Feedback on WP6 task revisions before 25 SEPTEMBER 2020

Specifically, the newly proposed task 6.2 for WP6 now reads:

Task 6.2: Learning from COVID-19
Lead: RIVM/EMC; participants: all SHARP partners

Understanding multisectoral collaboration during the COVID-19 pandemic, based on sectors, tools, instruments and core elements identified. Prepare a lessons learned document for future disease X.

The aim of the task is to (better) understand the mechanisms underlying the multisectoral collaboration. Focus will be on the decision making process and the interaction between policy and stakeholders.

6.2.1: The decision making process: the example of COVID-19 and testing strategies

All EU Member States have access to the same scientific information and the advices of international organizations such as the WHO and ECDC. However, there are large differences between MS regarding test strategies used during the first have wave of the COVID-19 pandemic. There are (large) differences in volume of testing and criteria for testing, and these may also change over time. What causes these differences and changes? In this task we will investigate this by studying the three (3) countries with the highest number of tests conducted and three (3) countries with the lowest number of tests conducted and investigate what factors cause these differences. As a source of information we will approach relevant decision makers, including at least one policy maker, a national IHR expert and a (national) expert from the laboratory side per country. Based on the outcomes of these inventories further stakeholders/sectors will be approached for subsequent interviews. We will study what factors contributed to the final decision(s) on test strategies and study the role of the different stakeholder, particularly the public health (IHR) and the laboratory side.

The outcome of this task will be an evaluation and analysis of these factors. Together with the protocol developed for this task the results will be shared with JA member states. The protocol may be used by individual member states and/ or may be adapted (with help of WP6) to address other non-medical measures (see optional task 6.2.3).

Question to WP6 partners: during the last advisory forum an interest was expressed in insight into different test strategies, the decision making process to come to these strategies for criteria and volume for testing as part of the national COVID-19 control strategies. The presented plan is meant to come to a better understanding of factors underlying these strategies in order to support further national and/or international test strategies.

We would very much value to get input on:

1. **Your views on the present relevance of this subtask, in particular in relation to potential preparedness of controlling a potential second wave.**

RKI/FG38: The testing strategy is relevant to understand the different incidences per country. It is also important to include the weekly testing capacity, positivity rate and an indicator for the severity of the disease (e.g. percentage of deaths).

2. **The timeliness of this action**

RKI/FG38: No preference.

3. **Does this subtask fulfil a particular need for your country? If so could you specify?**

RKI/FG38: Not really. It is an interesting task to better understand how different e.g. the incidence needs to be interpreted. But to fulfill a particular need (such as to have a better basis for assessing risk areas) we would need the testing strategy of all countries.

4. **To your knowledge are there any other similar actions ongoing to which this subtask should align? Of which make this subtask superfluous? And to whom should we get into contact with in that case?**

RKI/FG38: We do not have any information to answer this question.

6.2.2. Understanding the interaction between policy and stakeholders

One important sector identified in the COVID-19 pandemic is the general public. The general public is the sector that has to understand, accept and comply to these measures. The literature review identified the citizens as separate sector, however it is unclear what their role is, can or should be. Therefore, in this task we will focus on the general public as sector. Do they know who the decision makers in their country are during the COVID-19 crisis? Do they know who is responsible for what and where decision makers get their knowledge? And what should be the role of the general public? Does understanding, acceptance and expectation change over time?

These questions will be addressed by conducting several group interviews with Dutch Citizens. The first set of (pilot) interviews will be conducted during the (upsurge) of the first wave of the COVID-19 pandemic. Results from these interviews will be used to develop a protocol with improved methodology (including substantiated sample size) to perform a new set of interviews in summer. This protocol will be made available to all JA partners who will be encouraged to perform a similar exercise using this protocol in summer 2020. The outcome of this task will be the evaluation of the group interviews from the different member states participating in the JA.
Question to WP6 partners: we previously discussed the pilot during the last steering committee and advisory forum and interest was expressed in insight into the role of the general public as separate sector and particularly how to improve engagement and compliance of the general public for the control strategies. At this moment the pilot study is finalized and the protocol is improved. The intent is to present the results and the translated protocol for national use in the SHARP partner countries.

We would very much value to get input on:

1. **Your views on the present relevance of this subtask, in particular in relation to potential preparedness of controlling a potential second wave.**

RKI/FG38: Relevant; without support of and compliance by the general population the impact of another wave will be much more severe. We need the commitment of the general public. But, they are getting more and more tired of sticking to all the rules, also in Germany. Helpful for to design and monitor information campaigns.

2. **The timeliness of this action and the proposed reporting of results + protocol.**

RKI/FG38: No preference.

3. **Does this subtask fulfil a particular need for your country? If so could you specify?**

RKI/FG38: The general population does not fall into the mandate of the Robert Koch Institute. But we would be happy to share the questionnaire with the competent authorities.
To our view it would also be interesting to learn more about the knowledge and attitudes of pupils and adolescents. Do they understand why they have to stick to the measures or do they just do what they are told to do? It has been reported anecdotally that pupils/ students apply to the rules during school time/ at school, but not outside.

4. **To your knowledge are there any other similar actions ongoing to which this subtask should align? Of which make this subtask superfluous? And to whom should we get into contact with in that case?**

RKI/FG38: A consortium of different German institutes (e.g. Federal Center for Health Education (BZgA), University of Erfurt and RKI) conduct the ***COSMO*** *(***COVID-19 Snapshot Monitoring****)-study: In COSMO, about 1,000 citizens will be questioned at regular intervals about their perceptions, attitudes, knowledge and behaviour regarding COVID-19.*
Here you will find some analyses (in German): https://projekte.uni-erfurt.de/cosmo2020/cosmo-analysis.html
Contact person at BZgA: (10)(2e) ((10)(2e) @bzga.de)
Contact person at University Erfurt: (10)(2e) ((10)(2e) @uni-erfurt.de)

6.2.3 optional - The decision making process : COVID-19 and non-medical measures

All EU Member States have access to the same scientific information and the advices of international organizations such as the WHO and ECDC. However, there are large differences between MS regarding the non-medical measures implemented. What causes these differences and what can we learn from it? How were the decisions made and who was involved in this decision making

For this task we will adapt the protocol developed for the evaluation of test-strategies (task 6.2.1), which we can either employ again in 3 countries with extensive non-medical measures and 3 countries with limited non-medical measures (full lockdown vs. more liberate approach) and/or provide the protocol to the individual member states to be used to understand the impact of own national strategies. To be determined at later stage (depending on capacities and COVID-19 dynamics). The outcomes may be collected by WP6 and analyzed as in task 6.2.1. alternatively the outcomes with those from 6.2.1 might serve as basis for best practices evaluation as requested by WP4 in task4.2.1.

Question to WP6 partners: this subtask was particularly requested during the last advisory forum, and additional action to the proposed subtask 6.2.1. As a result the subtask as written above is proposed, however, the WP6 leads fear this subtask is presently too broad as proposed to lead to any meaningful outcome and to be executed timely within the COVID-19 pandemic and within the timeframe of SHARP. We thus would ask to WP6 partners to express whether there is still an interest in this subtask. If so, to detail one specific non-medical measure that you consider most important.

We would very much value to get input on:

1. **Whether there is still an interest in this subtask**

RKI/FG38: It sounds very interesting, however, for instance in Germany, the measures were sometimes applied in many different ways, time frames etc. due to the federal system. The 16 federal

states and the municipalities have implemented measures at different points of times. Just as an example for the wearing of masks: the city of Jena was the first to implement mandatory face masks on 6 April 2020. The municipality of Nordhausen followed on 14 April, Rottweil on 17 April and Braunschweig on 25 April. On the federal state level Saxony implemented mandatory face masks on 20 April, Saxony-Anhalt on 22 April and Thuringia on 24 April ...
So if you would like to deprioritize this subtask we would go clearly with it.

2. **If so- please specify which particular non-medical measure is important to address in your view**

RKI/FG38: It would be interesting to evaluate whether the "complete lock down" really was necessary. E.g. in Germany, we were allowed to still go for a walk etc. Also mask wearing in schools would be interesting to compare (but this already again is heterogeneously implemented in Germany).

3. **The feasibility of conducting this action within the present COVID-19 pandemic and within the remaining timeframe of SHARP.**

RKI/FG38: We cannot assess that.

4. **To your knowledge are there any other similar actions ongoing to which this subtask should align? Of which make this subtask superfluous? And to whom should we get into contact with in that case?**

RKI/FG38: Indeed, at the RKI researchers have looked on type and timeliness of control measures and their effects in 41 OECD-countries. A preprint of the first results will be published soon.
For more information you can contact (10)(2e) (10)(2e) *@rki.de .*

6.2.4 Survey among all countries to inventory lessons learned during COVID-19 and remaining possible needs for further development of and critical questions for a disease X scenario

Based on the results of tasks 6.2.1 and 6.2.2 (and 6.2.3) an evaluation of the elements in the decision making process and interaction with relevant sectors as proxies for the understanding mechanisms of collaboration in COVID-19, a survey will be carried out to make a final inventory of the lessons learned during the COVID pandemic, and remaining needs for development of (country specific) recommendations regarding multisectoral collaboration, e.g. in case of identified important core- elements that were not/less relevant during the COVID-19 pandemic (e.g. chemical sector elements).

The outcome of this inventory is a decision on the need and feasibility of a (targeted/ lean) new disease X scenario simulation, as part of e-learnings and/or table top exercises (see task 6.3)

Question to WP6 partners: during the workshop in April we discussed whether there was still interest in another (lean version) disease X scenario. The COVID-19 pandemic has shifted focus in this JA very much towards this situation, but there are still potential (unknown) risks, also of non-biological nature, that we need to be prepared for. For instance the chemical partners expressed continued interest in simulating such scenario. We thus propose to make a final inventory of the lessons learned during the COVID pandemic including a need and feasibility analysis of a new (targeted/lean) disease X scenario simulation. We thus would ask to WP6 partners to express whether there is still an interest in this subtask. If so, to detail one specific non-medical measure that you consider most important.

We would very much value to get input on:

1. **Whether there is still an interest in this subtask**

RKI/FG38: We would support a lessons learned survey within the area of multisectoral collaboration during the COVID-19 pandemic.

2. **If so, do you have any particular scenario (biological, chemical, environmental, nuclear) in mind?**

RKI/FG38: see above.

3. **The feasibility of participating in this subtask within the present COVID-19 pandemic and within the remaining timeframe of SHARP.**

RKI/FG38: Depends very much on the time we need to invest. The focal group discussion done in April 2020 was very well prepared and feasible to participate for us even during the COVID-19 pandemic. A similar input would be possible for us again. But as RKI/FG38 already communicated to the SHARP coordination team we are ourselves currently fully engaged into the COVID-19 response and therefore cannot provide substantial support. That is why we asked to postpone WP8 contributions from our RKI/FG38 until mid/late 2021.

4. **The need for a separate disease X simulation or could it be part of the planned table tops and e-learnings?**

RKI/FG38: We do not quite understand the question. But if you mean that COVID-19 is already a very good simulation of a disease X we can agree. Scenarios for table tops and e-learnings would be sufficient.

5. **The feasibility of participating in non-COVID-19 e-learnings and table top exercises within the present COVID-19 pandemic and within the remaining timeframe of SHARP.**

RKI/FG38: We would be happy to have people participating in trainings. But we are limited during the COVID-19 pandemic in preparing those. Ad RIVM: we would be very interested to receive a summary of the answers collected from the SHARP project partners to this question, as it very much touches our own WP8 (training).

6. **To your knowledge are there any other similar actions ongoing to which this subtask should align? Of which make this subtask superfluous? And to whom should we get into contact with in that case?**

RKI/FG38: ECDC and WHO have been preparing a lot of good trainings. WHO:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training
ECDC: see attached document