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Pillar 3
Practice and Policy

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Non-Pharmacological Interventions: Working Pillars and Cross-Cutting Themes

Cross-cutting themes	Pillar 1 Diagnostics and Transmission	Pillar 2 Interventions and Evidence	Pillar 3 Practice and Policy
Theme 1: Definitions and Nomenclature Glossary of terms Taxonomy Classifications	Diagnostic criteria Testing methods - PCR, lateral flow, rapid tests, serology, WGS Testing strategies	Types of NPIs: Individual vs community vs population-based settings Identifying and applying NPIs to various settings Developing, testing and applying Novel NPIs in a pandemic	Assessing the cost-effectiveness of interventions in pandemics Assessing waste during pandemics and impact on policy
Theme 2: Data Challenges Inputs to transmission models Outcomes – mortality, morbidity, infection, hospitalisations, other Data veracity Data sharing	Modes of Transmission • Animal-animal studies • Human-animal studies • Human challenge studies Study Quality and Standards A framework for evidence assessment, synthesis, and adjudicating study quality	Assessing the benefits and harms of NPIs Developing a framework for evidence synthesis Developing evidence during and outside of pandemics Study design for high quality: RCTs, CRTs, cohort studies and others Outcomes – mortality, infections, hospitalisations, morbidity	Developing a framework for grading policy Developing effective policy Policy for intervening in individuals and populations Adjudicating study quality for policy Reporting criteria Role of Journals
Theme 3: Methodological Issues	Access to data with bias assessments Setting minimum methodological standards Reporting methods	Role of the environment and infrastructure Waste in the scientific literature Role of laboratory studies Use of models and predictive modelling	Role of media and dissemination in effecting policy Behavioural tactics in setting policy
Theme 4: Funding	Short term / long term sustainable / internal and external grants, conference revenue, leveraging		

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Problems/Issues Discussed

- Themes vs. Pillars?
- Barriers and challenges to comparing NPIs
- Infrastructure, frameworks for how to develop protocols for NPIs
    - Need for "Minimum dataset" across all pillars and interventions to standardize across all jurisdictions, common language: outcomes, interventions, measures, data collection
- Transparency, reproducibility and the ability to replicate research for NPIs across countries/ settings/contexts
- Ethical issues of research: e.g. consent to recontact study participants
- Integrating knowledge users, community and patient partners
- Communicating evidence-based medicine to the public, media, and policymakers: platforms for dissemination
- Value and costings of NPIs, and the impact on target populations (e.g. school closures on children)
- Feasibility, resources, and funding to deliver projects: building capacity for early and mid-career researchers – training and support to overcome challenges and progress ideas
    - The 'ideal' training programme – what skills to EBMers/Scientists need in 2024?

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Evidence Reviews: Feasibility

1. Qualitative systematic review of the impact of restricted family presence policies during the COVID-19 pandemic on critically ill patients, families, and critical care clinicians
2. Living review of coroners' Prevention of Future Deaths reports published in England and Wales
3. Systematic review of masking mandates in healthcare facilities
4. Scoping review of the impacts of additional precautions on patients, healthcare workers, and hospital

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Evidence Reviews: Aspirational Projects

1. Synthesis of methodologies for development, implementation, and evaluation of NPIs - to propose standard conceptual frameworks and methods
    - Could start with proof of concept - review of reviews for a case study NPI (e.g., masking)
    - Pragmatic kit for governments to evaluate NPIs
    - Meta-epidemiological review of modelled evidence (e.g. consistency of model, inputs, application of GRADE for modelled evidence)
2. Systematic review of qualitative studies and surveys to identify barriers and facilitators to conducting research studying NPIs (lessons learned)
3. Synthesis of pandemic debriefs - government, research funding agencies, hospitals / health systems
4. Evidence synthesis of inquests to explore preventable harms from NPIs and causation of deaths
5. Ethical approaches to NPI evaluation during public health emergencies
    - e.g. Consent to contact in the future

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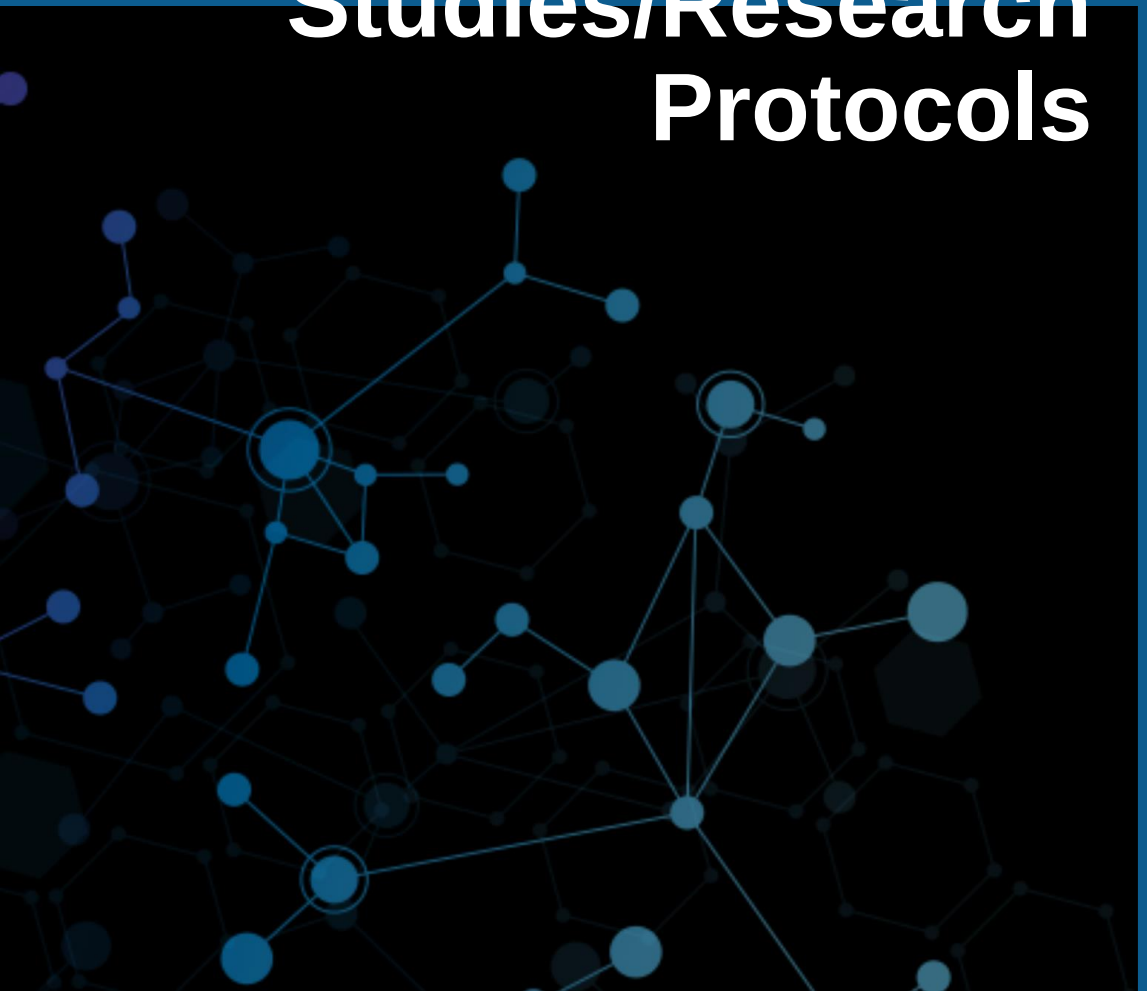
Primary Studies/Research Protocols



1. Quasi-experimental study enhanced masking directive in hospitals
2. Case series of coroners' reports to assess the impact of NPIs during the COVID-19 pandemic to support learning - identifying harms, modifications, solutions
3. Impact of changes in healthcare delivery practices on other healthcare issues
4. Impact of visitation policies in pediatric hospitals on patients, families, and healthcare workers (including intensive care units) - evidence to inform hospital policies
5. Nature of research during COVID-19: volume, topic overlap, source of funding, proportion that led to action (e.g., Overton) - to inform research agenda/strategy for future public health emergencies)

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