



Rapid COVID-19 Evidence and Response

Pakistan

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Motivation

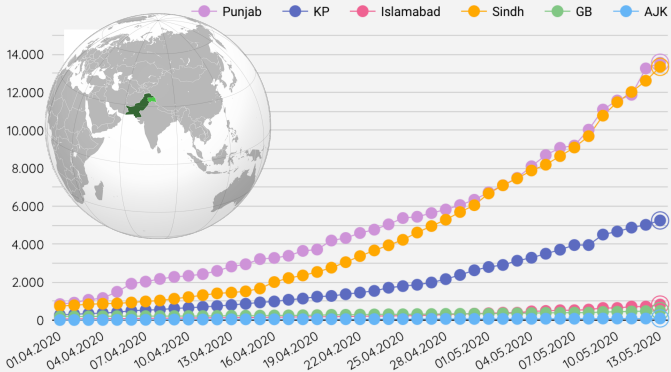
This Initiative

Motivation

1. Lack of **disaggregated evidence** on exposure to COVID-19, especially for **vulnerable groups**
2. Lack of evidence on **alternatives to widespread lockdown measures**

The Challenge

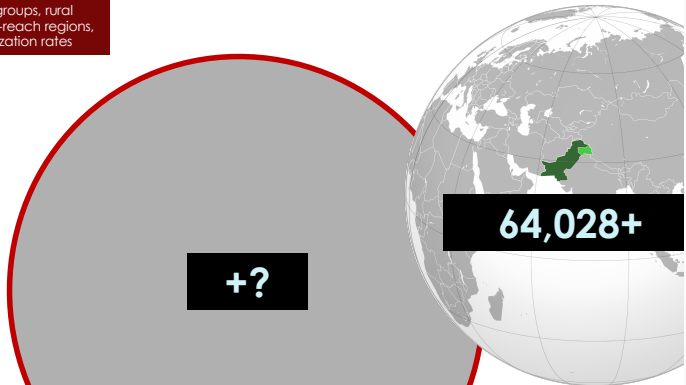
PROVINCIAL OUTLOOK



The Challenge

DARK FIGURE

under-represented
population groups, rural
and hard-to-reach regions,
low hospitalization rates

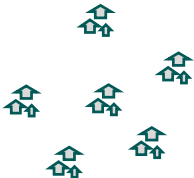


Standard epidemiological approach:

Reliance on data from health service reports and/or surveys
to estimate disease prevalence rates

- With limited access to health services and almost zero ongoing standard data collections, disease prevalence rates are often estimated using data from dissimilar populations
- In extreme cases, this approach can amplify existing social inequalities

Community

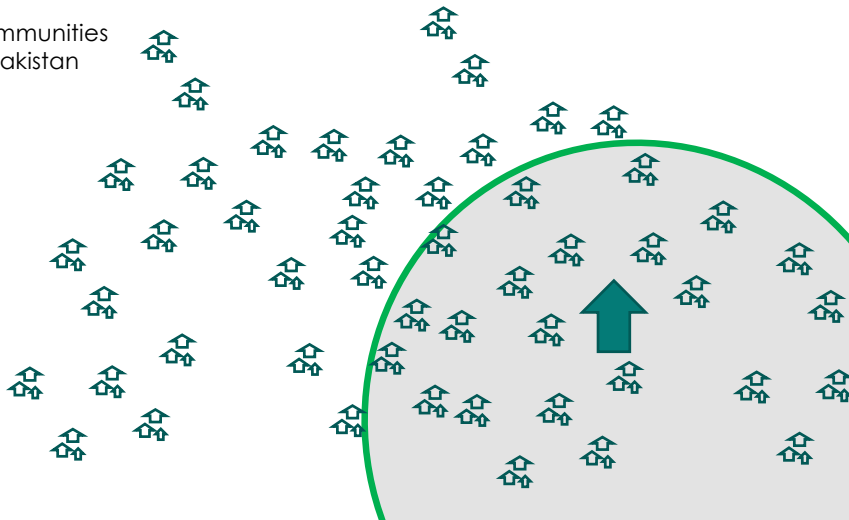


all communities
in Pakistan

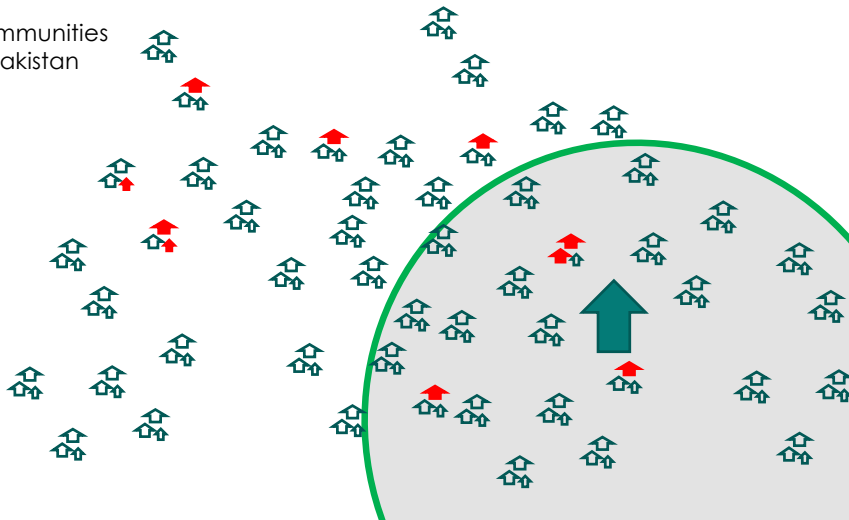


City

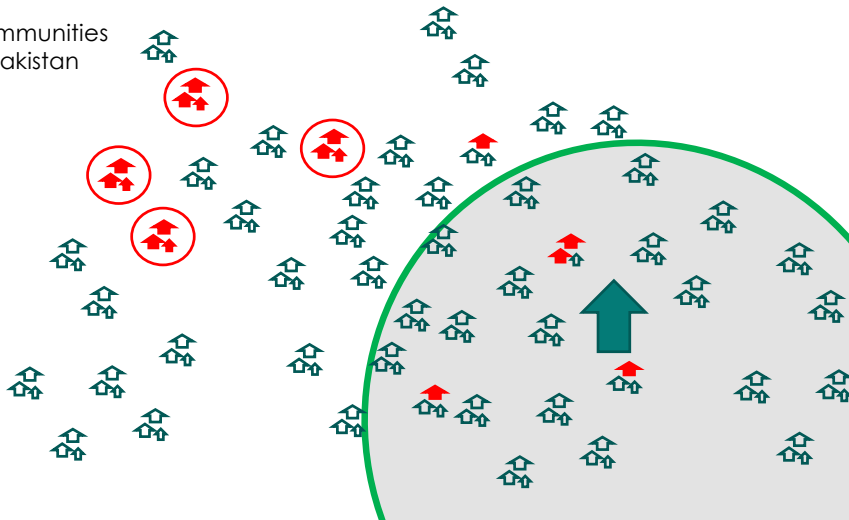
all communities
in Pakistan



all communities
in Pakistan



all communities
in Pakistan



- Unawareness about clusters of infection in remote locations might **jeopardize** national-wide **containment strategies** and **overwhelm local health care capacities**
- Simultaneously, the lack of reliable information is further accompanied by the fast and **uncontrollable spread of false information** and myths around the disease

The *Gender-relevant* Challenge

- Men and women are likely to have both **different susceptibilities** to the virus and **different vulnerabilities** to the infection as a result of both sex- and gender-related factors
- Potentially **differential** adverse health, social and economic **impacts** of COVID-19

The *Gender-relevant* Challenge

- Men and women are likely to have both **different susceptibilities** to the virus and **different vulnerabilities** to the infection as a result of both sex- and gender-related factors
- Potentially **differential** adverse health, social and economic **impacts** of COVID-19
- Yet, only 40% of globally reported confirmed cases of COVID-19 have been reported to WHO with **age and sex disaggregation**
- **Problem for the analysis** of the gendered implications of COVID-19 and the development of **appropriate responses** (WHO 2020)

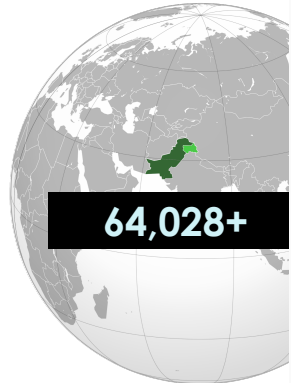
The *Gender*-relevant Challenge

DARK FIGURE

! lack of information on exposure to risks (esp. births) and needs
lack of information on social distancing measures and labor market participation
hard-to-reach due to lack of access to phones/ internet



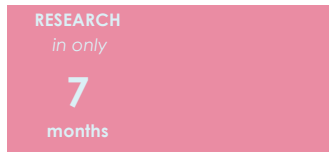
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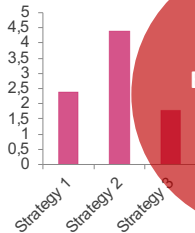
64,028+

This Initiative

High frequency data
of
Symptoms
Knowledge
Needs
etc.

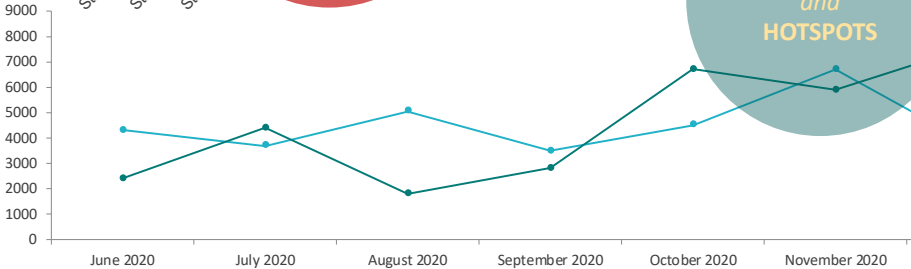


**Testing of
cost effective
strategies
to
Mobilization
Information gathering
Communication of information**

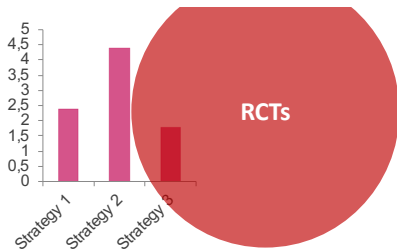


**IMPACT-EVALUATIONS
of
STRATEGIES**

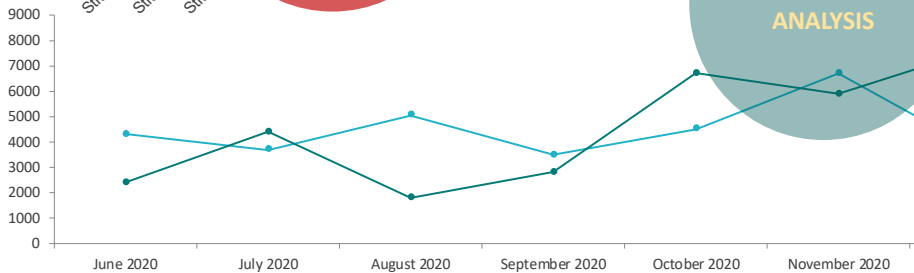
RESEARCH OUTPUT



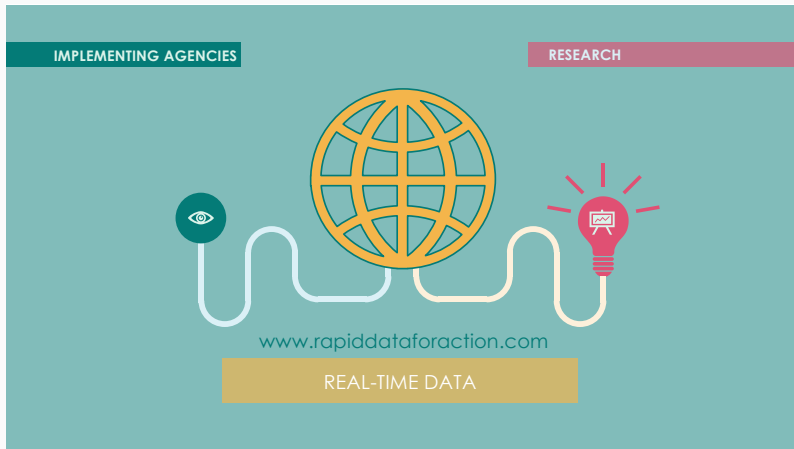
**TRENDS
and
HOTSPOTS**

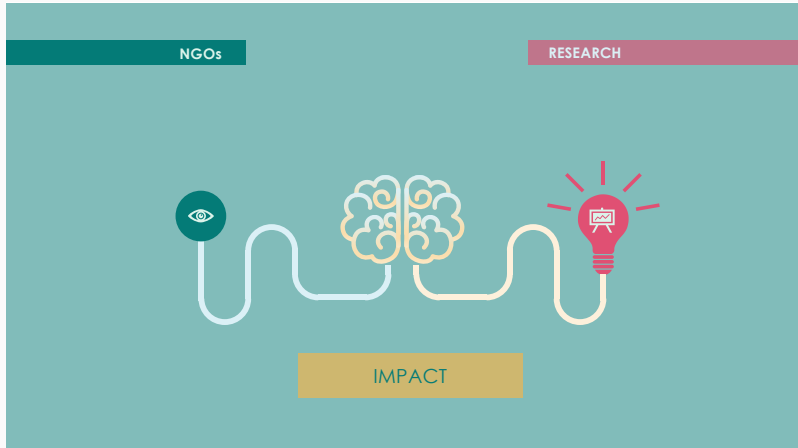


RESEARCH METHODS

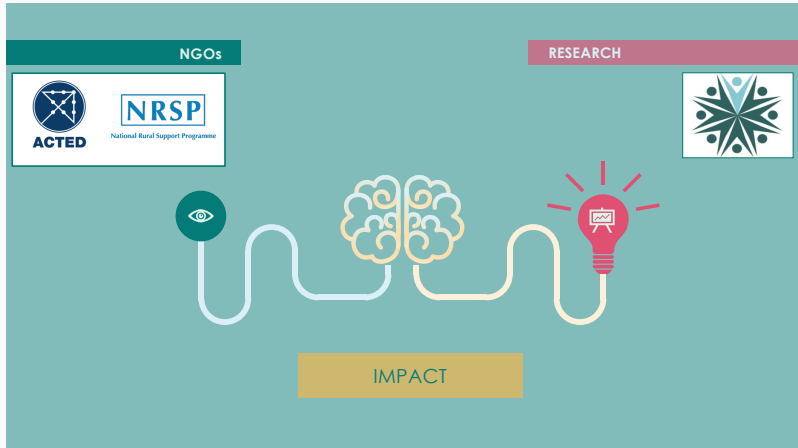


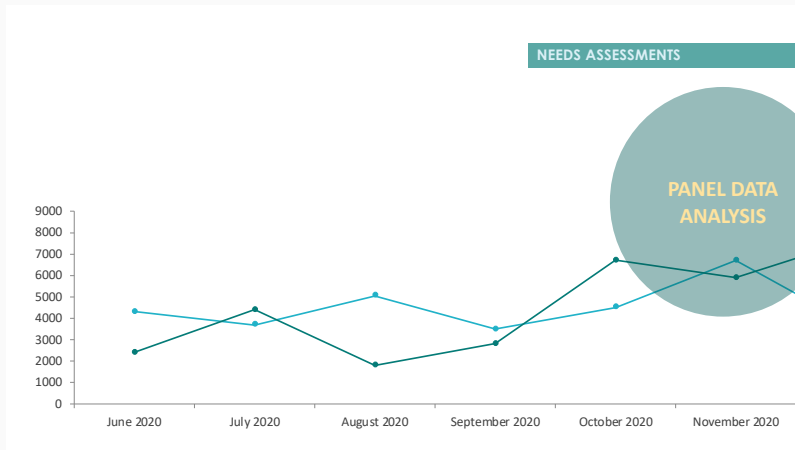
Outreach and Uptake





Cooperation





1st
RCT

RESEARCH

WHAT MESSAGES WORK BEST
TO RAISE AWARENESS?

WHAT ROLE CAN LOCAL HEALTH
TASK FORCES PLAY?

CAN THE PEOPLE BE IDENTIFIED AND
TRAINED REMOTELY?

WHAT TECHNOLOGIES WORK BEST
TO COLLECT RELIABLE
INFORMATION?

Citation: Avdeenko, Bruns, Gillaizeau, Karbala, Maroof, Montenbruck, Montresor, Pasha, Sharafat, Waqar, Moldavski
2020: *Rapid COVID-19 Evidence and Response (Pakistan)*.
Working Paper.