







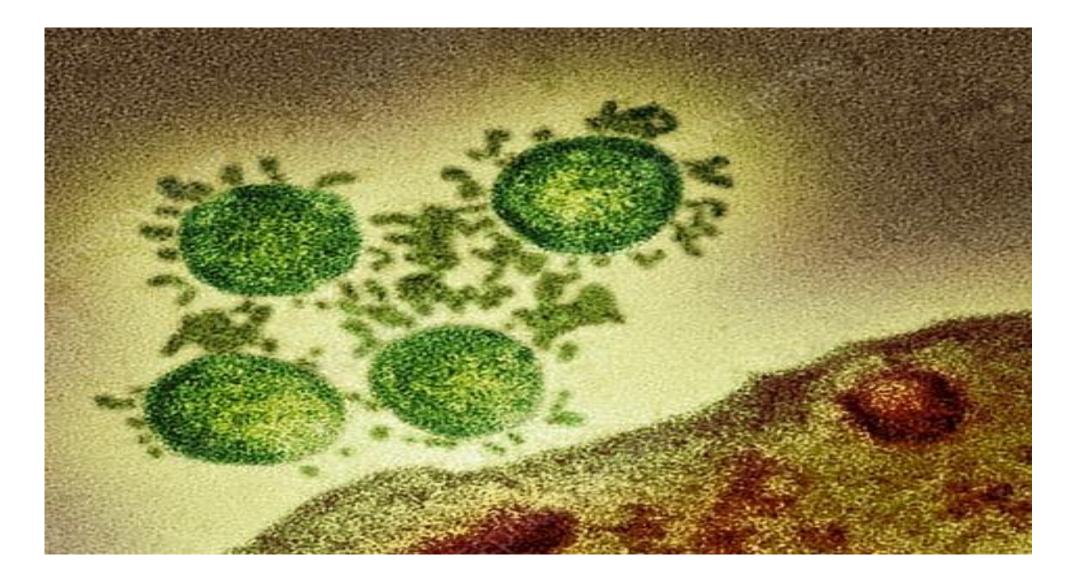
Joint webinar on research capacity building for Health Emergency and Disaster Risk Management (Health EDRM) Session 1 - Expert presentations: key knowledge to plan, conduct and report research project before, during and after emergencies and disasters

# Research in the context of COVID-19

## **Professor Virginia Murray**

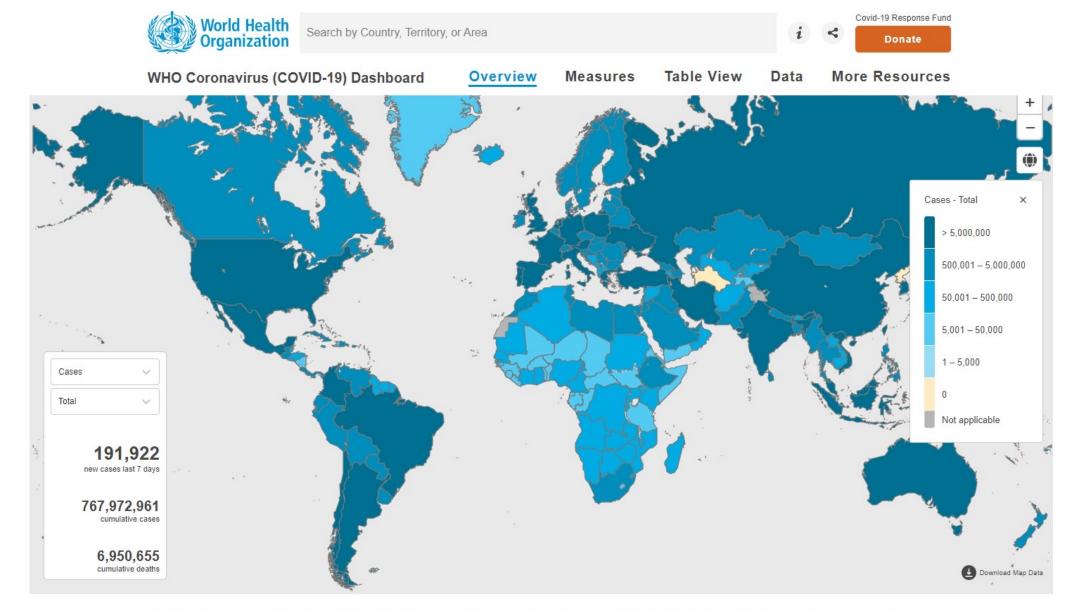
Head of Global Disaster Risk Reduction, UK Health Security Agency Co-chair of the WHO Thematic Platform Health and Disaster Risk Management Research Network Chair of the TWG for UNDRR / ISC for Hazard Definition and Classification Review technical report and the Hazard Information Profiles Member of the WHO Collaborating Centre on Global Health Security Member of CODATA international Science Council Executive Committee Member of Integrated Research on Disaster Risk (IRDR) Scientific Committee Co-Chair of IRDR Disaster Loss Data (DATA)

# **COVID-19**









Globally, as of 12:14pm CEST, 12 July 2023, there have been 767,972,961 confirmed cases of COVID-19, including 6,950,655 deaths, reported to WHO. As of 9 July 2023, a total of 13,462,024,421 vaccine doses have been administered.

WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard With Vaccination Data

# **Timeline: WHO's COVID-19 response**

Click on the action circles below the chart to find out more.

	Cases key:	Americas Europe Eastern Mediterranean	Amca
00 000 daily cases	ADVICE	LEADERSHIP	SCIENCE
150 000	10-12 Jan 2020 WHO published a comprehensive package of guidance documents for countries, covering topics related to the management of an outbreak of a new disease: • Infection prevention and control • Laboratory testing • National capacities Continue reading	30 Jan 2020         The Director-General declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC), WHO's highest level of alarm.         The WHO Director-General reconvened the IHR         Continue reading	11-12 Feb 2020 WHO convened a Global Research and Innovation Forum on the novel coronavirus, attended in person by more than 300 experts and funders from 48 countries, with a further 150 joining online. Participants came together to assess the level Continue reading
0 000	C All technical guidance	C Statement	News Release      R&D Blueprint

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline



## A COORDINATED GLOBAL **RESEARCH ROADMAP:** 2019 NOVEL CORONAVIRUS

## **MARCH 2020**

There is broad consensus on the need for research to: focus on actions that can save lives now; facilitate actions so that those affected are promptly diagnosed and receive optimal care; and catalyse the full integration of all innovations within each research area.

Moreover, there is an imperative to support research priorities in a way that leads to the development of sustainable global research platforms pre-prepared for the next disease X epidemic. This will allow for accelerated research, innovative solutions and R&D of diagnostics, therapeutics and vaccines, as well as the timely and equitable access to these life-saving tools for those at highest risk.



### Figure 1. Principles to guide the implementation of the Global Research Roadmap

### Powering research

An understanding that

A global research and

the implementation of

priority research

innovation roadmap,

the heart of the response

facilitated by WHO, to enable

Coordinating research

A series of critical research science and research stays at efforts so that those affected are promptly diagnosed and receive optimal care

> A commitment to develop frameworks that would accelerate development, production and access to medical countermeasures

### Committing to fair and eguitable access

An unambiguous commitment to global solidarity and equitable access to advances made

A global effort to enable the scaling-up of any successful intervention

A coordinated effort to facilitate effective, fair and equitable access based on public health needs

#### Facilitating future research actions

A coordinated effort to maintain repositories of products pipelines, protocols, procedures, and tools.

A series of efforts enabling critical support for regulatory and ethics, and, use of platforms for developing vaccines and therapeutics that can be useful beyond COVID-19.



https://www.who.int/blueprint/priority-diseases/key-action/Coronavirus Roadmap V9.pdf?ua=1

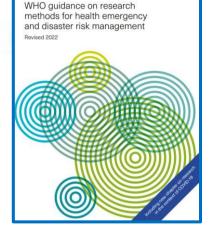


## WHO Health EDRM Research Network



	UNIVERSAL COVERAGE	HEALTH	Y AGEING	EQUITY	
IN ATIONS	INNOVATION	CONDUCTS		OMMUNICABLE	
CROPULATIONS WATION .	HEALTHY AGEING	HUMAN RESO FOR HEAL	URCES	DISEASES	
JE S UHC	CREATES	CONVEINES	UNIVERSAL	COVERAGE	
E E E	DEMENTIA	COLLABORATES		RESILIENCE	
	COMMUNITY/HO BASED MODELS		AND EMERGENY RISK MANAGEMENT		
	CARE AND SUPPO	RT UNIVERSAL	COVERAGE	CREATES	

## WHO Guidance on Research Methods for Health and Disaster Risk Management



World Health Organization

## Implementation:

From 2018 to 2022

## Implementing partners:

Editors: Ryoma Kayano (WHO WKC), Virginia Murray (Public Health England), Mike Clarke (Queens University Belfast), Emily Y.Y. Chan (The Chinese University of Hong Kong)

Associate editors: Tracey O'Sullivan (University of Ottawa), Jonathan Abrahams (WHO WHE)

Authors and peer reviewers: 164 authors from 30 countries, WHO Headquarters and Regional Offices (PAHO, AFRO, EMRO, EURO, SEARO, WPRO)

Location of research: Global

Total Budget:

US\$ 200,000 https://extranet.who.int/kobe\_centre/en/project-details/GUIDANCE\_ResearchMethods\_HealthEDRM



## Chapter 6.1 Health EDRM research in the context of COVID-19

Authors: Qudsia Huda, Mike Clarke, Virginia Murray, Emily Y.Y. Chan. Chi Shing Wong, Ankur Rakesh, and Ryoma Kayano

Chapter 6.1 describes the impacts of the COVID-19 pandemic and other concurrent emergencies on health emergency and disaster risk management (Health EDRM) research.

### What is this chapter about?

The COVID-19 pandemic has taken a drastic human toll, and the economic and social impacts of the pandemic continue to reverberate globally. There was a rapid rush to conduct research into the virus and the illness and considerable impact on the design, conduct, reporting and use of research into aspects of Health EDRM for managing other emergencies and disasters, including concurrent ones during the pandemic.

This chapter will help researchers using other chapters in this book to plan, conduct and communicate Health EDRM research in the context of COVID-19 and concurrent risks from all hazards, including epidemics and future pandemics. It outlines key challenges and lessons for Health EDRM research and includes five case studies of Health EDRM research in the context of COVID-19.

### Case studies presented in the chapter

- 1. Infodemic management: WHO's special program to address false or misleading information in digital and physical environments during the pandemic
- Establishing an international and multidisciplinary research team to investigate risk information and negative psychological and behavioural consequences during
- 3. Evidence syntheses and COVID-19
- 4. WHO Global Priorities for COVID-19 Research
- 5. Strategic risk assessment in Bangladesh

### What are the key messages of this chapter?

- The COVID-19 pandemic has been unprecedented in many ways.
- In the first 16 months of the pandemic, tens of thousands of research studies, and thousands of systematic reviews were initiated, leading to an overwhelming volume of research and a vast amount of evidence for decision makers and practitioners to navigate through during the management of the COVID-19 pandemic.
- There has also been a considerable impact on how research into aspects of Health EDRM is designed, conducted, reported and used in managing other similar types of emergencies and disasters, including concurrent ones during the pandemic.
- Future research in Health EDRM needs to learn from the lessons identified during the COVID-19 pandemic to ensure that
  research is prioritized appropriately, coordinated well and reported clearly if it is to provide the evidence needed by
  decision makers managing the risks, including planning for and responding to ongoing and future emergencies and
  disasters, including disease outbreaks, epidemics and pandemics.
- Greater engagement in Health EDRM research will be key to provide evidence from health and non-health sectors that can inform all relevant policy and practice for managing current and future risks from all emergencies and disasters that communities and countries are exposed to.



## **Research Themes**

SERVICES & FINANCING

METRICS

HEALTH EMERGENCIES



CALLS FOR PROPOSALS AND CONSULTANTS

## **Health Emergencies**

Research Methods for Health EDRM

Research Projects for Key Health EDRM Themes

Knowledge Hub

Health EDRM Research Network



## tinyurl.com/2p85yfa4

https://extranet.who.int/kob e\_centre/en/what\_we\_do/h ealth-

emergencies/researchmethods/sections-and-

<u>chapters/Chapter-61-</u> Health-EDRM-research-

<u>COVID-19</u>



WHO guidance on research methods for health emergency and disaster risk management, revised 2022

# 6.1 Health EDRM research in the context of COVID-19

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## 6.1.1 Learning objectives

- To understand the impacts of COVID-19 and other concurrent emergencies for health emergency and disaster risk management (Health EDRM), and key challenges and lessons for Health EDRM research in the context of COVID-19.
- 2. To signpost researchers to other chapters in this book, to help them to plan, conduct and communicate Health EDRM research in the context of COVID-19 and concurrent risks from all hazards, including epidemics and future pandemics.
- 3. To share case studies of Health EDRM research in the context of COVID-19.

Case Study 6.1.2 Establishing an international and multidisciplinary research team to investigate risk information and negative psychological and behavioural consequences during the COVID-19 pandemic

Prepared by Mélissa Généreux (Department of Community Health Sciences, Faculté de médecine et des sciences de la santé, Université de Sherbrooke, Sherbrooke, Canada; and Centre intégré universitaire de santé et de services sociaux de l'Estrie - Centre hospitalier universitaire de Sherbrooke, Sherbrooke, Canada) and Elsa Landaverde (Department of Community Health Sciences, Faculté de médecine et des sciences de la santé, Université de Sherbrooke, Sherbrooke, Canada). Health Promotic

## Perspectives

## Communication strategies and m in the age of COVID-19: an urgent

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### Summary

Identified in December 2019 in China, the coronavirus 2019 (COV Health Emergency of International Concern (PHEIC). Pandemics While some fear can stimulate preventive health behaviors, extrem logical and behavioral response. The media play a major role shapi

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### Ari

## One Virus, Four Continents, Eight Countries: An Interdisciplinary and International Study on the Psychosocial Impacts of the COVID-19 Pandemic among Adults

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## Original Paper

## Patterns of Suicide Ideation Across Eight Countries in Four Continents During the COVID-19 Pandemic Era: Repeated Cross-sectional Study

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## Abstract

Background: The COVID-19 pandemic and countries' response measures have had a globally significant mental health impact. This mental health burden has also been fueled by an infodemic: an information overload that includes misinformation and disinformation. Suicide, the worst mental health outcome, is a serious public health problem that can be prevented with timely, evidence-based, and often low-cost interventions. Suicide ideation, one important risk factor for suicide, is thus important to measure and monitor, as are the factors that may impact on it.

Objective: This investigation had 2 primary aims: (1) to estimate and compare country-specific prevalence of suicide ideation at 2 different time points, overall and by gender and age groups, and (2) to investigate the influence of sociodemographic and infodemic variables on suicide ideation.

Methods: A repeated, online, 8-country (Canada, the United States, England, Switzerland, Belgium, Hong Kong, Philippines, and New Zealand), cross-sectional study was undertaken with adults aged ≥18 years, with measurement wave 1 conducted from May 29, 2020 to June 12, 2020 and measurement wave 2 conducted November 6-18, 2021. Self-reported suicide ideation was derived from item 9 of the Patient Health Questionnaire-9 (PHQ-9). Age-standardized suicide ideation rates were reported, a binomial regression model was used to estimate suicide ideation indication rates for each country and measurement wave, and logistic regression models were then employed to relate sociodemographic, pandemic, and infodemic variables to suicide ideation.

**Results:** The final sample totaled 17,833 adults: 8806 (49.4%) from measurement wave 1 and 9027 (50.6%) from wave 2. Overall, 24.2% (2131/8806) and 27.5% (2486/9027) of participants reported suicide ideation at measurement waves 1 and 2, respectively, a difference that was significant (*P*<.001). Considerable variability was observed in suicide ideation age-standardized rates between countries, ranging from 15.6% in Belgium (wave 1) to 42.9% in Hong Kong (wave 2). Frequent social media usage

https://publichealth.jmir.org/2022/1/e32140

www.mdpic

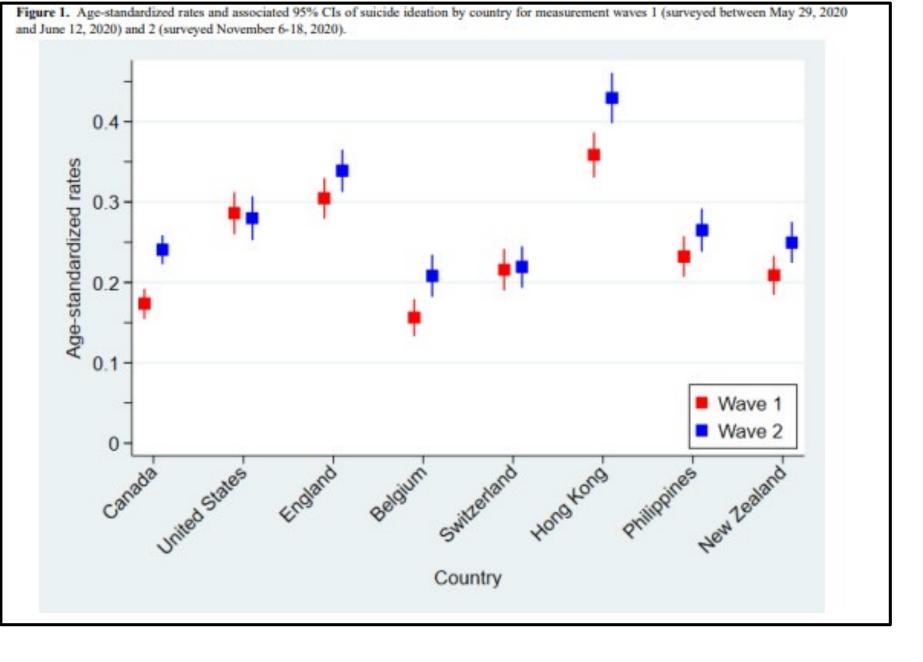


Figure 1. Age-standardized rates and associated 95% CIs of suicide ideation by country for measurement waves 1 (surveyed between May 29, 2020 and June 12, 2020) and 2 (surveyed November 6-18, 2020).

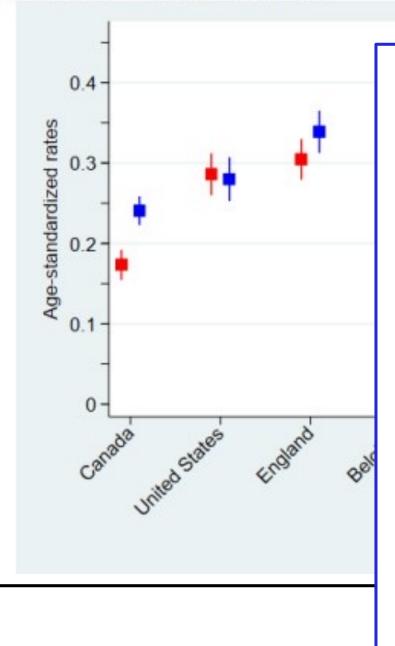
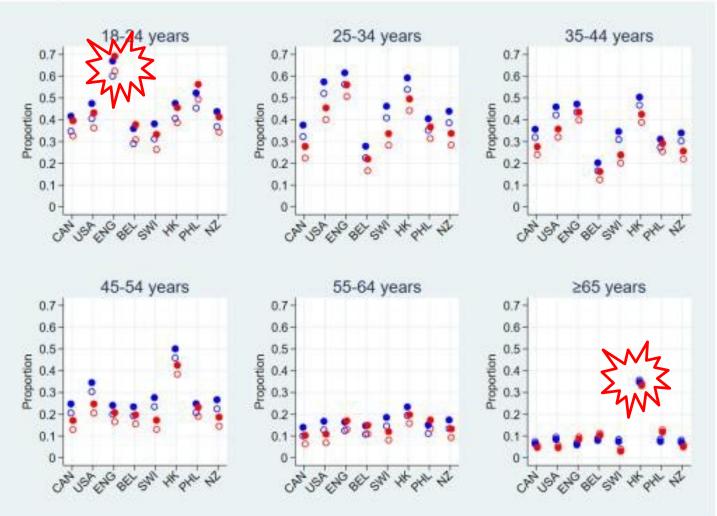


Figure 2. Estimated proportion of participants self-reporting suicide ideation by country and measurement waves 1 and 2 stratified by age group, derived from the binomial regression model including age group, gender, country, measurement wave, and the measurement wave × age group, country × age group, country × gender, and age group × gender interactions. Females are denoted by red, males by blue, measurement wave 1 with hollow circles, and measurement wave 2 with solid circles. BEL: Belgium; CAN: Canada; ENG: England; HK: Hong Kong; NZ: New Zealand; PHL: Philippines; SWI: Switzerland; USA: United States.



## Case Study 6.1.4 WHO Global Priorities for COVID-19 Research

The WHO is maintaining a roadmap for COVID-19 research, which encompasses basic research through to late-stage development, licensing and early use of products. This provides a collaborative framework to underpin strategic goals and research priority areas so as to accelerate the development of diagnostics, therapeutics and vaccines to prevent and control severe emerging diseases due to priority pathogens. A coordinated global research roadmap for COVID-19 was released in March 2020 (27) and achievements from the first year were reported in April 2021 (44).

The early work on this involved a meeting in Geneva, Switzerland on 11-12 February 2020, which was organized by WHO and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R). This helped set the global research agenda for COVID-19, including priorities and governance frameworks for global coordination and implementation. The forum brought together a group of key experts, partners and stakeholders and the resulting roadmap included an analysis of current capacities and ongoing efforts in affected countries and globally. It also included a review of the steps that the community should take to accelerate critical research. The participants included members of the scientific community, researchers from the public health agencies in WHO member states, regulatory experts, bioethicists with expertise in research in emergencies and major funders of research related to the COVID-19, including editors and authors associated with this Guidance.

The two main aims of the roadmap are:

- Establishing a clear case definition, then ensuring that those displaying agreed symptoms of COVID-19 are promptly diagnosed and receive optimal care, while integrating innovation fully within each research thematic area; and
- Supporting research priorities in a way that leads to the development
  of global research platforms pre-prepared for the next epidemic and
  thereby allowing for accelerated research and development for
  diagnostics, therapeutics and vaccines and timely access to those
  shown to be effective.

The two main aims of the roadmap are:

- Establishing a clear case definition, then ensuring that those displaying agreed symptoms of COVID-19 are promptly diagnosed and receive optimal care, while integrating innovation fully within each research thematic area; and
- Supporting research priorities in a way that leads to the development of global research platforms pre-prepared for the next epidemic and thereby allowing for accelerated research and development for diagnostics, therapeutics and vaccines and timely access to those shown to be effective.

## COVID-19 social science research agenda aims to:

- generate high-quality social science evidence for achieving the goals of national strategic public health response plans;
- develop and employ strong methodologies, and theoretical frameworks to tackle current epidemic challenges; and
- understand un-intended consequences of epidemic-control decisions.

## Case Study 6.1.3 Evidence syntheses and COVID-19

The Evidence Collaborative on COVID-19 Network (ECC-19) is a consortium of experts and organizations who meet every one or two months to discuss progress and initiatives around evidence retrieval to manage the risks of COVID-19 pandemic. They focus on support for evidence-based policies, interventions and initiatives.

ECC-19 is coordinated by the Department of Quality Assurance of Norms and Standards within the Science Division of WHO. It is a self-organizing network for information sharing and collaboration around evidence retrieval efforts to combat COVID-19. ECC-19 Partners include organizations and individual experts, as well as WHO staff from offices around the globe, all of whom are working in the area of evidence generation and retrieval related to COVID-19 and SARS-CoV-2. The Network includes organisations such as Cochrane, COVID-END and

Evidence Aid, and provides links to many resourand evidence for COVID-19 (https://sites.google resources).

Evidence Aid (Chapter 3.7) seeks to improve ac systematic reviews to people working in disast Since March 2020, it has been building a collect systematic reviews relevant to COVID-19 (https evidence/coronavirus-covid-19). If a systematic effects of an intervention, the summary include information for the topic and the review, and the what doesn't work and what's uncertain. When of another topic (e.g. prevalence or impacts), the background about the topic and the review and there is more than one review of the same topic prepared and each summary, whether for one of contains the citation for each review and links to June 2021, the Evidence Aid collection included 800 systematic reviews. The Evidence Collaborative on COVID-19 Network (ECC-19) is a consortium of experts and organizations who meet every one or two months to discuss progress and initiatives around evidence retrieval to manage the risks of COVID-19 pandemic. They focus on support for evidence-based policies, interventions and initiatives.

Table 6.1.1 Categories of COVID-19 research, from the L-OVE Platform on 18 June 2021

Торіс	Primary studies (n=107 722)	Systematic reviews (n=6325)
Prevention or treatment	53 156 (49%)	2458 (39%)
Diagnostic	4195 (4%)	251 (4%)
Aetiology	5193 (5%)	395 (6%)
Epidemiology	22 537 (21%)	1830 (29%)
Prognosis	22 641 (21%)	1301 (21%)

6.1 Health EDRM research in the context of COVID-19 - key messages

- The COVID-19 pandemic has been unprecedented in many ways.
- Overwhelming volume of research and a vast amount of evidence for decision makers and practitioners to navigate through during the management of the COVID-19 pandemic.
- Considerable impact on how research into aspects of Health EDRM
- Health EDRM research is prioritized appropriately, coordinated well
   and reported clearly
- Greater engagement in Health EDRM research will be key to provide evidence from health and non-health sectors that can inform all relevant policy and practice for managing current and future risks from all emergencies and disasters that communities and countries are exposed to.

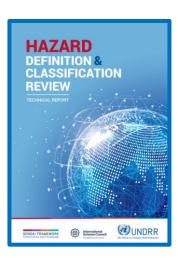


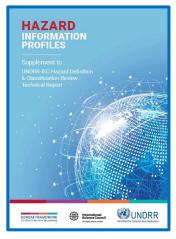
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International

Science Council

## **UNDRR / ISC Hazard Information Profiles**









## The WHO Guidance on Research Methods for Health Emergency and **Disaster Risk Management, revised 2022**

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Full Guidance: DOWNLOAD Abbreviations & Glossary: DOWNLOAD

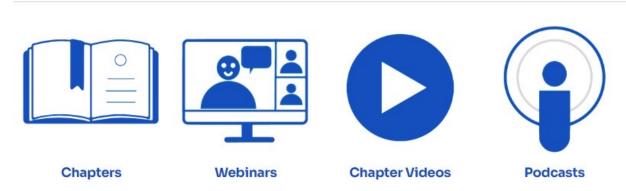
Author Biographies: Coming Soon Editors & Contributors: DOWNLOAD Acknowledgements: DOWNLOAD



## Materials for Knowledge Hub on Research Methods on Health EDRM

(Developed in partnership with Evidence Aid)





How to use these knowledge materials?

 The Global Dissemination Initiative for The WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management has been implemented to promote active implementation of the Guidance in various occasions across the globe with the support of key participants in the Health EDRM Research Network.

# **Research in the context of COVID-19**



PARIS2015 COP21-CMP11







Globally, as of 12:14pm CEST, 12 July 2023, there have been 767,972,961 confirmed cases of COVID-19, including 6,950,655 deaths, reported to WHO. As of 9 July 2023, a total of 13,462,024,421 vaccine doses have been administered.



HAZARD

DEFINITION & CLASSIFICATION REVIEW



