Meeting Notes

Action Item Summary

⇒ Working Group members to suggest colleagues for membership from LMIC countries not already represented. We need to expand the regional reach of our working group.

⇒ We need to think about the specific priorities and direction for our group. We can think about this individually over the next two weeks, and then focus our discussion for next time.

⇒ We need to share 5-10 research questions with the Steering Committee. Please think about potential research questions and we can define these during our next call.

Introductions (All)

Introduction to the COVID-19 Clinical Research Coalition (Maureen)

- The coalition was launched after the publication of the *Lancet* comment. See more here: [https://covid19crc.org](https://covid19crc.org)
- The purpose was to create a network to facilitate trials, create network initiatives, ensure standardized and rapidly shared data, and propose data governance.
- CRC has a Steering Committee with global leadership.
- The membership of the coalition includes over 150 institutions from 50 countries.
- Working groups will solve key problems, answer substantial questions, and:
  - Review and validate materials and tools;
  - Discuss common challenges in social science;
  - Facilitate real-time systematic review that collate social science research.
- Questions and issues for the working groups will come from investigators who submit queries, issues emerging in the work of experts within working groups.
  - Our working group priorities and research questions can link into the WHO Social Science Blueprint.
- We use Microsoft Teams as a platform.
  - Seems we need more support on teams
- **Question**: what kind of projects will we work on? Social science, clinical with a community engagement component?

Confirm the co-Chairs of the Social Science Working Group (Shelley, David)

- Shelley’s background: social science research for clinical trials; social science questions around clinical trials; broadly questions about epidemic preparedness.
- This first meeting is to gauge interest in the working group.
• We emphasize the need to have representation across the global community.
  o We need more representation from other parts of the globe.
  o **Action:** Working Group members to suggest colleagues for membership from Latin America or the Asia regions.
• Up to 15 participants in the working group.
• **Question:** How might we have, in our next meeting, discussions around priorities for the working group and potential research outputs? Some ideas include:
  o Collecting our expertise and share it with others.
  o A lot of our resources might draw on previous research from other epidemics. How can we pull together that information and share it with clinical researchers?
  o We may already have resources to share, so let’s review what we have.
• **Question:** How do we link into clinical trial plans? How can we facilitate data sharing?
  o Call amongst social scientists to be better at data sharing more broadly, so this is an important and timely issue for our discipline.
  o Ethics working group – there may be overlap in these priorities with their working group.

**Priorities of the working group (potential outputs, research priorities) (All)**

• **Question:** Are our colleagues submitting work/research for us to comment on? We could open a social science stream for clinical trial researchers to come to us, we can evaluate their projects, and give them feedback on their designs? Are they obliged to take our advice?
  o Practically, what are we here to do?
  o Is it to come up with research plans and publish it?
• **Question:** We are also on the WHO social science working group for COVID. How do we not overlap with other working groups?
  o How do we differ or link up to other work? How can we link up with other global networks?
  o There is a lot of knowledge collation in other groups, we can also do something along those lines.
  o How do we make our work unique?
• **Response** regarding the question about reviewing protocols or being more active in design:
  o It’s a bit difficult to follow the ethics working group model – people ask questions and expect a very quick response, so this is time consuming.
  o Reviewing a protocol takes a lot of time.
  o Maybe we can focus more on the second part: produce knowledge or expertise for others to follow? Maybe more realistic.
• **Question:** this working group seems to be drawn from everywhere regionally, so is the working group focusing on a particular region or are we open to working anywhere?
  o We definitely want good representation globally.
• **Question:** what does the WHO working group do? This might help us find a niche, so we don’t replicate.
  o We could act as a way to collate other studies that are being conducted for COVID19.
• **Question**: how can we make this interdisciplinary?
• **Action point**: as a group, we need to think about the priorities and direction. We can think about this individually over the next two weeks, and then focus our discussion for next time.

**Steering committee requests (David M.)**

• The CRC Steering Committee is asking for a list of 10 priority research questions – defined research questions. Doesn’t have to be exhaustive. The CRC will then publish the list of questions from all the working groups.
• This will provide structure to our working group and help us to focus our priorities.

**Next meeting and regular meeting schedule (All)**

• Meet again in two weeks.