

A stakeholder-based approach to developing a Research Agenda for Recovery and Adaptation to the New Normal

BREAKING NEW GROUND

OVERVIEW

The lack of complete, accurate, and timely information and knowledge needed in the response and mitigation effort during the pandemic continues to be a challenge not just in the Philippines, but also globally. In line with this, the Philippine National Economic Development Authority (NEDA) emphasizes in its *We Recover as One* document the importance of having the right information in the recovery and adaptation policies and plans of the government. Given the number of competing priorities and limited resources however, it is critical that efforts in evidence and knowledge generation are relevant, fast, streamlined, and efficient. As such, there is a need to prioritize, rationalize, and align all data analysis efforts conducted by the DOH for COVID-19.

In pursuit of this goal, one of the objectives of this technical assistance is **to develop a medium to long-term research agenda** that can be adopted by the various agencies and stakeholders as evidence base for policies, standards and initiatives on transitioning and adapting to the ‘new normal’. The information generated from such a research agenda needs to be inclusive ensuring that vulnerable population groups are not left behind by developing a system for identifying priorities for data analysis, coordinating contributions from stakeholders, and communicating relevant information to decision-makers and process owners.

THE RESEARCH AGENDA DEVELOPMENT FRAMEWORK

In developing the research agenda, the following steps have been and are currently being undertaken:

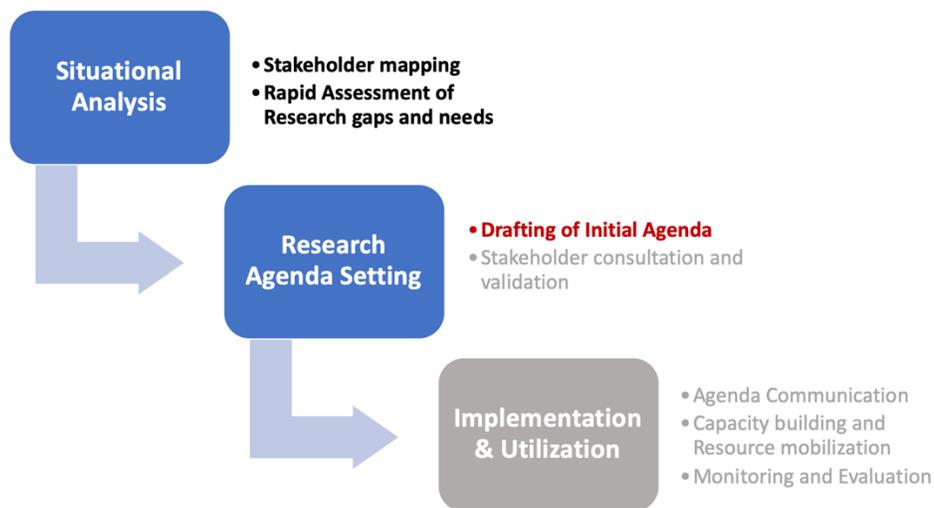


Figure 1. Research Agenda Development Framework

This first progress report presents the draft research agenda, bringing to bear the results of the situational analysis and an understanding of the various data needs, gaps, and stakeholders involved.

FRAMEWORKS FOR THE 'NEW NORMAL'

During the 17th Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases meeting held on March 27, 2020 via online video conference, Resolution No. 16 was passed creating the IATF Technical Working Group (TWG) for Anticipatory and Forward Planning (AFP) to be chaired by the National Economic and Development Authority (NEDA). The TWG is expected to provide recommendations on rebuilding confidence and adjusting to the “new normal.”

The main objective of the TWG-AFP is broken down into three specific objectives:

1. To reduce uncertainty by making information available to answer some of the pressing questions of various stakeholders;
2. To recommend programs and strategies to mitigate the losses experienced by consumers and businesses; and
3. To recommend policies and programs to adapt to a “new normal” state of economic activities.

The three specific objectives roughly correspond to the three phases of the government’s action against the COVID-19 threat: [1] response, [2] mitigation, and [3] adaptation and transition to the new normal.

In the days and months after the enhanced community quarantine (ECQ) is lifted, the COVID-19 threat will likely remain as societies find ways to resume social and economic activities while sustaining efforts to limit the spread of the virus. In this regard, it is essential to characterize the ‘new normal’ and identify the appropriate government interventions and policies that will facilitate transition into the new normal. This also entails constant and regular assessment of select indicants relevant to key and basic sectors that can shed light on decisions and policies that may need to be crafted in navigating the new normal and finding better ways to co-exist with the threats and risks brought about by the SARS-CoV2 virus.

In defining the new normal, World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus, in his opening remarks at a media briefing on April 13, 2020 outlined six criteria that need to be met before restrictions could be lifted:

1. Transmission is controlled;
2. Health system capacities are in place to detect, test, isolate, and treat every case and trace every contact;
3. Outbreak risks are minimized in special settings like health facilities and nursing homes;
4. Preventive measures are in place in workplaces, schools, and other places where it is essential for people to go;
5. Importation risks can be managed; and
6. Communities are fully educated, engaged, and empowered to adjust to the “new norm.”

In fact, even when restrictions have been lifted, “every country should be implementing a comprehensive set of measures to slow down transmission and save lives, with the aim of reaching a steady state of low-level or no transmission.” Such is the goal of the transition to the new normal.

Locally, the Inter-Agency Technical Working Group (TWG) for Anticipatory and Forward Planning (AFP) also consulted various government agencies and private organizations and undertook an online public consultation, which ran from April 4-7 and participated in by 5,583 respondents. Results of the consultation indicate that the desired new normal is one that is more resilient and better prepared for emergencies such as the COVID-19 pandemic. Participants also provided inputs for the possible realignment of existing policies, programs, and projects, including possible legislative actions needed to help society adjust to the new normal.

During the sTWG on Data Analytics meeting on September 15, 2020, Undersecretary Rose Edillon of NEDA presented the framework and trajectory that will guide the plans for the Task Group Recovery. Figure 02 below is a snapshot of the objectives of the Task Group and 3 identified sub Task Groups that will oversee plans for transitioning to the “new normal”

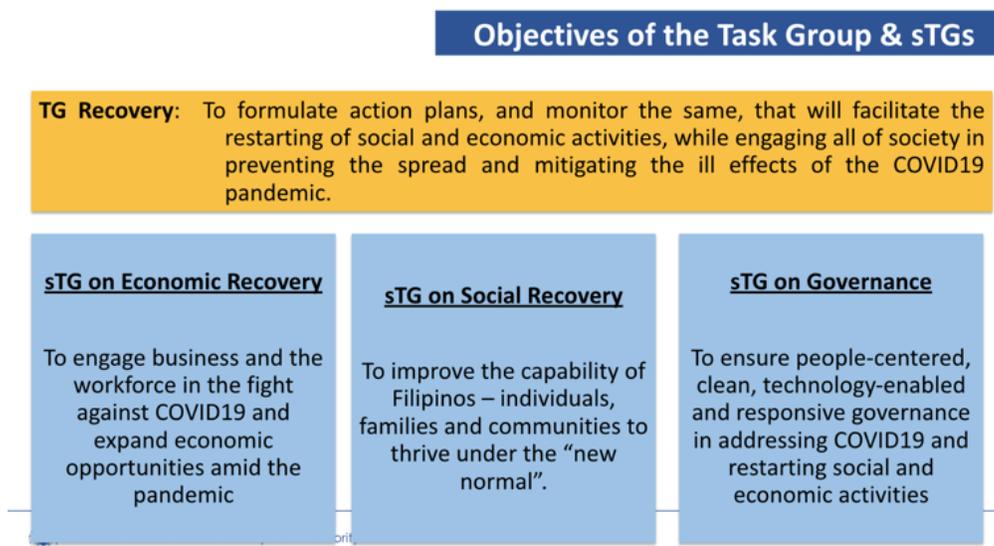


Figure 2. Framework for NEDA’s Recovery Task Groups

Initial feedback from the members of the sTWG on Data Analytics revealed that the proposed framework would be very useful in the crafting of an agenda that would serve to guide research and data gathering as well as organizing experts around the 3 clusters for regular monitoring and analysis of identified metrics and indicators.

The three identified sub–Task Groups are yet to be fleshed out with regards which sectors and concerns will generally fall under each cluster, notwithstanding the interrelationships and connections across these clusters. As these sTGs are firmed up, the proposed themes can also help clarify the scope of these clusters and align the data needs for these.

In response to the NEDA’s recovery framework, the Department of Health likewise developed a health sector strategic framework in pursuit of the recovery goals set by NEDA. Figure 3 below illustrates the Strategy Refresh map that the DOH has put together in preparation for transitioning to the New Normal. As has been explained, the general policy direction of the IATF and the government as a whole is to now focus policies on how best to “dance” with the virus, thus, slowly revving up the economy even while COVID 19 cases are still present and no vaccine, as yet, has been produced or distributed.

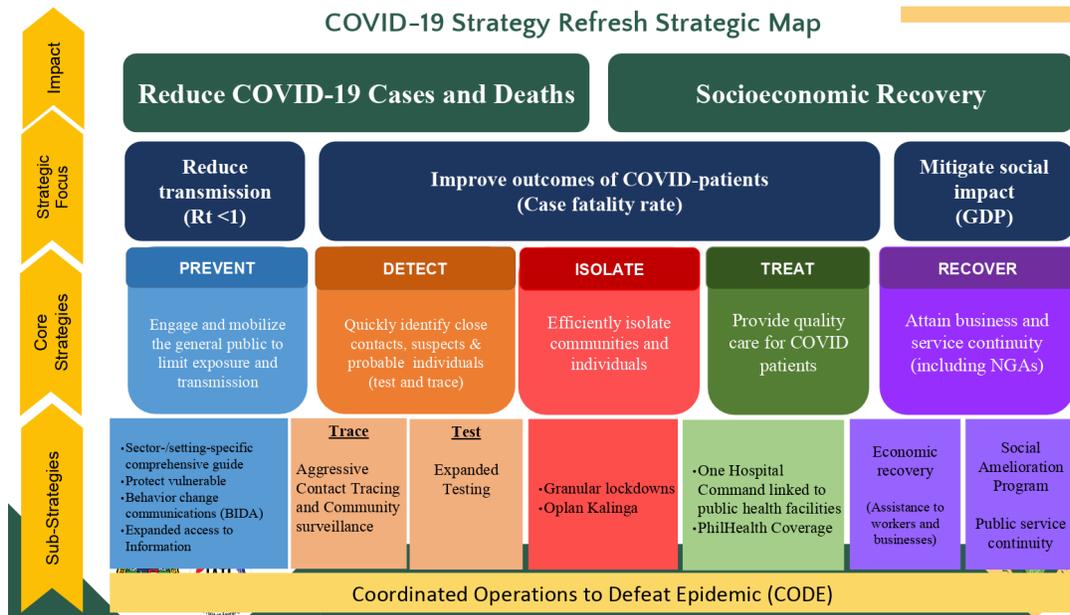


Figure 3. DOH's COVID-19 Strategy Refresh Map

MAPPING THE STAKEHOLDERS

Throughout this continuing saga of the COVID 19 pandemic, a particular pain and choke point confronting government is data. The challenges span a gamut of concerns from data generation, data management, data analytics and translation of analysis to policy recommendations. Thus, data governance as a whole remains challenging to this day.

In an attempt to better understand the different players and stakeholders that are involved in one way or the other in data management and governance, we have attempted to plot out the different stakeholders and groups who are involved in one way or another in this effort. Figure xx are, based on our inquiry, the key stakeholders and their areas of contribution. We will continue to validate, add and confirm this stakeholder map when we are able to access additional information.

A key observation is the significant role and contribution that private sector groups are playing in data management and governance. In addition, there are areas of duplication that require alignment so as to maximize contributions and have a tighter, more relevant data generation, analysis and dissemination mechanism.

COVID-19 DATA & TECHNOLOGY STAKEHOLDERS

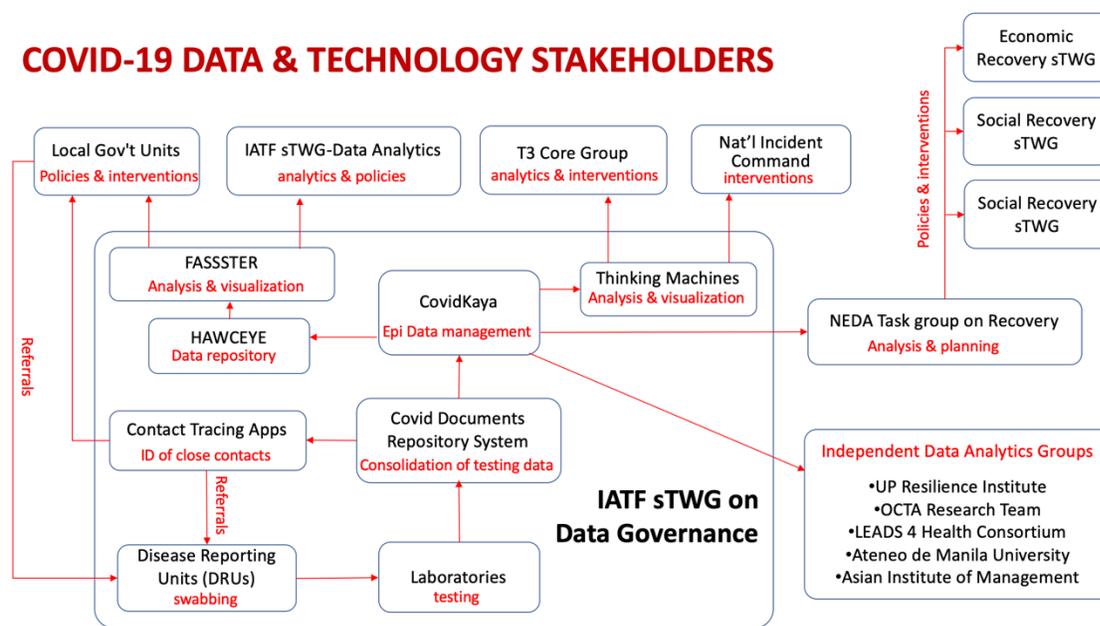


Figure 4. COVID-19 Data and Technology Stakeholders' Map

RESULTS OF THE RAPID ASSESSMENT

Interactions, observations and interviews—formal and informal—with the various stakeholders presented in the map earlier allowed us to identify some issues in the current arrangements and dynamics surrounding data governance for effective pandemic response and recovery:

IDENTIFIED ISSUES on DATA GOVERNANCE	IMPLICATIONS on DECISION-MAKING
Multiple data sources, with different routes of reporting and submission, as well as varying degree of data processing and validation	Data analysts may have, on hand, starkly different data sets and thus come up with variable analyses and conflicting recommendations
Multiple groups and models for risk classification (nowcasting vs forecasting) which are communicated to various decision-making agencies and platforms. “My data analysis is better than yours” mentality	Decision-makers (national and local) receive multiple analyses with conflicting recommendations. This may delay finalization of decisions and cause confusion in implementation of protocols.
Lack of a consensus agreement in analyzing epidemiologic data. Very strong voices in the public arena questioning government data.	Low public acceptability of government data and decisions arising from these data. Leads to confusion, poor compliance, further lack of trust.
Data inputs for rigorous data analysis remain to be incomplete, poor quality, and delayed. Most LGUs with have very minimal capacity for data governance and management	Overdependence of LGUs to centralized/ nationalized data management and governance may lead to delayed, ineffective and uncontextualized local response. Inadequate communication channels between national agencies and local governments add to confusion and delayed action and policies.

Additional results of the media analytics conducted by the IATF revealed that there have been numerous efforts to provide information on COVID-19 taken by different government agencies, local government units (LGUs), academe, and media but sometimes, the disseminated information were inconsistent, contradictory, vague, or incomplete, which led to confusion and anxiety among the public and even among implementing units.

Many people, including local officials, lack information or worse, are misinformed about the disease and how it spreads, and are even unaware of the risks. The imposition of the ECQ gave rise to immediate issues and concerns such as: (a) how the policy is supposed to be enforced; (b) various LGU initiatives to mitigate the impact of the ECQ; and (c) government assistance, in particular, the fund disbursement under the Bayanihan Act. Apart from these, other issues raised include how hospitals charge COVID-19 patients, given that patients and/or hospitals and healthcare providers are not aware of the Philippine Health Insurance Corporation (PhilHealth) package for COVID-19 and/or how claims are processed. It is also evident from traditional and social media analytics that people are very much worried about their income, livelihood, or employment while the ECQ is in force; and are concerned about the arrangements or “new normal” after the ECQ.

While most of the information sought by the public are already available, these are largely fragmented. The various means of disseminating information used such as virtual pressers, government agencies’ websites, or social media pages also have limited reach and effectiveness. For some, it is still unclear if data are already available or will be made available during this crisis period. Another continuing concern is the timeliness of information that is released, particularly results of rRT PCR tests for COVID 19. Limitations in methodology and logistics contribute to long turnaround times from swab collection to release of results. This is problematic in so far as contact tracing and isolation are concerned. Moreover, there is no effort to consolidate or track response efforts of LGUs that would promote transparency and allow for complementation of local and national efforts.

Results of the social media analysis conducted by the TWG-AFP showed the data and information gaps that need to be addressed by the government. Responses also showed that information needs vary depending on the type of stakeholder. Thus, data needs are grouped by type of stakeholder: (a) general public; (b) policy makers or researchers; (c) LGUs or local chief executives; (d) health institutions or health workers; and (e) business owners or micro, small, and medium enterprises.

Unless these ‘data divides’ are addressed, conflicts will remain, trust in government’s decision will continually be questioned, and decisions are more likely to be driven by political interests instead of reliable evidence.

DRAFT RESEARCH AGENDA

Bringing to bear the findings from the situational analysis, the research agenda below is currently being developed in partnership with stakeholders and process owners in DOH and the IATF subTWG on Data Analytics:

Thematic Area	Description	Specific Inquiries	Importance	Urgency
<i>Thematic Areas and Groupings as Decided Upon by the TWG</i>	<i>Description of the Thematic Area</i>	Questions that needs to be answered by evidence in relation to the Thematic Area	<i>Category 1 (evidence critical in IATF decision and policy making process)</i>	<i>Category A (evidence to be generated within the next 3 months)</i>

			<i>Category 2 (evidence not critical to IATF decision and policy making)</i>	<i>Category B (evidence to be generated within 3 to 12 months)</i>
				<i>Category C (evidence to be generated within 12 months and beyond)</i>
Social Protection	Generating evidence on how to ensure social protection and the continuity of basic social services (e.g., health, education, etc.)	Q5: What is the long term impact of COVID-19 on the Mental Health of Filipinos	Category 2	Category C
		Q6: What is the impact of distance learning brought upon the pandemic on the outcomes of school children at home?	Category 2	Category B
		Q2: How can we address the social stigma associated with COVID-19?	Category 2	Category C
		Q3: How can we better communicate key messages on COVID-19 and UHC?	Category 2	Category A
Economic Response	Generating evidence on how to open the economy safely during the pandemic	Q1 How do we address occupational health and safety of those who continue to work, in particular in the health, agriculture, food production and transport sectors and sanitation services? (Including safe transit from house to workplace)	Category 1	Category A
		Q2 How can we provide safe and cost-efficient transportation for workers during the pandemic?	Category 1	Category A
		Q2 Given the increasing number of infections in the PNP, what are the factors and risks to people in uniform?	Category 1	Category A
COVID-19 Governance including Risk Classification of LGUs	Generating evidence to support the government (national and local) in making real time	Q1: What are the parameters that should be considered for LGUs to be taken out of community quarantine	Category 1	Category A

decisions to address the COVID-19 Pandemic	(transitioning into the new normal)		
	Q1: What are alternatives to isolation given the lack of isolation capacity (e.g., Reverse Isolation in Mandaluyong)?	Category 1	Category A
	Q2: What is the current status of COVID-19 in the country, and future possible trends/scenarios?	Category 1	Category A
	Q3: What are the strategies to reduce community and household transmission?	Category 1	Category A
	Q4: What are the current global best practices in COVID-19 pandemic response?	Category 1	Category A