In-Person Research During COVID-19: Considerations and a Call to Action

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High-quality research is a core input for policies and programs that seek to improve public health and social development. In the context of a pandemic, however, in-person data collection could spread coronavirus. Researchers across disciplines must safely and effectively balance the need for primary data while protecting participants, staff, and the communities in which they work. As the world learns how to mitigate the spread of coronavirus, research institutions across the globe are creating their own guidelines and approaches to resuming in-person activities as
global governing bodies and governments lag behind in providing guidance. As the COVID-19 pandemic shapeshifts, the question of whether, where, and how to resume in-person data collection has generated collective action among public health experts and social scientists.

We propose key principles and practical steps that researchers should consider when weighing the prospect of returning to in-person data collection. Our recommendations arise from the recent Population Council-convened webinar, “Resuming In-Person Data Collection during COVID-19,” that brought together scientists, ethicists, and research implementers who are pioneering adaptations across disciplines to in-person research activities during the pandemic.

Weigh the benefits and costs of research with greater scrutiny. Institutional Review Boards (IRB) consider a fundamental principle: whether the benefit of the knowledge gained outweighs the risks inherent to the study population. In the context of a pandemic, the risk considerations should be extended to data collection staff and the community where research is conducted. Can the research questions instead be answered with secondary analysis, remote data collection, or a mix of remote and in-person? Since conducting research now necessitates additional risks, researchers must ask the tough question: are the benefits in terms of knowledge gained worth those risks to participants, staff, and communities?

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Elevate local and contextual decision-making. As outbreaks are localized, it is essential to closely monitor and follow risk assessments, public health directives and guidance for in-person activities from local IRBs, health departments, local councils, and other authorities. These authorities are the experts in assessing the local epidemiological profile, navigating situational and cultural differences, and evaluating the importance that the proposed research could provide to inform national and local decision-making. For example, the African Population and Health Research Center (APHRC) created a decision tree and fit-for-purpose guidelines for resuming in-person data collection that engages local authorities and urges consideration of key contextual factors. Going forward, researchers will have to manage phased implementation, fieldwork stoppages, and restart scenarios for data collection in response to changes in local
conditions, regulations, and adverse events. Managing these changes requires local knowledge and expertise, with researchers working in tandem with local authorities to ensure buy-in during this time of increased anxiety.

**Center principles of equity and inclusion.** COVID-19 is exacerbating vulnerabilities for marginalized populations, and the secondary effects of mitigation strategies are driving many into further poverty and suffering. Research protocols need to carefully consider the impact of COVID-19 on marginalized populations. Yet researchers also must recognize that remote data collection strategies can exclude economically marginalized people who do not have phone or internet access, and can exacerbate under-representation that already exists. The benefit of research to marginalized populations must be part of the calculus in prioritizing in-person research activities. Any economic incentives for participation in data collection must be scrutinized to ensure participants do not agree to accept risk out of economic necessity.

**Ensure the safety of essential workers.** Safe working conditions and fair compensation for the project team, enumerators, and other essential workers of the data value chain must be guaranteed. For example, Innovations for Poverty Action (IPA), one of the organizations charting a course toward safe in-person data collection, implemented strong personal protection and health screening protocols for all enumerators, including traveling pods. To reduce the potential for transmission due to economic concerns, IPA has incorporated an income protection mechanism in cases where enumerators might be reluctant to reveal their own illness or their contacts with sick people.

**Develop risk mitigation strategies and monitor feedback loops for course corrections.** Researchers are facing a more complicated data collection paradigm, and miscalculations could result in harm to staff, study subjects, and the community. Risk mitigation strategies spanning research activities—including training, transport, interviews, and dissemination—are critical to this new paradigm, and funders need to recognize the potential for increased costs and extended timelines. Monitoring will have to be broader to include staff behavior and community reaction, and quicker to respond to heightened risks due to protocol violations or local epidemiological conditions. Ongoing information flows within study teams, including field staff, data collectors, and intervention providers, will need to be more detailed and frequent, and adaptive planning is expected. For example, the Zimbabwe-LSHTM Research Group found, in their evaluation of a sexual and reproductive health services intervention, that social distancing practices led to decreased attendance in the program among young men, threatening their
study design. The team revised (iterated) their approach to add strategies to mobilize the young men to stay enrolled.

There is no single right answer as to whether, where, and how to resume in-person data collection during this unprecedented pandemic, and these considerations are not readily available in researchers’ toolkits. We call on the entire scientific community to work across disciplines to reaffirm existing research standards that embrace equity, inclusion, and safety, weigh the value of specific research studies, maximize investments in research, and cross-pollinate lessons learned among institutions. Global leaders must also step up to ensure that research institutions are provided guidance and standards for safely resuming in-person research activities during COVID-19 and future pandemics.

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