



Horizon Scanning Global Panel

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HEALTH FORUM



The Ottawa
Hospital
Centre for Implementation
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

- 49 invitations sent → 36 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	8
Americas	9
Eastern Mediterranean	3
Europe	9
South East Asia	0
Western Pacific	5

Panel 1: Example issues for consideration

1) Public-health measures

- Shifts in the mask use dialogue from encouraging adherence to contemplating enforcement
- Considering the value of a vaccine under different conditions and the need for public buy-in

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

- Emerging conflicting findings related to the value of Remdesivir as a drug treatment for COVID-19
- Innovations in treatments for people with alcohol use issues that have developed or worsened with COVID-19

3) Health-system arrangements

- Growing concerns related to the sustainability of gains made related to virtual care

4) Economic and social responses

- Understanding and harnessing the value of economically and socially integrated disaster preparedness to better respond to COVID-19 and future pandemics or other disasters
- Promoting a 'green recovery' through attending to biodiversity
- More effective online learning practices

Panel 1 – Examples of insights shared

Public-health measures

- Understanding patterns in and consequences of the greater **geographic dispersion** of infections in the second wave of COVID-19
- Addressing '**pandemic fatigue**' and its impacts on adherence to public-health measures

Clinical management

- Understanding COVID-19 as a '**syndemic**' that is co-occurring with a range of other non-communicable diseases that differentially affect population groups

Health-system arrangements

- Strengthening health-system governance (including by addressing corruption and avoiding the politicization of decision-making processes) and the role of primary care
- Considering the potential value of **vaccine passports** for COVID-19

Economic and social responses

- Understanding and mitigating COVID-19 impacts on **labour-market entrants**

Cross-cutting perspectives

- Learning from comparisons of policies that have been variably applied
- Understanding the impacts of seemingly conflicting scientific information (e.g., Remdesivir) on **public trust**
- Recognizing and where possible addressing (e.g., through communication and dialogue) the **politicization** of many COVID-19 issues⁵

What's on our List of Priority Topics for Living Evidence Syntheses?

- Public-health measures
 - Supporting **adherence** to measures, including better communicating rationale including trade-offs (including in politicized contexts and for politicized issues)
 - **Strategies** for testing and for test-track-trace approaches that optimize the use of existing capacity
 - Outbreak **contributors** (from interdisciplinary outbreak studies)
 - Surveillance, analytic and synthesis **capacity and linkages** to other parts of the health system
- Clinical management of COVID-19 and pandemic-related conditions
 - **Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
 - Screening for and managing emergent **mental health** and substance use issues
 - **Concurrent management** of COVID-19 and other (seasonal) infections



What's on our List of Priority Topics for Living Evidence Syntheses? (2)

- Health-system arrangements
 - Managing **vaccine** distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
 - Approaches to **strategic purchasing** of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out
 - Responsive and agile
 - Restoration of **non-COVID services** when possible (by developing or capitalizing on 'slack' within health systems)
 - Efforts to address **health human resource** shortages (and motivation & wellbeing)
 - Consolidating and optimizing the value achieved through shifts in **virtual care**
 - **Packages of responses** (public-health / health-system) and **combinations of centralized & decentralized approaches** (from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)
- Economic and social responses (e.g., to address poverty and domestic violence)



Ideas for our Tips Sheet for Teams Taking Up Priority Topics for Living Evidence Syntheses?

- Consider **interdisciplinary teams** (e.g., laboratory, IPAC, engineering, data modeling, outbreak studies, behavioural and social sciences, science communication) alongside methodological experts?
- Consider committing to explicitly
 - Examine benefits and harms (health outcomes), citizen experiences, and costs (both for delivery and for the **economic and social consequences**)?
 - Foreground **equity** considerations?
- Consider committing to **explicit cycles or triggers for updating** living evidence syntheses (and/or at least to finding a home for an evidence synthesis when an emergent issue becomes long-term or recurring and needs to become a living evidence synthesis)