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WEBINAR: Challenges Facing the COVID-19 Pandemic

Thursday, 2nd April 2020

12 – 2:00 PM Jerusalem time (GMT+3)



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Executive Summary

The primary purpose of the partnership between Ending Pandemics (EP), Connecting Organizations for Regional Disease Surveillance (CORDS), and University of San Francisco (USF) is to strengthen communication and enable cross- and within-network learning through webinars. CORDS member network Middle East Consortium on Infectious Disease Surveillance (MECIDS) led the second in a series of webinars on April 2, 2020 on challenges of the COVID-19 pandemic. A panel of experts presented on MECIDS as a platform to address emerging infectious diseases; the Israeli, Jordanian and Palestinian experience of the COVID-19 pandemic; rapid response in diagnostics/detection- laboratory preparedness; and the non-medical burden of the pandemic. A major theme and conclusion of the webinar was the need for concerted and coordinated efforts at the regional and international levels to address COVID-19.

The webinar was attended virtually by 278 participants from 23 countries. Approximately 85% of webinar participants who completed a post-webinar survey reported that the webinar met their expectations, increased their knowledge/learning, and was useful for themselves. The network host MECIDS perceived the webinar platform as a useful tool to promote internal and external network communication.

The webinar was a successful and effective communication platform for sharing critical information on an ongoing pandemic. Best practices will be applied to future webinars,

while additional modes of communication among CORDS networks will be explored for information-sharing during a highly dynamic public health crisis.

1. PARTNERSHIP: EP, CORDS, and USF

In 2019, the University of San Francisco (USF), Ending Pandemics, and Connecting Organizations for Regional Disease Surveillance (CORDS) (a program of Ending Pandemics) created a partnership to strengthen communication and information-sharing on prevention and control of infectious diseases using a One Health approach.

Given that CORDS network members have articulated the values and priorities to be shared learning, trusted relationships, and joint projects, this effort explores a model that enables cross-network learning, sharing of capacities, and distributed ownership of communications. Specifically, the aims are to:

1. Enable communication and cross network learning within CORDS and its member networks through four joint learning webinars led by networks in rotation.
2. Create a partnership with a leading academic institution and engage students and faculty in global network strengthening and communication.
3. Monitor and evaluate this shared stewardship model during the first year and make recommendations for continuation and improvement.

In this partnership, Ending Pandemics, USF, and CORDS network members are collaborating to create a new model of shared stewardship among the networks of CORDS. Shared stewardship refers to each of the regional networks assuming responsibility for the core functions that are needed to retain the utility of CORDS and grow its potential in infectious disease surveillance. These core functions include communications; learning sessions planning; project development, oversight and evaluation. In the first year of this partnership, the focus is on hosting of webinars by CORDS networks, designed to promote internal and external network communication, information sharing, and cross-network learning.

Participation of students in this collaborative effort provides a unique interdisciplinary training experience in working with a global public health network. Three student fellows, with one representative each from the USF Master of Public Health, Master of Health Informatics, and Master of Public Administration programs, were selected in October 2019 for a 9-month fellowship.

2. WEBINAR SUMMARY

On April 2, 2020 from 12 – 2:00 PM Jerusalem time (GMT+3), CORDS network member the Middle Eastern Consortium on Infectious Disease Surveillance (MECIDS) led a webinar to discuss the ‘Challenges to the COVID-19 Pandemic’, in partnership with Ending Pandemics, Tel Aviv University, and the University of San Francisco. A panel of experts presented on MECIDS as a platform to address emerging infectious diseases; the Israeli, Jordanian and Palestinian experience of the COVID-19 pandemic; rapid response in diagnostics/detection and laboratory preparedness; and the non-medical burden of the pandemic. Speakers included experts representing MECIDS and discussants from the World Health Organization, Tel Aviv University, the Southeast European Center for Surveillance and Control of Infectious Diseases and University of Haifa. The webinar was conducted and recorded using the Zoom webinar platform.

2.1. Background

MECIDS is a network member of Connecting Organisations for Regional Disease Surveillance (CORDS), a program of Ending Pandemics operating in Africa, Asia, and Europe. MECIDS is a trilateral, non-official organization that was formed in 2002 by leading public health officials and academics from Israel, Jordan and the Palestinian Authority. Since its inception, it has been a source of expertise for cross-border collaboration and continues to use the knowledge and skills of its members to respond to the current COVID-19 threat. MECIDS was an instrumental platform of collaboration for addressing regional emerging infectious diseases such as H5N1 avian flu (2005), H1N1 pandemic influenza (2009), transmission of foodborne diseases (e.g. salmonellosis), transmission of vector-borne diseases (eg. West Nile Fever and leishmaniasis), and Middle East Respiratory Syndrome –Coronavirus (MERS-CoV).

The following are objectives of the webinar, developed by MECIDS, with feedback from USF and EP:

- To describe the challenges of the COVID-19 pandemic in Israel, Jordan, and the Palestinian Authority.
- To share best practices for cross-border collaboration and response to the current threats of the COVID-19 pandemic.
- To generate discussion among participants and panelists on the Israeli, Jordanian, and Palestinian experience of the COVID-19 pandemic, rapid response in diagnostics/detection and laboratory preparedness, and the non-medical burden of the pandemic.

3. Webinar processes

3.1. MECIDS and Ending Pandemic's roles

MECIDS took the lead as organizers and hosts of the webinar. The MECIDS team consisted of Dr. Daniel Cohen (Chair of MECIDS and acting head of the School of Public Health at Tel Aviv University), Dr. Khitam Muhsen (MECIDS and Associate Professor in the School of Public Health, Tel Aviv University), Sari Hussein (MECIDS Executive Officer), Saritte Perlman (School of Public Health, Tel Aviv University), and Jack Barokas (IT & Computing Division, Tel Aviv University). MECIDS created the webinar agenda, invited the panelists, arranged the venue, and hosted and moderated the event. The MECIDS network team worked in collaboration with the USF team to reach objectives leading up to and during the webinar. The primary function of EP was that of an advisory role. Dr. Marlo Libel (EP Senior Advisor) attended meetings and provided valuable suggestions throughout the process.

3.2. University of San Francisco (USF) 's roles

The USF team consisted of Dr. Laura Chyu (Assistant Professor, Faculty Lead) and three graduate student fellows: Sayed Akbari (Master of Public Health), Himanshi Mehta

(Master of Health Informatics), and Carol Wong (Master of Public Administration, health services concentration). Carolina Echeverria, Director of Partnerships in the USF School of Nursing and Health Professions, also provided support throughout the process. The USF team facilitated and supported webinar planning with MECIDS to ensure the success of the live webinar event. This included training on the Zoom webinar platform, creating webinar guidelines and timelines, managing webinar logistics, creating an event learning guide and post-webinar reports, and analyzing survey data.

3.3. Communication

The initial discussion between EP, USF, and MECIDS occurred on January 14, 2020. During this first meeting, potential topics for the webinar were discussed, including leishmaniasis, MERS, salmonella, and influenza. Bi-weekly meetings were established. As the magnitude and impact of COVID-19 quickly became apparent, the topic was changed to the COVID-19 pandemic by the third meeting on February 18, 2020.

Active channels of communication were maintained across different platforms, primarily via email and virtual meetings. The bi-weekly Zoom meetings were essential for sharing information and delegating tasks. A meeting agenda was sent out prior to every Zoom meeting. The USF team recorded discussion and key actionable deliverables in meeting minutes. Meeting times were scheduled to best suit MECIDS. During the live webinar event, the USF team communicated with the MECIDS team via a pre-established chat group on Whatsapp; questions from participants were shared via Google doc.

3.4. Zoom Webinar Platform

Zoom Webinar platform was the selected platform to conduct the webinar based on its usability and accessibility.¹ The Zoom webinar platform offered comprehensive features², including capacity for 500 attendees, shared control options for multiple hosts, and interactive options of Q&A and polling. Moreover, USF had an existing license for Zoom

¹ Zoom (<https://zoom.us/webinar>)

² Software Evaluation: Criteria-based Assessment, Mike Jackson, Steve Crouch and Rob Baxter. November 2011.

(<https://software.ac.uk/sites/default/files/SSI-SoftwareEvaluationCriteria.pdf>)

Meeting platform and had widely adopted its use for campus-related communication and activities. Thus, the USF team had working familiarity with the Zoom platform, which streamlined the process of learning about the webinar platform and training the MECIDS team.

3.5. Webinar Training

The USF team trained and supported the host network in operating the Zoom webinar platform as primary hosts.³ Training was accompanied with documentation (Appendix X: Zoom guidelines for panelists and hosts; webinar checklist and timeline) created by the USF team to further solidify host roles and to ensure successful set up of panelists. A major strength of MECIDS was that they had a designated IT point person (Jack Barokas, IT & Computing Division, Tel Aviv University), who set up audio and video equipment; initiated and monitored the webinar during rehearsals and the live event; and edited the recording. Having a designated IT person greatly facilitated the technical aspects of the webinar. Additionally there was the advantage of having access to the equipment and facilities of the university.

3.6. Marketing Implementation

USF provided support in marketing by developing e-invitations and registration links designed to be shared over various platforms, including email and social media. After approval of the material by MECIDS and Ending Pandemics, Anna Tombs, the communications point person for Ending Pandemics, sent the e-invitation and registration link to all the CORDS networks and posted the information on the CORDS webpage and social media channels. The USF team shared the webinar information with the USF School of Nursing and Health Professions community via email. MECIDS also shared the webinar information with their extensive professional networks, including Tel Aviv

³ Understanding the Training of Trainers Model.

(https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf)

University and other universities. Reminders and the webinar link were automatically sent to registrants 2 weeks, 1 week, 1 day, and 1 hour before the webinar.

3.7. Webinar Learning Guide

The USF team created a webinar learning guide (Appendix [9.1](#)) that outlined background information, agenda, panelist biographies, and recommended readings. The learning guide was emailed to all registrants two days before the webinar.

3.8. Webinar Event

The time slot was intentionally selected to fall during business hours for most CORDS networks in order to maximize numbers of attendees. A 60-minute rehearsal with all the panelists was scheduled 2 days before the webinar, during which hosts and panelists tested their audiovisual setup, slide sharing, and other Zoom functions. A final rehearsal was scheduled 30 minutes before the webinar.

The Q&A session during the webinar provided an opportunity for attendees to actively engage with the panelists and presenters in dialogue to clarify and expand on certain points. The USF team selected and edited (for brevity) the questions asked during the webinar and sent them to the MECIDS team via a shared google doc.

After the webinar, the network chairs were invited to a separate meeting to debrief on the webinar and discuss ideas for future events. To reaffirm CORDS' vision of "a World United against Infectious Diseases", SECID chair Dr. Silvia Bino suggested that all CORDS Networks meet regularly to share concerns, successful strategies, and challenges to responding to the current pandemic. The suggested format was regularly scheduled meetings to bring together the CORDS Networks Chairs (and Secretariat's team, if desired) for discussion of highly dynamic COVID-19 issues and experiences. Priority topics were proposed, beginning with information exchange, contact tracing and prevention and control strategies in cross border areas

3.9. Evaluation Tools

Several survey questionnaires were administered to measure outcomes and other metrics across different target audiences (webinar hosts and participants). All surveys included a combination of close-ended and open-ended questions, and were administered using Google forms.

3.9.1. Host Communication Survey (Pre- and Post-Webinar).

The pre- and post- Host Communication Survey was administered to collect information on current communication practices within and between CORDS network members; best practices and challenges of communication practices; and capacity, knowledge, and attitudes towards webinars. The survey was conducted in two parts: 1) Pre-webinar Host Communication Survey was administered prior to the webinar; and 2) Post-webinar Host Communication Survey was administered after the webinar. The pre-post design allowed us to capture any changes in capacity, knowledge, and attitudes towards webinars, as well as host experiences with the webinar. (Appendix [9.6](#), [9.7](#))

3.9.2. Participant feedback survey.

A participant feedback survey, consisting of 11 questions, was administered to all participants who attended the webinar, immediately after the webinar. Participants were asked about their experiences and perceptions of the webinar, suggestions for improvement, and other topics of interest. (Appendix [9.5](#))

4. WEBINAR CONTENT

4.1. Webinar Overview

The webinar was attended virtually by 278 participants from 23 countries, who listened to a panel of infectious diseases experts present on MECIDS as a platform to address emerging infectious diseases, the Israeli, Jordanian and Palestinian experience of the COVID-19 pandemic, rapid response in diagnostics/detection and laboratory

preparedness, and the non-medical burden of the pandemic. The webinar ended with a Q&A session.

The expert panelists included:

- Prof. Daniel Cohen, Chair of MECIDS and acting head of School of Public Health, Tel Aviv University, Israel
- Dr. Sami Sheikh Ali, The Communicable Diseases Directorate, Ministry of Health, Jordan
- Prof. Ziad Abdeen, Al Quds University, East Jerusalem
- Dr. Yaniv Lustig, The Central Virology Laboratory, MOH, Israel
- Dr. Bruria Adini, Department of Emergency Management & Disease Medicine, School of Public Health, Tel Aviv University, Israel
- Dr. Dorit Nitzan, Coordinator of Health Emergencies at World Health Organization Regional Office for Europe
- Dr. Silvia Bino, Southeast European Center for Surveillance and Control of Infectious Diseases South (SECID)
- Prof. Manfred Green, School of Public Health, University of Haifa, Israel

4.2. Webinar Summary

Dr. Marlo Libel (Ending Pandemics) launched the webinar and presented a brief update on CORDS activities. Prof. Daniel Cohen, Chair of MECIDS and acting head of the School of Public Health at Tel Aviv University gave an update on the COVID-19 pandemic and presented the experience of Israel in addressing COVID-19. Dr. Sami Sheikh Ali, Head Data Management Department, the Communicable Diseases Directorate, Ministry of Health, Jordan, presented the experience of Jordan in dealing with the COVID-19 pandemic. Prof. Ziad Abdeen from Al-Quds University presented the Palestinian perspective on the COVID-19 pandemic.

Dr. Yaniv Lustig from the Central Virology Laboratory of the Israeli Ministry of Health highlighted laboratory preparedness and the importance of the rapid development of diagnostic tests for SARS-CoV-2. Dr. Bruria Adini from the School of Public Health at Tel Aviv University presented some of the non-medical challenges associated with the COVID-19 pandemic, emphasizing resilience at the individual, community, and population levels.

Dr. Dorit Nitzan, Coordinator of Health Emergencies at WHO Regional Office for Europe, Dr. Silvia Bino, head of the Southeast European Center for Surveillance and Control of Infectious Diseases (SECID) and Prof. Manfred Green from the University of Haifa, gave their perspectives on facing the COVID-19 pandemic.

A recording of the full webinar can be accessed via the following link <https://youtu.be/B-S9NRkq9GM>

4.3. Q&A

Due to time constraints, only two questions were addressed during the webinar. However, Professors Cohen and Muhsen composed replies to the remaining participant questions after the webinar. The Q&A document (content included below) was then circulated to all participants via email on May 4, 2020.

- 1. Do we expect a second wave if the social distancing is too strict, or after gradual return to work following the lockdown?*

The new coronavirus might stay with us and become "endemic". A second wave might occur if the social distancing measures are loosened too early, especially if most of the population is still naïve. Thus, the exit from the near complete isolation should be done carefully, and gradually with continuous risk assessment of resurgence.

- 2. Are there regions where there is less identification of cases due to lack of tests?*

The diagnostic test is based on PCR, and requires advanced laboratory equipment. Therefore, in regions with limited diagnostic resources there might be under-detection and underestimation of the COVID-19 incidence.

3. *What is the variability in quality of data across WHO regions, regarding mortality?*

Each country reports its own number of COVID-19 deaths to the WHO. Naturally these data are influenced by "reporting" of the individual countries, most COVID-19 deaths occur in medical facilities, the chances that COVID-19 deaths are missed is low, yet this might occur. The number of fatal COVID-19 cases depends on the case mix in each country.

4. *Is it possible that a high percentage of the population is in fact infected but not tested, thus the current case fatality rate might be overestimated?*

The current calculated case-fatality rates of COVID-19 should be treated with caution, since these are mostly the result of "raw" data and might be affected by the policy of testing, and demographic characteristics of the country. If the share of undiagnosed COVID-19 patients is high, then the case-fatality rate is expected to be lower.

5. *What should be our strategy towards the independent elderly population living in homes for the aged, usually in small apartments? Considering they develop depression and anxiety, and cognitive declines as a result of social isolation.*

The elderly population is most vulnerable for COVID-19 due to severe disease manifestation and high case-fatality in this group. On the other hand, the strict social distancing measures might worsen other health aspects, including mental health. Health care providers and social welfare in the community, should take an active role in maintaining contact with community dwelling elderly, assessing their needs and providing assistance as needed. Volunteering organizations have also stepped into the picture.

6. *Does Israel support the medical system in the Gaza strip? Equipment, experts etc.*

There is a dialogue between Israel and Gaza strip, but this can be enhanced. The aim of this webinar is to increase the awareness of the need to work together at the regional and international levels to fight COVID-19.

7. *Did you have a tool to do modeling/ projection?*

Indeed, mathematical modeling is an important tool to estimate the spread of the new coronavirus and incidence of COVID-19, as well as possible estimates of effectiveness of various preventive measures. Mathematical modeling is being used in handling the COVID-19 epidemic in Israel.

8. *Did you involve the veterinary laboratory in your response?*

The new coronavirus disease was initially related to exposure to a seafood market in Wuhan City in China, later on the virus transmission became person-to-person. The main transmission between people is via respiratory droplets and contact, according to the WHO. Thus, the response to the epidemic does not currently involve veterinary laboratory testing.

9. *Is it possible that animals, especially pets, carry/transmit the virus?*

Currently there is no evidence for transmission of the new coronavirus from pets to humans.

10. *How do you explain the great variation in the percentage of severe cases between countries?*

The variation in the percentage of severe cases of COVID-19 across countries are the results of differences in testing policy and demographic characteristics of the population (e.g., high percentage of elderly). In other words, the "case mix" might vary between countries.

11. *Any feedback on including anosmia for screening and self-reporting?*

We have increasing evidence on neuroinvasive potential of the virus. COVID-19 mostly involves fever or respiratory symptoms. Thus, testing for the virus is usually done in persons having such symptoms and epidemiological connection to confirmed cases (e.g., contact, citizens who were abroad in the past 14 days). This is an interesting point in view of this common sign of disease but the relevance of anosmia for screening depends on the onset timing of this manifestation relative to the to date accepted criteria for testing.

12. *What would be the role of universal use of facial masks as a preventive measure?*

When considering the use of facial masks, one should consider different populations. First, the health care workers who should use all the personal protective equipment following the WHO and local guidelines on this issue. Masks, especially N95, were shown to be protective against respiratory infections in health care workers.

Using masks by persons with a respiratory disease may prevent the dissemination of the virus from these persons to others.

With regard to mask usage by the general public, currently there is not enough evidence to support such measures, however it makes sense that this might prevent the spread of the virus, especially if there is transmission from infected asymptomatic persons.

13. *How involved are the pharmacists in the Middle East countries in fighting the COVID-19 pandemic?*

In almost all of the countries the efforts of the doctors and nurses as those in the frontlines are almost always mentioned, when in fact pharmacists as well as other healthcare professionals and other professions are of equal importance too.

Health care workers of the various professions and levels are considered as a team, providing holistic care to patients. Pharmacists are especially in the frontline and their contribution is highly appreciated. Pharmacists provide essential care to coronavirus and non-coronavirus patients, in the hospitals. In the community, so far pharmacies are still open to the public, while other businesses have been closed (except for food shopping centers).

14. *Can patients who have survived COVID-19 become re-infected?*

There is not enough evidence on re-infection in persons who recovered from COVID-19. Long-term follow-up studies are required to address this question. However preliminary findings might suggest low chances for re-infection.

15. *What is the estimated level of population immunity that would be required to obtain herd immunity?*

The immunity level of the population that would provide herd immunity still needs to be determined. To address this goal sero-epidemiological studies are required, which provide information regarding the exposure of the population to the virus.

16. *There was an opinion generated by Dr Douglas Perednia about chicken pox parties (mentioned in newspapers), can this approach be helpful in providing immunity?*

This strategy is proposed from time to time for young groups while isolating and protecting the elderly. Though the risk of complications and deaths in young people are relatively low there are more and more case reports on severe complications

and even fatalities in young or middle aged people without comorbidities. There is also the risk that dramatically increasing the circulation of the virus among youngsters in the community will lead to "leakage" and infection of elderly which are at highest risk of complications and death.

5. WEBINAR OUTCOMES

5.1. Webinar registration and attendance

There were a total of 397 registrants for the Zoom webinar. Out of those who registered, 278 individuals attended the webinar, for a participation rate of 70%. The webinar attendees worked in the following sectors: health care (strategic and management divisions, nurses, and doctors) and academia (scholars, graduate students, researchers). The attendees represented 23 countries: Israel had 217 attendees; the United States had 24 attendees; China and UK had 4 attendees each; Albania had 3 attendees (Figure 1). MECIDS had the highest number of participants out of all the CORDS networks, with 62 participants reporting being members of MECIDS.

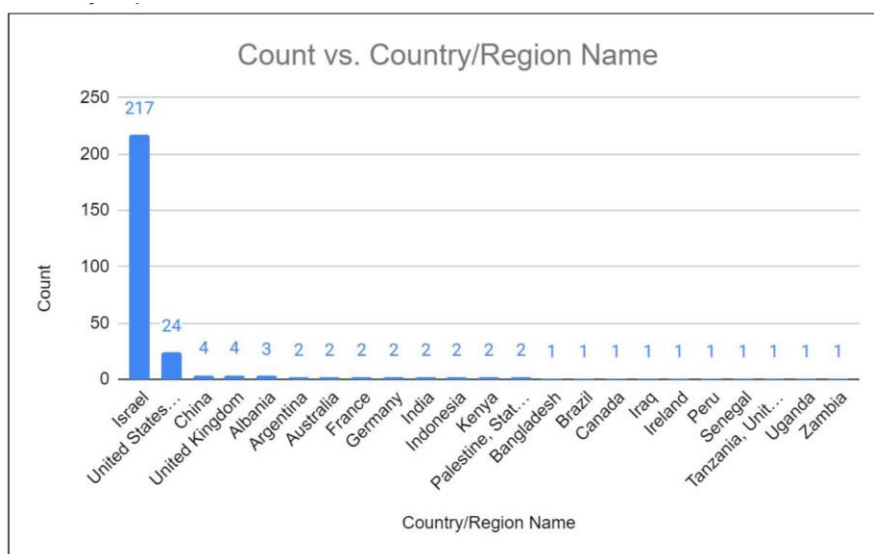


Figure 1. Total number of participants by country

5.2. Marketing Metrics

Anna Tombs (Ending Pandemics) disseminated email invitations for the webinar via email on two dates: 23rd March, 2020 and 27th March, 2020. On the first date, email invitations were sent to 684 CORDS individuals, of which 259 people (37.86%) opened it (579 total opens, including if opened more than once). Of the 259 people who opened the invitation, 93 people represented the six CORDS member networks (of the 259 people who accessed the email invitation, not all contacts were attributed to networks, so this could be an underestimate).

Follow-up emails were sent out to the same recipients on 27th March 2020. On the second date, these email invitations were sent to 682 CORDS individuals, of which 242 people (35.40%) opened it (616 total opens, including if opened more than once). Of the 242 people who opened the invitation, 86 people represented the six CORDS member networks (of the 242 people who accessed the email evite, not all contacts were attributed to networks, so this could be an underestimate). (Figure 2)

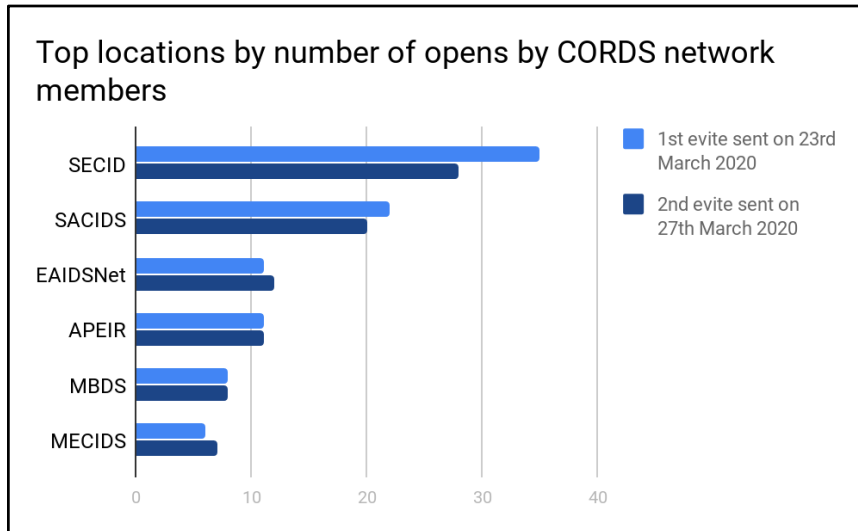


Figure 2. Top locations by number of opens by CORDS network

5.3. Participant feedback

The participant feedback survey was administered automatically to all the attendees immediately after the webinar via a new browser window. We accepted responses for a total of 30 days after the webinar event. The survey was designed to better understand the experiences and perceptions of the attendees with the webinar and other topics of interest. The survey included 11 questions total, consisting of both close-ended and open-ended questions.

The overall response rate was 31% (86 responses from 278 attendees). About 86% of respondents agreed or strongly agreed that the webinar met their expectations. Approximately 85% of respondents agreed or strongly agreed that the webinar increased their knowledge/learning. Overall, attendees perceived the webinar as useful, with 83.7% of respondents agreeing or strongly agreeing the program was useful for themselves, and 63.9% agreeing or strongly agreeing that the webinar was useful for their organization.

The most effective channel of communication for learning about the webinar event was direct invite sent to CORDS network (24.4%), followed by email exchange between colleagues (20.9%). 16% of respondents received communication from a CORDS network member. Refer to Appendix [9.5](#) for survey questions and results.

Respondents were interested in different aspects of CORDS webinars. The top 3 areas of interest were: 1) Public health (76.7%); 2) Research (54.5%); and 3) Disease surveillance (46.5%). It is also noteworthy that 26.7% of respondents reported interest in identifying partnership opportunities through CORDS webinars. (Note that respondents could select more than one area of interest, so percentages do not total to 100%.) 79.1% of respondents were interested in participating in future CORDS webinars.

There were three open-ended questions in the participant survey. The first question was “How will you use what you learned from this webinar in your professional activities?” A number of respondents planned to share the information they learned with colleagues, classmates, and friends. Some other common themes were to increase self-awareness, educate others, and compare how the pandemic is managed in other countries. Other responses included promoting collaboration and professional interaction with patients and

colleagues, and understanding what help partners may provide in the future. Lastly, some respondents planned to use what they learned for planning and further research to improve their knowledge and understanding of infectious diseases. One noteworthy response was the development of a research agenda on COVID-19 in East Africa and Kenya, specifically.

The second question was, “What topics would you like to see covered in future CORDS network webinars?” Most of the respondents were interested in topics related to COVID-19, such as “treatment protocols and impact of containment measures on the management of asymptomatic COVID-19 cases”; response to COVID-19 from an economic perspective; basic analysis of COVID-19 trends; and community engagement and building resilience in the event of a pandemic. Other topics of interest were oncology, health policy, treatment and prevention of chronic disease, the role of pharmaceuticals in combating pandemics and future outbreaks, and vaccination.

The third question was “What are your suggestions to improve the webinar?” Respondents suggested more dynamic presentation features, enhanced broadband to minimize technical interferences, more time for Q&A, and access to the PowerPoint slides. Some participants also suggested adjusting background sound, microphones, and speakers’ audio output. Additional suggestions included allowing participants to interact more actively, access to the participant list, Spanish translation, and a specific timeframe for the event.

Host Pre- and Post Webinar Communication Survey Results

The primary objectives of the host communication survey were to understand current communication practices within and between CORDS network members; identify best practices and challenges; and assess capacity, knowledge, and attitudes towards webinars. The survey was conducted in two parts: 1) Pre-webinar Survey prior to the webinar; and 2) Post-webinar Survey after the webinar. One member completed the surveys as the representative of the MECIDS team.

5.3.1. Host Pre-Webinar Communication Survey

- **Internal network communication**

MECIDS network uses different channels to communicate with network countries. These channels include email, phone, in-person meeting and videoconferencing (e.g., Zoom, Skype, GoTo Meetings, etc.). Written communication via email is the most widely used mode of communication with member countries in the network. In the past 6 months, MECIDS maintained communication approximately once every month with member countries within their network.

MECIDS reported that meetings with member countries via Skype to provide updates was a best practice for intra-network communication. Meeting discussions are documented and maintained in minutes of meetings. A primary challenge for MECIDS is hosting meetings due to poor internet and political instability in the region.

- **External network communication**

For communication with countries out of network, MECIDS' primary channel of communication is email and videoconferencing (e.g., Zoom, Skype, GoTo Meetings, etc.). In the past 6 months, MECIDS has communicated with countries outside of their network approximately twice per month. During these meetings, MECIDS provided updates on their network activities, such as AMR and AMU, administrative discussion pertaining to shared grant agreement, and preparation and participation in technical groups.

- **Webinar capacity, knowledge, attitudes**

The questions in this section asked about the network's capacity, knowledge, and attitudes towards hosting a webinar and their experience with the USF-CORDS partnership, through close-ended Likert scale questions and open-ended questions.

Responses to statements were on a 5-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5).

Before the CORDS-USF-Ending Pandemics partnership, MECIDS reported having sufficient capacity and skills to host a webinar (4), and did feel confident in their ability to host a webinar (4). MECIDS perceived webinars as a useful tool for promoting internal communication (4) and external communication (4). They also reported planning to conduct future webinars (5).

5.3.2. Host Post-Webinar Communication Survey

The same questions on capacity, knowledge, and attitudes were asked in the pre- and post- surveys. Results indicated an increase in the network's capacity and skills to host a webinar (before = 4; after = 5), plans to conduct future webinars (before = 4; after = 5), and confidence in the respondent's ability to host a webinar (before = 4; after = 5). The usefulness of the webinar as a tool to promote internal and external network communication remained the same compared to the baseline pre-webinar survey (before = 4; after = 4).

In response to the one of the three open-ended questions on the USF-CORDS partnership, "What was helpful or successful about the partnership with USF and MECIDS/CORDS?" MECIDS reported the success of hosting a "Good webinar". MECIDS did not respond to two of the open-ended questions in the post webinar survey ("What was helpful or successful about the partnership with USF and Ending Pandemics?" and "Are there additional resources and tools that you need to host a webinar? If so, what are they?")

6. DISCUSSION: Challenges and Lessons Learned

One of the biggest ongoing challenges in planning the webinar was the increasing threat of the COVID-19 pandemic. Early in the planning process, MECIDS revised the topic of the webinar to COVID-19, as the global impact of the pandemic became increasingly apparent. MECIDS had also originally planned to invite webinar participants and speakers to attend the webinar in-person at a specified venue. However, as shelter-in-place orders were put into effect, these plans were no longer feasible. MECIDS quickly adapted and pivoted to having all participants, panelists, and speakers (with the exception of the core MECIDS team) join remotely. Coordinated efforts with MECIDS, the IT point person, and USF enabled smooth execution of these modified plans.

While there was high participation from within the MECIDS network, future efforts will focus on increasing representation from the other CORDS networks. This would further

the goal of strengthening cross-network communication and learning. Several strategies are to allow more time for marketing; encourage non-host networks to promote webinar information; and invite other network members to be panelists.

The webinar had informative content and engaging speakers. However, due to some presentations going over the allocated time, the webinar went over the scheduled 1.5-hour time frame to 2 hours. Towards the end of the webinar, we noticed some attrition in the number of participants, as some participants signed out of the webinar. In order to maintain full participant attention, we recommend keeping the length of future webinars to no more than 1.5 hours. Also due to time constraints, not all participant questions could be answered. This was resolved, however by MECIDS responding to remaining questions in a document that was circulated to all participants after the webinar. Suggestions to stay within the scheduled time frame for the webinar is to reduce the number of speakers and enforce strict time limits for each speaker.

The recent increase of usage of the Zoom platform worldwide has been accompanied with a rise in Zoom security issues, particularly with unwelcome participants sabotaging meetings and webinars. All necessary measures were accounted for and set up for the scheduled webinar. By plan and design, “Q&A” was the only option made available for participants to interact and ask questions of the host. Two participants recognized this opportunity and input inappropriate comments in the Q&A text box. The USF team took immediate action to delete the comments and remove the two participants from the webinar. To prevent such occurrences in future webinars, we strongly recommend screening the registrant list for suspicious usernames.

CONCLUSION

Over the course of 2 months, MECIDS, USF, and Ending Pandemics collaborated to co-host a webinar on the COVID-19 pandemic. Building trust and mutual understanding of shared goals from the beginning and throughout the partnership was instrumental for collaborating seamlessly, organizing the event in a timely manner, and adapting to the changing circumstances of an ongoing pandemic. This was achieved through bi-weekly

meetings, training sessions, information-sharing, constant communication via email and other channels, and delegation of tasks across all collaborators.

The MECIDS-led webinar was successful in sharing current experiences of Israel, Jordan, and the Palestinian authority in addressing the ongoing COVID-19 pandemic. The topics covered were very timely and pertinent and represented a diverse range of perspectives. A conclusion drawn from the webinar was the need for concerted and coordinated efforts at the regional and international levels to fight COVID-19. This was exemplified throughout the webinar by the collegial and collaborative dialogue between speakers and panelists representing regions often characterized by political instability and historical conflict.

Approximately 85% of webinar attendees who completed a post-webinar survey reported that the webinar met their expectations, increased their knowledge/learning, and was useful for themselves. The network host MECIDS perceived the webinar platform as a useful tool to promote internal and external network communication. After the webinar, MECIDS reported a slight increase from baseline in the network's capacity and skills to host a webinar, plans to conduct future webinars, and confidence in ability to host a webinar.

The post-webinar 30-minute debrief meeting among CORDS networks chairs was constructive for receiving feedback and discussing initial plans for regular meetings on COVID-19 updates.

The webinar was an effective tool in strengthening internal and external network communication and information-sharing, particularly in the midst of a pandemic.

References:

- 6.1. Zoom (<https://zoom.us/webinar>)
- 6.2. Software Evaluation: Criteria-based Assessment, Mike Jackson, Steve Crouch and Rob Baxter (November 2011). Link: <https://software.ac.uk/sites/default/files/SSI-SoftwareEvaluationCriteria.pdf>
- 6.3. Understanding the Training of Trainers Model Link: https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf

7. Appendices:

- 7.1. [Learning guides](#)
- 7.2. [Guidelines for Host](#)
- 7.3. [Guidelines for Panelists](#)
- 7.4. [Registration Report](#), [Attendee Report](#)
- 7.5. [Participant feedback survey result](#)
- 7.6. [Host Pre-webinar survey questions](#)
- 7.7. [Host Post-webinar survey questions](#)
- 7.8. MECIDS Webinar [Action Plan](#)
- 7.9. Gantt Chart