links between these responses and wider health promotion, public health and health care strategic planning. The project thus aims to generate ‘evidence for decision making, action and ‘policy dialogue’ and ‘track responses to support and learn from practice and innovation’.

Its specific objectives are implemented clustered into three inter-related workstreams as below:

Work stream 1 will gather and organize epidemiological, public health, health system, health technology capacities and other sectoral evidence relevant to public health planning, policy and intervention responses to the epidemic in the short and medium term. The work will report on comparative findings and areas for inclusion in sub-regional observatories and

propose areas for follow up work. The lead for this workstream is the West Africa Health Organization (WAHO).

Workstream 2 will explore and document a timeline of experiences at national and subnational level on the responses to COVID; compared and contrasted across countries and sub-regional contexts; that can provide a foundation for understanding and supporting national and sub-national health systems responses through and beyond the current COVID19 situation, including to propose areas for follow up work. The lead for this workstream are the country co-PI and their research teams in Benin, DRC, Ghana, Guinea, Nigeria and Senegal.

Workstream 3 will support coordination across the workstreams and collaborative learning across the different bodies of evidence, and with the regional organisations WAHO review and identify key learning from the findings. The lead for this workstream is the DHRC RDD GHS through the project coordinating secretariat

GENERAL OBJECTIVE

To organize and analyse and make effective links between the different forms of evidence to inform public health and policy responses and to learn how governments, the public, the health system and non-state/ private sector actors have responded to COVID-19, in order to generate lessons that can feed into strengthening the future public sector capacity now and in the future to respond to other similar cross border epidemics / pandemics, making effective links between these responses and wider health promotion, public health and health care strategic planning. We will thus generate ‘evidence for decision making, action and policy dialogue’ and ‘track responses to support and learn from practice and innovation’.

SPECIFIC OBJECTIVES

1. To gather and organize epidemiological, public health, health system, health technology capacities and other sectoral evidence relevant to public health planning, policy and intervention responses to the epidemic in the short and medium term.
2. To explore in depth and document the timeline of experience in responding to COVID-19 at national and subnational levels, in six countries spread across the Western African (Ghana, Benin, Guinea, Nigeria and Senegal); and Central African (DRC) sub-regions. These timelines will be compared and contrasted across countries and will provide a foundation for understanding and supporting national and subnational health system responses through and beyond the current COVID-19 crisis situation.
3. To ensure overall technical coordination and governance of the project to keep it together as one activity across the work packages, convene the dialogue within the work to identify the cross-cutting learning across the streams, and support the engagement of subregional decision makers and other stakeholders in SSA, in research agenda setting and use for decision making and implementation across the work packages.

RESEARCH FINDINGS

A synthesis of research findings for the first wave of the pandemic and policy and program implications for West and Central African health systems and health security will be made available by the end of year 1 of the project

PROJECT IMPLEMENTATION AND MANAGEMENT

SUMMARY OF RESEARCH ACTIVITIES SUPPORTED UNDER THE PROJECT DURING THE REPORTING PERIOD

Each of the three objectives is implemented as a Work Stream (WS).

WAHO CROSS ECOWAS STUDY – WS 1

WAHO completed the development of a full protocol for WS 1. They also sent information notices and requests for data to all the Ministries of Health of the 15 countries of the ECOWAS sub-region informing them about the project and the use of country level routine data in analysis.

The WAHO team comprises:

- Prof. Issiaka Sombie, Epidemiologist
- Dr. Serge Somda, Biostatistician
- Dr. Abdourahmane Sow, Medical Epidemiologist specialized in emerging infectious diseases
- Ms. Nanlop Ogbureke, Special Assistant
- Dr. Virgil Lokossou, Public Health Specialist and WANEL Ambassador
- Dr. Bado Aristide, Demographer
- Dr. Sybil Ossei Agyeman, Senior Pharmacist

6 COUNTRY DEEP DIVE STUDIES – WS 2

In the first six months of the period the main activities related to the six country deep dive studies were (1) country level team development; (2) development of country protocols including peer review of the protocols within the Catalyse consortium, (3) submission of protocols for ethical clearance; (4) commencement of desk review and analysis, (5) and in some cases where ethical clearance was available and it was possible in the context of a pandemic, commencement of primary data collection.

COUNTRY LEVEL TEAM DEVELOPMENT:

Country level PI assembled small teams with multi-disciplinary expertise to support the project and were also encouraged where relevant to work in collaboration with other projects in country research related or similar questions if relevant.

The country team in Benin comprises:

- Jean-Paul Dossou, Senior Researcher and Benin PI, (Also WANEL Chairperson)
- Boladé Hamed Banougnin, Researcher;
- Hashim Hounkpatin, Researcher
- Armelle Vigan, Researcher

The country team in DRC comprises

- Dr. Faustin Chenge MD, MPH, PhD: Principal Investigator.
- Dr. Yves Kashiya MD, MPH: Co-Investigator,
- Dr. Chrispin Kabanga: Co-Investigator
- Mr. Joel Ekofo : Co-Investigator and

The country research team for Ghana comprises:

- Dr. Lauren Wallace, Medical Anthropologist and Senior Researcher, Dodowa Health Research Center, Ghana Health Service and Ghana country PI.
- Dr. Anthony Ofori, Epidemiologist and Deputy Director General, Ghana Health Service and Ghana country co-PI.
- Mrs. Nana Efua Enyimayew Afun, Senior Bilingual Research and Administrative Assistant, DHRC

Additionally, for the study of the first wave of the pandemic in Ghana (March – December 2020); the Ghana country research team for the Catalyse project partnered with the Ghana country research team for the CHORUS project in the University of Ghana School of Public Health (Prof. Justice Nonvignon, Dr. Genevieve Ayertey, Dr. Duah Dwomah). The CHORUS

project is a five-year UK Foreign, Commonwealth and Development Office (FCDO) funded project (start date 1st May 2020).

The country team for Guinea comprises:

- Pr Alexandre Delamou,
- Dr. Delphin Kolie
- Dr. Fatoumata Namaren Keita

The country team for Nigeria comprises:

- Prof Obinna Onwujekwe: Nigeria Country PI
- Prof Benjamin Uzochukwu
- Dr Chinyere Okeke
- Dr Ojiugo Mbachu
- Dr Nkoli Uguru
- Dr Diuto Ojielo
- Dr Adanma Ekenna
- Mr Udo Ogu
- Mrs Patricia Agbonwedikeizu
- Dr Nnamdi Ude
- Dr Chioma Onyedimma
- Dr Solum Onah

The country team for Senegal comprises

- Dr Samba Cor SARR, PhD - Principal Investigator (PI)
- Dr Youssoupha NDIAYE, Director of Planning, Research and Statistics (DPRS) Co-PI
- Dr Zeyni El Abidine SY, Health Geographer, Project Administrator
- Dr Abdoulaye DIAW, DSISS Co-PI
- Dr Ibrahima SONKO, Head of Planning Unit at COUS, Co-PI
- Ms Thiané GUEYE DIAW, Health Economics Unit (Co-PI)

DEVELOPMENT OF COUNTRY SPECIFIC PROTOCOLS

All six countries have developed full country specific protocols covering the desk review and analysis as well as any possible primary data collection and analysis. All countries have submitted their protocols for ethical clearance.

Through the peer review process, we provided the option for countries to decide to share the same protocol if they felt they had identical concerns; or to adapt the basic shared protocol to their specific circumstances. The DRC and Guinea team developed their protocols together because they felt they had a unique commonality. Both countries have had the experience of Ebola and now Covid 19. The data collection tools for the desk sanalysis were also harmonised between these two countries.

ETHICAL CLEARANCE FOR PRIMARY DATA COLLECTION

A summary of the status of ethical clearance by country protocol is as below:

Country Ethical Clearance Comments

Benin Pending Submitted for clearance January 2021

DRC Obtained

Ghana Obtained

Guinea Pending Submitted for clearance January 2021

Nigeria Obtained

Senegal Obtained

DESK REVIEW

All countries commenced desk review. The draft full desk review report from Ghana and DRC for the first wave of the pandemic have been completed. Draft reports are pending from the other four countries.

PRIMARY DATA

Primary data collection has been planned in all the six deep dive countries, but commencement of primary data collection is tied to what the pandemic situation permits and availability of ethical clearance for primary data collection.

Primary data collection, using methods feasible with a pandemic such as online interviews has commenced (January 2021) in Ghana. All the other countries hope to commence some primary data collection in the second sixmonths of the project.

RESEARCH METHODS AND ANALYTIC TECHNIQUES

WORKSTREAM 1 – CROSS WEST AFRICA ANALYSIS BY WAHO

The original study design is a desk analysis of routine data and review of reports from the

countries. The WAHO team has however indicated the need to complete this with qualitative data since sometimes an understanding is needed of the “why” of some of the data and the analysis that comes out of the data. Currently they will only be able to seek assistance for those kinds of questions in the 6 deep dive countries. However, it would have been useful to be able to get some information as and when needed to provide clarification; from the remaining countries of the ECOWAS sub-region.

WORKSTREAM 2 – THE SIX COUNTRY CASE STUDIES

The study design in each country is a single exploratory country case study of that country.

The case is defined as the trajectory of and policy and system responses to Covid 19 at national and sub-national levels and the intended and unintended effects of the response in that country.

This six country case studies in West and Central Africa are: Ghana, DRC, Benin, Senegal, Guinea, and Nigeria. These six countries were purposively selected for several reasons.

- 1) To have a mix of countries in West and Central Africa, that include both Anglophone and Francophone countries.
- 2) Nigeria and Ghana were selected because they are anglophone and together they account for about half the population of West Africa.
- 3) The four remaining countries are Francophone. They were selected because :
 - a) Guinea is a West African country where the Ebola epidemic will occur after 2014 and is also a fragile state.
 - b) DRC has the double burden of continuing to manage an Ebola epidemic and now

COVID-19.

c) Benin provides a link with the West African Network of Emerging Leaders (WANEL)

since it currently hosts the chair of the network

d) Senegal has mounted one of the strongest and most effective COVID-19 responses in the West African sub-region.

4) In each of them there are research teams with experience in engaging closely with health policy makers and managers, and conducting health policy and systems research.

5) GHS/RDD and ITM Antwerp that are coordinating across the 6 countries in a South-North partnership has experience of working with or is currently already engaged in a collaboration one or other of the individuals and partner organisations in the 6 countries.

6) WAHO agreed with the selection. The six country case studies complement and are complemented by work linked to quantitative analysis across the West African sub-region by WAHO of patterns and trends of the epidemic and national responses (WS1).

PROJECT OUTPUTS AND DISSEMINATION

RESEARCH OUTPUTS

Research Outputs to date are the research protocols for WAHO and all six deep dive countries, ethical clearance in DRC, Ghana and Senegal; and draft desk review reports for the first wave of the pandemic for Ghana and DRC.

PROJECT MANAGEMENT AND COORDINATION OUTPUTS (WS3)

EXECUTIVE COMMITTEE

The Executive Committee of the CATALYSE project which comprises the WAHO team and the

PI and co-PI from the six deep dive countries meet on line by Zoom once a month. The minutes of the monthly meetings are available. The coordination meetings are organized by the Secretariat based in the Dodowa Health Research center.

The project secretariat coordinated the webinars on the use of Factiva for the country deep dive teams.

A project website for CATALYSE has been developed as part of the West and Central African Health Policy and Systems consortium (WHAPSCON) website. (<https://www.wahpscon.org>). It is still being populated.

EXTERNAL ADVISORY COMMITTEE (EAC)

The project external advisory committee (Prof. Gilson, UCT; Prof. Lehman UWC and Dr. Loewensen TARC) have been contacted to support the research team in a review of the first six months and advice on the way forward for the next year. This six-month report will be shared with them as will the initial desk review reports.

CAPACITY BUILDING

CROSS COUNTRY (SECRETARIAT LEVEL CAPACITY BUILDING)

FACTIVA METHODS WEBINARS

In order to support the media content analysis that is a part of the research methodology for the Catalyse project, the team decided acquire Factiva software (<https://professional.dowjones.com/factiva/>) to help with data extraction.

The Factiva team was invited to the Catalyse Executive meeting on 3rd September 2020 to give a presentation on the software and its use for the research analysis. Factiva is a news search

engine which indexes about 33000 sources; one of the most comprehensive sites for archives and searching for articles.

Factiva has access to data of different countries, including African countries and has access to 28 languages including French and English. The 1st factiva French webinar took place on 23rd September 2020 at 11.00am West Africa Time. After the presentation (which was in English), a number of Francophone team members had several questions as to further explanation of the utilisation of the software. It was therefore proposed that a factiva methods webinar would be organised to answer all questions about the software and its utilisation before deciding if they would use it. A French webinar was also to be organized.

The Senegal and Guinea teams were unable to connect to the first webinar but recordings and instruction guides were provided and shared with the team

The factiva team was constantly available to be contacted by any country teams that needed help with utilisation of the software or needed any clarifications.

2nd Factiva Webinar: The catalyse secretariat organised another webinar on Media content analysis and the team's use of the factiva software on Monday 23rd November 2020 from 1pm-3pm.

The presentation was done with a power point presentation in English with simultaneous translation into French where necessary. All country teams were present and all questions asked were answered to the best of the team's ability.

The CATALYSE secretariat collaborated with the FACTIVA team to organize both cross country webinars on the use of the FACTIVA search engine to search media reports

PEER TO PEER AND PEER TO REVIEWER LEARNING

The process of cross reviewing each other's protocols by the country teams and discussion in the Executive Committee meetings enable peer to peer as well as peer to facilitator learning.

IMPACT

Six months into the project is too early to document impact. However, the processes that have been used to develop and implement this project hold potential for research uptake. WAHO is a central and key member and leader in the CATALYSE project and WAHO has a subregional policy role in West Africa. At country level, the link with policy makers e.g. Senegal, Ghana is a potential for increasing use of the evidence generated.

RECOMMENDATIONS

We are grateful for the support provided by IDRC which has provided this opportunity for within and cross-country work on health systems and the COVID 19 pandemic in West and Central Africa. We recommend that IDRC continues its interest in and support to Anglophone and Francophone Africa.