

Report of the WHO global technical consultation on public health and social measures during health emergencies

Online meeting

31 August to 2 September 2021



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ISBN 978-92-4-004321-3 (electronic version) ISBN 978-92-4-004322-0 (print version)

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Suggested citation. Report of the WHO global technical consultation on public health and social measures during health emergencies: online meeting, 31 August to 2 September 2021. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Layout and design by Lushomo





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Acknowledgements

This report is the outcome of the *Global technical consultation on public health and social measures during health emergencies*, which took place online from 31 August to 2 September 2021. This document was produced by the World Health Organization (WHO) Secretariat on Public Health and Social Measures (PHSM), which is located at the Epidemic and Pandemic Preparedness and Prevention Department in Geneva, Switzerland.

The consultation was organized by Ramona Ludolph and Jaya Lamichhane of the WHO PHSM Secretariat under the leadership of Tim Nguyen, Unit Head, High Impact Events Preparedness Unit. Their work was directed by Sylvie Briand, Director of the Epidemic and Pandemic Preparedness and Prevention Department.

WHO gratefully acknowledges the contributions of the consultation participants who shared their expertise and experience in measuring and implementing PHSM during health emergencies. A full list of consultation participants can be found in the annex.

Special thanks is due to the external experts who presented at the consultation: Elie Akl (American University of Beirut) | Jeremy Grimshaw (University of Ottawa) | Chris Grundy (London School of Hygiene & Tropical Medicine) | Christos Hadjichristodoulou (University of Thessaly) | Vernon Lee (Ministry of Health, Singapore) | Florencia Luna (National Scientific and Technological Research Council, Argentina) | Mario Martin-Sanchez (The University of Hong Kong) | Susan Michie (University College London) | Eva Niederberger (Risk Communication and Community Engagement [RCCE] Collective Service) | Chinwe Lucia Ochu (Nigeria Centre for Disease Prevention and Control) | Eva Rehfuess (Ludwig Maximilian University [LMU] Munich) | Paulo Jorge da Silva Nogueira (Lisbon University) | Camilla Stoltenberg (Norwegian Institute of Public Health) | Nazia Sultana (Relief International) and Kumnuan Ungchusak (Ministry of Public Health, Thailand).

The members of the Behavioural, Environmental, Social and Systems Interventions (for pandemic preparedness) (BESSI) Collaboration are particularly appreciated for their contribution to the background paper on the global research agenda on PHSM: Jacob Crawshaw | Atle Fretheim | Paul Glasziou | Jeremy Grimshaw | Susan Michie | Mareike Schomerus | Rae Thomas.

WHO is grateful for the technical and strategic guidance provided by the PHSM Working Group under the WHO Strategic and Technical Advisory Group on Infectious Hazards: Delia Enria | Zijian Feng | Atle Fretheim | Chikwe Ihekweazu | Trygve Ottersen | Anne Schuchat | Kumnuan Ungchusak.

The PHSM Secretariat wishes to acknowledge the contributions of WHO colleagues who facilitated discussions during the consultation and provided technical and administrative support: Keyrellous Adib | Yonah Amster | Zerthun Alemu Belay | Benedetta Allegranzi | Roberta Andraghetti | Abraham Aseffa | Lisa Askie | Valentina Baltag | Sara Barragán Montes | Isabel Bergeri | Manal Elzalabany | Sarah Hess | Ivan Ivanov | Masaya Kato | Mika Kawano | Asheena Khalakdina | Monika Kosinska | Katherine Littler | Christopher Mikton | Nam Phuong Nguyen | Boris Pavlin | Olivier le Polain | Ihor Perehinets | Kumanan Rasanathan | Romana Rauf | Andreas Reis | Brian Riley | Ana Riviere-Cinnamond | Maria Van Kerkhove | Tanja Schmidt | Nahoko Shindo | Zubin Shroff | Lucy Turner | Katelijn Vandemaele | Judith van Holten | Ninglan Wang | Abdoulaye Yam | Teresa Zakaria.

This report was drafted by Victoria Haldane and Ramona Ludolph.



Executive summary

Public health and social measures (PHSM) include nonpharmaceutical individual and societal interventions to reduce or halt the transmission of an infectious disease. Despite widespread application of PHSM during the coronavirus disease (COVID-19) pandemic, there is much to learn about the use, implementation and effectiveness of such measures. This consultation was the first in a series of consultations for the larger World Health Organization (WHO) initiative measuring the effectiveness and impact of PHSM during health emergencies.

This global technical consultation aimed to learn from experiences with implementing PHSM during the COVID-19 pandemic, and to identify needs and next steps for systematic and comparable evidence generation on PHSM during future health emergencies. The consultation brought together 101 global experts across research and policy. Participants participated in group reflections and were also divided into two streams (methods and policy) for presentations and smaller discussions.

The first day reviewed the evidence on and experiences of PHSM during the COVID-19 pandemic. Group discussions highlighted the need to invest in and build capacity for local data collection on PHSM. It was acknowledged that the window for prospective research in this pandemic is closing and we must plan for the future. Methodological development can begin in periods between pandemics, to strengthen emergency preparedness. PHSM implementation must engage with complexity including the influence of contextual factors on uptake and acceptance. Ongoing multisectoral and community collaboration should be supported before, during and after emergencies for rapid mobilization.

The second day discussed challenges and solutions when evaluating and implementing PHSM. There is a need for a shared set of principles guiding PHSM research. Rapid and robust evidence synthesis is crucial during emergencies. Measuring PHSM requires approaches using multiple methods, including randomized controlled trials (RCTs) and standardized observational designs, to enable replication across contexts. Ethical approval processes that can duly consider and expedite research activities are necessary during emergencies. Structured participatory research approaches that involve decision–makers early and often can support the generation of actionable policy–relevant evidence. Knowledge translation is key, with researchers playing an important role in bringing together available evidence and communicating it to different audiences. Reflections on COVID-19 in Cox's Bazar Refugee Camp highlighted the importance of community-based PHSM implementation in the humanitarian context.

The final day explored the guidance, tools and mechanisms needed to improve the PHSM evidence base for future decision-making. Group discussions began the conversation towards developing a PHSM research agenda. Successful implementation and evaluation of PHSM requires global multidisciplinary teams from research and policy. Diverse study designs are needed to generate robust, meaningful and rapid evidence. Standards, protocols, tools and common indicators for PHSM research can help in conducting methodologically sound research during emergencies that is comparable across contexts. The closing plenary emphasized the importance of identifying lessons learned from implementation and the need to examine the ethical considerations related to PHSM.

Next steps include developing a global PHSM research agenda, mapping and reviewing global evidence and analysing country experiences, and developing a global PHSM monitoring system to generate data for action.



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