



# Horizon Scanning Global Panel

## Update on first global panel: 29 July 2020

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HEALTH FORUM



The Ottawa  
Hospital  
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Research

## Reminder...

- Global horizon-scanning panel, comprised of diverse strategic and ‘out-of-the-box’ thinkers and doers, to proactively identify both **long-term and emergent issues** that need to be prioritized in efforts to synthesize the best available research evidence to support decision-making about COVID-19
  - Diverse in their coverage across the parts of the taxonomy and the four key target audiences (citizens, providers, policymakers and researchers)
  - Diversity in terms of WHO region and primary language
- Main focus is to identify priorities for **living reviews** on recurring priorities (and full or rapid reviews on one-off priorities) as we **transition from a sprint to a marathon**

## Panel Membership

- 45 invitations sent → 32 confirmed participants (so far)
- 4 types of participants: citizens, service providers, policy makers, researchers
- WHO regional spread (of those who have accepted)

Global	2
Africa	5
Americas	8
Eastern Mediterranean	3
Europe	9
South East Asia	0
Western Pacific	5

# Panel 1: Example issues for consideration

## 1) Public-health measures

- Digital innovations & behavioural scale-and-spread techniques related to test-track-trace, etc.
- Privacy challenges related to contact tracing by putting into place policies/procedures related to transparency, third-party data sharing and legislation

## 2) Clinical management of COVID-19 and pandemic-related conditions

- Maternal, fetal and infant health effects & antenatal care to prevent harms
- SARS-CoV-2 syndromes suffered by children/young people and indirect clinical impacts

## 3) Health-system arrangements

- Re-organizing services post-first-wave to address backlogs & advancing evidence-informed innovations in care design and delivery
- Priorities for research, rapid learning and improvement & evaluations using a learning health system approach

## 4) Economic and social responses

- Schools as a vehicle for health, education, nutrition and social and emotional well-being in young people and the impact of the pandemic response in furthering inequalities
- Disruption to exchange rates and global capital flows and the policy responses implemented
- Implications of the accelerated automation and the use of robots

# Panel 1 – Examples of insights shared

## Public-health measures

- Politicization of adopting public-health measures (e.g., mask use)
- Sustaining and/or increasing adherence to public-health measures
- Reducing turn-around times in test-track-trace systems
- Planning for wave 2

## Clinical management

- Improving access to supplies for case identification (e.g., lack of reagents for PCR testing, and case management (e.g., oxygen)
- Capitalizing on the increasing need for, and receptivity to, virtual care

## Health-system arrangements

- Considering the public versus private mix (e.g., test-track-trace apps)
- Preparing for temporary health-worker shortages, esp. in fragile health systems

## Economic and social responses

- Engaging local communities (as was done so extensively in China)
- Addressing the unique needs of fragile countries that were experiencing war, civil unrest, etc. prior to pandemic (Libya, Yemen)
- Challenges relating to international aid with increasing country debt

## Evidence use & initiative coordination

- The role of evidence in the response & valuing different types of evidence
- Coordinating this horizon-scanning process with related initiatives (e.g., mitigation modeling being undertaken by UN agencies)