

COVERAGE OF SOCIAL ASSISTANCE IN ETHIOPIA DURING THE COVID-19 PANDEMIC: TIME-TO-EVENT ANALYSIS

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1. How do this study address local research and policy priorities?

Little is known about how effective governments are in reaching the people they aim to protect during the COVID-19 pandemic in Ethiopia. Our study helps to fill one aspect of this knowledge gap by investigating whether government support reached those most likely to need it and how quickly they received it.

2. How were local researchers involved in study design?

The first category of local researchers involved were those with extensive public health research experience in Ethiopia (AKM). AKM is from Ethiopia, and has spent the past 25 years in different program and leadership roles in various public health organizations in Ethiopia and Tanzania, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank-funded regional capacity-building network for HIV prevention, care and treatment (ARCAN) project; UNAIDS; and USAID. The next category of researchers included those who are currently migrants in high-income countries but with experience working in low- and middle-income countries (LMICs) and organizing international research collaborations involving LMICs (AD in India, MMD in Sudan, and Sub-Saharan Africa, WM in China and Sub-Saharan Africa, and OO in Africa, Asia, and Latin America). All authors have diverse cultural heritages originating from low- and middle-income countries.

3. How has funding been used to support the local research team?

This project is not funded.

4. How are research staff who conducted data collection acknowledged?

We used secondary data collected by the World Bank through the high-frequency phone surveys on COVID-19 and household socioeconomic surveys in Ethiopia. We have cited the data sources as recommended by the World Bank.

5. Do all members of the research partnership have access to study data?

All members of the partnership have access to data.

6. How was data used to develop analytical skills within the partnership?

Team members were involved in all stages of analysis to leverage the multidisciplinary skills set of the partnership. OO led the overall design of the study with inputs from all authors. AD collected the data and performed the analysis with support from OO. AD drafted the initial manuscript. AKM, MMD, OO, and WM contributed to the revision of the manuscript and approved the final version. All researchers gained experience in using the statistical survival analysis method in health research.

7. How have research partners collaborated in interpreting study data?

AD shared initial research findings with all co-authors. All the authors reviewed the findings and shared their interpretations of the findings. AD incorporated feedback from all the authors in the

manuscript. In the final version of this manuscript, all co-authors collaborated to agree on recommendations and contents of the manuscript.

8. How were research partners supported to develop writing skills?

The pre-and post-doctoral early career researchers (AD, MMD, and AKM) on the authorship team were supported by senior academics (OO, GY, and WM) within their working groups to develop and refine their writing skills.

9. How will research products be shared to address local needs?

We will disseminate findings and recommendations to policymakers and public health researchers in Ethiopia and other global organizations with research interests in Ethiopia.

10. How is the leadership, contribution and ownership of this work by LMIC researchers recognized within the authorship?

All authors are citizens of LMIC countries. OO led the overall design of the study with inputs from all authors. AD collected the data and performed the analysis with support from OO. AD drafted the initial manuscript. AKM, MMD, OO, and WM contributed to the revision of the manuscript and approved the final version.

11. How have early career researchers across the partnership been included within the authorship team?

The authorship team has included early career researchers (AD, MMD, WM, OO, and AKM). All researchers have contributed to the design and revision of the manuscript. We acknowledge that all except AKM are based in high-income countries.

12. How has gender balance been addressed within the authorship?

Three authors are male (OO, AKM, and MMD), and two authors are female (AD and WM)

13. How has the project contributed to training of LMIC researchers?

All the authors based in low- and middle-income countries (AKM) are senior researchers. AKM provided extensive feedback on the manuscript and gained experience in designing an econometric study.

14. How has the project contributed to improvements in local infrastructure?

This project has not directly contributed to improvements in local infrastructure.

15. What safeguarding procedures were used to protect local study participants and researchers?

There was no primary data collection as part of this project, therefore this question is not directly applicable.