COVID-19 And Health Data

Q&A with Kevin Croke, Assistant Professor of Global Health, Harvard University

Are the existing data collection methods and tools adequate for analyzing and responding to the COVID-19 pandemic?

There are definitely big challenges on data collection for comparative politics work, which often has a strong fieldwork component. Not being able to travel obviously makes this difficult, and while interviews can still be done remotely, fieldwork is always better in person. On the quantitative side, I think there has been a lot innovation in quickly generating new sources of quantitative data on the COVID-10 pandemic and response, including various state and country policy and response trackers, mobility data for mobile phones, as well as researchers conducting mobile phone surveys to get quick snapshots of attitudes and responses at population level. I think in some ways the bigger challenge for research right now is that, in comparative politics, we want to understand variation in how well countries have dealt with the crisis, but we won't know what worked until the pandemic is over.

If not, how these deficiencies can be overcome in the short- and medium-terms?

On the fieldwork question, in the medium term, we will (I hope!) be able to travel again and work in other countries. In the short term, strong research partnerships with researchers and institutions on the ground in the countries where we work can definitely help.

What other, currently not collected or underutilized data should medical providers, public health professionals, and social scientists be requesting?

This is a tough one because a lot of the data that we really want would be from population surveys, and we cannot do in-person surveys right now. I am working with colleagues on a large RCT in the Democratic Republic of Congo (DRC), and we have retooled our survey plans for that project and are now trying to collect relevant data via mobile phone surveys, but mobile phone penetration (both phone ownership and network availability) is still low in large parts of rural DRC. Looking forward, at some point, large scale serological testing should be feasible, and when it is, I think social scientists will want these surveys to be large enough so that we will be able to say something about disease prevalence at

disaggregated levels, not just at national level, and to have social science-relevant variables collected in these questionnaires.

Are there any data collection challenges specific to the Global South/ developing countries?

I think there are two big challenges here for developing countries. The first is that for health research, you need to have accurate data about the health outcomes, and many developing countries don't have complete vital registration systems, so it is going to be hard to know the COVID-related mortality burden with any great precision. Second, administrative data in health systems (usually called the Health Management Information System, HMIS) is usually very incomplete in the lowest income countries. So the data that we would like to have on the fine-grained geographic and temporal variation in cases (which you would normally get from these sources) is likely to be lacking or else very incomplete.

How the pandemic is likely to affect future health data collection practices?

For developing countries, administrative data and early warning (surveillance) data has always been underinvested in, so ideally that would change. I think there is a good chance that we get some funding for surveillance systems of respiratory infections. The challenge is to make sure that it is done in a way that contributes to stronger institutions and stronger health systems, rather than being a siloed project just focused on respiratory disease. The next pandemic might not look like this one, so we should really think about strengthening health systems more broadly. ●