



Horizon Scanning Global Panel

Update on fifth global panel: 25 November 2020

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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

- 54 invitations sent → 42 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	9
Americas	11
Eastern Mediterranean	3
Europe	12
South East Asia	0
Western Pacific	5

Panel 1: Example issues for consideration

1) Public-health measures

- The use of a non-vaccination-related herd-immunity approach is now not recommended based on the experiences of some countries
- Lack of transparency and accountability and the politicization of COVID-19 related decisions may be affecting public trust and confidence in science and government officials

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

- The role of antibodies and their protective effects are still emerging, with pre-existing auto-antibodies now considered likely to not be protective

3) Health-system arrangements

- Effective COVID-19 vaccination efforts require a high degree of coordination, including consideration of cold storage and handling

4) Economic and social responses

- More debt relief is likely needed for many countries to mount a sustainable recovery from the pandemic
- A shift away from precarious work and towards a future focused on higher productivity and more stable work opportunities is needed to regain ground toward Sustainable Development Goal 8

Panel 1 – Examples of insights shared

Public-health measures

- Understanding the comparative benefits and harms of, and distribution considerations (e.g., cold versus ultra-cold storage) of **vaccine candidates**

Clinical management

- Understanding the protective effects of antibodies (e.g., duration of protection) and the role of auto-antibodies in more severe illness

Health-system arrangements

- Managing **vaccine allocation, communication, administration and reporting**
 - Developing equitable **vaccine-allocation plans**
 - Developing **vaccine-communication plans** to manage expectations
 - Developing **vaccine-administration plans** that leverage existing capacities
 - Developing a **reporting infrastructure** that leverages existing capacities

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
 - Surveillance, analytic and synthesis **capacity and linkages** to other parts of the health system
 - Building **rapid-response mechanisms** to support interdisciplinary outbreak studies
- Clinical management of COVID-19 and pandemic-related conditions
 - **Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
 - Understanding COVID-19 as a '**syndemic**' that co-occurs with a range of other communicable and non-communicable diseases
 - 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 allocation, communication, administration and reporting** 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?
 - Being attentive to variation in state capacity?
- 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)