Plan Overview

A Data Management Plan created using DeiC DMP

Title: The politics of building a new public Health Order in Africa

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Project abstract:

This PhD project examines the political dynamics shaping the construction of a New Public Health Order in Africa in the aftermath of COVID-19. The pandemic exposed structural inequities in global health governance, particularly in vaccine access, manufacturing, and decision-making power, while also creating space for more assertive forms of African institutional coordination and agency.

The project asks how African actors and institutions are responding to these inequities and whether emerging initiatives represent reform within existing global systems or a shift toward more autonomous regional governance. It focuses on the role of continental bodies such as the African Union and the Africa Centres for Disease Control and Prevention, as well as new mechanisms including the African Medicines Agency and pooled procurement platforms.

Empirically, the study combines document analysis, key informant interviews, and quantitative data on vaccine distribution and manufacturing to trace institutional strategies and outcomes. It also engages with a critical case of vaccine trial governance to examine how ethical dilemmas and regulatory tensions shape public health interventions in African contexts.

By grounding African agency in empirical investigation, the project aims to develop a framework for understanding how power, sovereignty, and governance are being reconfigured in global health. It contributes to debates across global health, political science, and African studies by moving beyond narratives of dependency toward a more precise analysis of institutional transformation.

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The politics of building a new public Health Order in Africa

Data Collection

What data will you collect or create?

This project will generate a mixed dataset combining qualitative and quantitative data.
Qualitative data will include:

- Semi-structured interviews with policymakers, public health officials, and experts involved in institutions such as the African Union, Africa Centres for Disease Control and Prevention, and national health agencies.
- Policy and institutional documents, including strategy reports, regulatory frameworks, and official communications related to initiatives such as the New Public Health Order and vaccine governance.
- Case-specific materials related to vaccine trials, including ethical review documents, governance reports, and, where accessible, trial protocols (e.g. the Guinea-Bissau HBV trial case).

Quantitative data will include:

- Secondary datasets on vaccine distribution, uptake, and manufacturing sourced from platforms such as Our World in Data and international health databases.
- Data on procurement mechanisms, financing flows, and regional coordination initiatives.

How will the data be collected or created?

Qualitative data will be collected through semi-structured interviews conducted either in person or via secure online platforms. Interviews will follow a thematic guide focused on governance, decision-making processes, and ethical considerations in public health interventions. Interviews will be recorded with consent and transcribed for analysis.
Documentary data will be collected through systematic review of institutional publications, policy archives, and publicly available materials from relevant organizations. Where necessary, access to internal or restricted documents will be requested through formal channels.
Quantitative data will be compiled from existing databases and repositories. Data will be cleaned, organized, and standardized to enable comparative analysis across countries and institutions.

Documentation and Metadata

What documentation and metadata will accompany the data?

All data will be accompanied by clear documentation and metadata to ensure transparency and reuse. This will include interview guides, consent forms, and anonymization protocols for qualitative data, as well as data dictionaries describing variables, sources, and coding decisions for quantitative datasets.

Ethics and Legal Compliance

How will you manage any ethical issues?

This project involves human participants and sensitive policy contexts, so ethical considerations are central. Ethical approval will be obtained from the relevant institutional review board prior to data collection.
Informed consent will be secured from all participants, including explicit consent for data recording, storage, and potential reuse in anonymized form. Participants will be informed of their right to withdraw at any stage.
All interview data will be anonymized, with identifying information removed or coded. Where participants hold high-profile institutional roles (e.g. within the African Union or Africa Centres for Disease Control and Prevention), additional care will be taken to avoid indirect identification through contextual details.
Sensitive data will be stored on secure, password-protected institutional servers in compliance

How will you manage copyright and Intellectual Property Rights (IPR) issues?

The project will combine original and secondary data. I will retain rights over primary data (e.g. interviews), with participants providing informed consent for its use.
Secondary materials (e.g. reports from the World Health Organization and other institutions) will be used in accordance with their licensing terms and properly cited.

Storage and Backup

How will the data be stored and backed up during the research?

Data will be stored on secure, password-protected institutional servers with access restricted

How will you manage access and security?

Access to data will be strictly controlled, with permissions limited to the researcher and, where necessary, supervisors. Data will be stored on secure institutional servers with password protection and encryption for sensitive files.

Selection and Preservation

Which data are of long-term value and should be retained, shared, and/or preserved?

Data of long-term value include anonymized interview transcripts, curated policy and institutional documents, and cleaned quantitative datasets on vaccine access and governance. These will be retained and, where ethically permissible, shared for reuse.
Sensitive or identifiable data (e.g. raw interview recordings) will be securely stored with restricted access and not shared publicly.

What is the long-term preservation plan for the dataset?

Data will be stored in secure institutional repositories with regular backup and access control. Anonymized datasets and documentation will be preserved in non-proprietary formats to ensure long-term accessibility, while sensitive data will be retained under restricted access in line with ethical and legal requirements.

Data Sharing

How will you share the data?

Anonymized data and supporting documentation will be shared through institutional or trusted data repositories, subject to ethical and legal constraints. Quantitative datasets and non-sensitive materials will be made available in open-access formats, while access to qualitative data will be restricted or provided upon reasonable request where appropriate.

Are any restrictions on data sharing required?

Yes. Restrictions will apply to sensitive and identifiable data, particularly interview materials and any confidential institutional documents. Such data will be anonymized where possible, and access will be limited or controlled

Responsibilities and Resources

Who will be responsible for data management?

I will be primarily responsible for all aspects of data management, including data collection, storage, documentation, and security. This includes ensuring compliance with ethical, legal, and institutional requirements.
Supervisory oversight will be provided by **Lone Simonsen** Lone Simonsen and **Line Engbo Gissel** Line Engbo Gissel, who will offer guidance on data governance, ethical compliance, and research integrity.

What resources will you require to deliver your plan?

The project will require a combination of technical, institutional, and financial resources to support data collection, storage, and analysis.
Secure institutional storage systems will be used to store and back up data, ensuring compliance with data protection standards. Access to qualitative and quantitative analysis software (e.g. NVivo or similar tools, and statistical software such as R or Stata) will be necessary for data processing and analysis.
Financial resources will be required to support fieldwork, including travel for interviews where necessary, transcription services, and potential costs associated with accessing restricted documents or datasets.