

# Multidisciplinary experts reach consensus on ending COVID-19 as a public health threat

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Women delivering aid during COVID-19 pandemic in India. Credit: UN Women/Fahad Abdullah Kaizer

SARS-CoV-2 continues to circulate among us. Although some governments have moved on, a new study published today in the journal

*Nature* says that specific efforts and resources are still required to save lives. This is one of six main themes for action identified by a large panel of experts from different disciplines and more than 100 countries to recommend actions to end COVID-19 as a public health threat. Worldwide, more than 180 organizations from 72 countries have already endorsed the findings of the consensus study, which was led by the Barcelona Institute for Global Health (ISGlobal).

As of October 2022, more than 630 million COVID-19 cases and more than 6.5 million deaths were reported (although the real death toll has been estimated to be upward of 20 million). In addition, millions of patients with cancer and chronic disease have experienced dangerous [health](#) care delays, and long COVID continues to elude definitive treatment, posing an ongoing threat to survivors. The virus also continues to accumulate mutations that can make it better at evading previous immunity. This is why many public health leaders, including the authors of this study, continue to regard COVID-19 as a persistent and dangerous global health threat.

Despite notable scientific and medical advances, the world's response to COVID-19 has been hindered by broader political, social, and behavioral factors such as false information, [vaccine hesitancy](#), inconsistent global coordination, and the inequitable distribution of equipment, vaccines and treatments.

"Each country has responded differently, and often inadequately, which is partly due to a serious lack of coordination and clear goals," says Jeffrey V. Lazarus, head of the Health Systems Research Group and co-director of the Viral and Bacterial Infections Program at ISGlobal, Associate Professor at the University of Barcelona, and coordinator of the study.

## PRIORITY RECOMMENDATIONS TO END COVID-19 AS A PUBLIC HEALTH THREAT

### HEALTH SYSTEMS

1. **Pandemic preparedness and response planning** should adopt a whole-of-society approach that includes multiple disciplines, sectors, and actors (e.g., business, civil society, engineering, faith communities, mathematical modelling, military, media, psychology).
2. **Preparedness and response strategies** should adopt whole-of-government approaches (e.g., multi-ministry coordination) to identify, review, and address resilience in health systems.
3. **Governments should remove economic barriers to SARS-CoV-2** tests, personal protective equipment, treatments, and care.
4. To reduce the burden on hospitals, **primary care should be strengthened to include testing, contact tracing**, the monitoring of mild symptoms, and vaccination.
5. **Healthcare organisations** should support their workers' physical, mental and social well-being.
6. **Governments and global health organisations** should support the development of regional hubs for the manufacturing of COVID-19 supplies, treatments, and vaccines.
7. **Public health policy should take better account of the potential long-term impact of the unchecked spread of COVID-19**, given ongoing uncertainties about the prevalence, severity, and duration of post-COVID-19 morbidity ("Long COVID").
8. Because the global marketplace has not satisfied demand for vaccines, **treatments and supplies, countries and regions should consider legislative and regulatory reforms to address these market failures** (e.g., nationalising manufacturing capacity, negotiating global and regional trade agreements, adjusting intra-country intellectual property rights).
9. In the absence of a new multilateral organisation focused on pandemic control, **Member States should authorise WHO to lead a large, inclusive, multi-stakeholder, global effort** to provide public health and clinical targets pertaining to the pandemic, with an emphasis on cases, vaccination, morbidity and mortality.

### PREVENTION

1. **All countries should adopt a "vaccines plus"** approach that includes a combination of COVID-19 vaccination, prevention measures, treatment and financial incentives.
2. Prevention of SARS-CoV-2 transmission in the workplace, **educational institutions and centres of commerce should remain a high priority, reflected in public health guidance** and supported through multiple social measures and structural interventions (e.g., remote work/schooling policies, ventilation, air filtration, facemask wearing).
3. **Governments should regulate and incentivise the development and deployment of structural prevention measures** (e.g., ventilation, air filtration) to mitigate airborne transmission of SARS-CoV-2, with an early emphasis on high-risk settings.

### PANDEMIC INEQUITIES

1. **Pandemic preparedness and response** should address pre-existing social and health inequities.
2. **Global trade and health organisations should coordinate with countries to negotiate the transfer of technologies** enabling manufacturers in low- and middle-income countries to develop quality assured and affordable vaccines, tests, and therapeutics.
3. **Recognising that local and regional contexts are important for equitable responses to the pandemic**, governments should engage communities and multidisciplinary experts who understand the local context when developing operational plans for ending COVID-19 as a public health threat.
4. **In addition to current vaccine equity efforts**, governments and global health organisations should better coordinate to make COVID-19 tests and treatments affordable for all people in all countries.
5. **High-income countries should refocus the distribution of vaccines** to countries with low rates of vaccination and inadequate access to vaccines.

### COMMUNICATION

1. **Community leaders, scientific experts, and public health authorities** should collaborate to develop public health messages that build and enhance individual and community trust and utilise the preferred means of access and communication for different populations.
2. **Public health authorities should partner with individuals and organisations** that are trusted within their communities to provide accurate, accessible information about the pandemic and inform behaviour change.
3. Public health professionals and authorities **should combat false information proactively based on clear, direct, culturally-responsive** messaging that is free of unnecessary scientific jargon.
4. **Institutions and individuals that wish to advance public trust should:** (i) draw on evidence about how trust is created and restored; (ii) provide training and professional development emphasising skills and competencies that convey trustworthiness; and (iii) develop, implement, and assess communication strategies that are highly likely to create or restore trust.
5. **Governments should determine which agencies** are or should be accountable for monitoring health information and develop monitoring tools to identify false information.

### TREATMENT AND CARE

1. **Promote multi-sectoral collaboration** to accelerate the development of new therapies for all stages of COVID-19 (e.g., outpatient, hospitalisation and Long COVID).
2. **Prioritise research funding for Long COVID to develop diagnostic tools**, treatment and care, and knowledge about extrinsic factors (e.g., stigma and discrimination).
3. **Global case definitions for SARS-CoV-2 and for COVID-19** morbidity and mortality should be standardised.

### VACCINATION

1. **Government, philanthropic and industry funding** should include a focus on developing vaccines that provide long-lasting protection against multiple SARS-CoV-2 variants.
2. In settings where individuals have lower levels of trust in government, **vaccination efforts should engage trusted local leaders and organisations**.
3. **Vaccination messaging should clearly explain the efficacy and limitations of current vaccines** in preventing SARS-CoV-2 transmission and reducing the severity of COVID-19.

**nature**  
 Lazarus JV, Romero D, Kopka CJ, Karim SA, Alsi Radhadi U, Almeida G, et al. A multinational Delphi consensus to end the COVID-19 public health threat. *Nature*. 2022. [www.nature.com/articles/s41586-022-05398-2](https://www.nature.com/articles/s41586-022-05398-2)

Priority recommendations to end COVID-19 as public health threat. Credit: Nature

To develop global consensus on how to address these issues going forward, Lazarus and colleagues carried out a Delphi study, a well-established research methodology that challenges experts to garner consensus on answers to complex research questions. A multidisciplinary panel of 386 academic, health, NGO, government and other experts from 112 countries and territories took part in three rounds of structured consultation. The result is a set of 41 statements and 57 recommendations across six major areas: communication, health systems, vaccination, prevention, treatment and care, and inequities.

Three of the highest-ranked recommendations are: (i) adopt a whole-of-



society strategy that involves multiple disciplines, sectors and actors to avoid fragmented efforts; (ii) whole-of-government approaches (e.g., coordination between ministries) to identify, review, and address resilience in health systems and make them more responsive to people's needs; and (iii) maintain a vaccines-plus approach, which includes a combination of COVID-19 vaccination, other structural and behavioral prevention measures, treatment, and financial support measures. The panelists also prioritized recommendations for developing technologies (vaccines, therapies and services) that can reach target populations.

Other recommendations with at least 99% agreement were: communicating effectively with the public, rebuilding public trust, and engaging communities in managing the pandemic response.

Only six recommendations had more than 5% disagreement, including that which considers further economic incentives to address vaccine hesitancy or a symptoms approach to diagnose COVID-19 in settings with low access to testing.

The 57 recommendations are directed at governments, [health systems](#), industry, and other key stakeholders. "To the greatest degree possible, our results place emphasis on health and social policy recommendations that can be implemented in months, not years, to help bring this [public health threat](#) to an end," says Quique Bassat, ICREA professor at ISGlobal, co-author of the study and member of the University of Barcelona.

"Our study does echo some earlier recommendations, such as the Independent Panel for Pandemic Preparedness and Response and WHO's 2022 plan on Strategic Preparedness," says Lazarus, "but what makes this work unique is the very large number of experts consulted, the wide geographical representation, and the study design, which emphasizes consensus building and identifies areas of disagreement. It

may prove to be a model for developing responses to future global health emergencies."

**More information:** Jeffrey Lazarus, A multinational Delphi consensus to end the COVID-19 public health threat, *Nature* (2022). [DOI: 10.1038/s41586-022-05398-2](https://doi.org/10.1038/s41586-022-05398-2).  
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Provided by Barcelona Institute for Global Health

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