

Delphi Statements & Responses

Communicate Effectively & Consequences of False Information

STMT1.1 – Grade A, a 81%	Communicate Effectively – The volume and velocity of information during the COVID-19 pandemic have made it difficult for people to assess the accuracy of information.
STMT1.2 – Grade A, a 68%	Consequences of False Information – Public health authorities contribute to the dissemination of false information when their communications do not reflect current scientific understanding that transmission of SARS-CoV-2 is primarily airborne.
STMT1.3 – Grade A, a 70%	Consequences of False Information – Governments have inconsistently counteracted false information in the context of the COVID-19 pandemic.
STMT1.4 – Grade A, a 91%	Consequences of False Information – Sources of false information undermine the social cohesion needed for an effective public health response.
STMT1.5 – Grade A, a 69%	Communicate Effectively – During the pandemic, public health officials have ineffectively engaged populations that have low levels of trust in government.
STMT1.7 – Grade A, a 94%	Communicate Effectively – A government’s decision to reduce COVID-19 pandemic control measures does not mean that the threat to public health has ended.
STMT4.1 – Grade A, a 92%	Communicate Effectively – SARS-CoV-2 is an airborne virus that presents the highest risk of transmission in indoor areas with poor ventilation.
REC1.3 – Grade A, a 94%	Monitor + Expose False Info – Public health professionals and authorities should combat false information proactively based on clear, direct, culturally responsive messaging that is free of unnecessary scientific jargon.

Communicate Effectively & Consequences of False Information

REC1.4 – Grade A, a 94%	Communicate Effectively – Institutions and individuals that wish to advance public trust should: (1) draw on evidence about how trust is created and restored; (2) provide training and professional development emphasizing skills and competencies that convey trustworthiness; and (3) develop, implement and assess communication strategies that are highly likely to create or restore trust.
REC1.7 – Grade A, a 81%	Monitor + Expose False Info – Governments should determine which agencies are or should be accountable for monitoring health information and develop monitoring tools to identify false information.
REC1.8 – Grade A, a 87%	Monitor + Expose False Info – Social media companies should engage transparently with researchers and developers, who are free of a direct conflict of interest, to implement controls for their platforms that reduce publication and dissemination of false health information.
REC1.9 – Grade A, a 80%	Monitor + Expose False Info – Governments, industry and non-governmental organizations should actively identify and expose individuals and networks that promote false health information about the COVID-19 pandemic.
REC1.10 – Grade A, a 76%	Consequences of False Information – Governments should consider holding publishers of false health information liable, while balancing civil liberties.
REC4.3 – Grade A, a 90%	Communicate Effectively – Risk communications should clearly emphasize that transmission of SARS-CoV-2 is primarily caused by inhalation of the virus.

The Medical Militia & Governance Accountability

STMT.1.6 – Grade B, a 57%	Governance Accountability – Blaming unvaccinated individuals for continuation of the pandemic shifts attention away from government accountability.
STMT4.5 – Grade A, a 75%	Medical Militia + Whole-of-Government – Infection rates tend to increase when governments discontinue social measures, including non-pharmaceutical interventions, regardless of the level of vaccination.

The Medical Militia & Governance Accountability

STMT5.1 – Grade A, a 72%	Medical Militia + Whole-of-Government – Prioritizing the treatment of severe COVID-19 over the prevention of SARS-CoV-2 transmission risks increasing infections, long COVID and the overall burden of disease.
STMT5.4 – Grade A, a 91%	Medical Militia + Money for Nothing – Research is needed to determine whether infection from distinct variants of SARS-CoV-2 is associated with significant differences in long-term morbidity.
REC2.2 – Grade A, a 91%	Medical Militia + Money for Nothing – Governments and global health organizations should support the development of regional hubs for the manufacturing of COVID-19 supplies, treatments and vaccines.
REC4.6 – Grade A, a 85%	Money for Nothing + Whole-of-Society + Whole-of-Government – 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 (for example, remote work/schooling policies, ventilation, air filtration, facemask wearing).
REC2.3 – Grade A, a 86%	Medical Militia + Money for Nothing – The user experience and interface with digital health technologies should be adapted to expand access for all, with particular attention to vulnerable groups.
REC2.4 – Grade A, a 97%	Medical Militia + Whole-of-Government – Healthcare organizations should support their workers’ physical, mental and social well-being.
REC2.7 – Grade A, a 92%	Medical Militia – As social, political and economic sector risks continue to have spillover effects on health systems, key multisector indicators for systemic risks to health systems must be identified and assessed.
REC2.8 – Grade A, a 86%	Medical Militia – The identification of several variants of concern necessitates substantial virological surveillance based on whole-genome sequencing of positive specimens.
REC2.9 – Grade A, a 86%	Medical Militia – 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).
REC2.10 – Grade A, a 92%	Medical Militia – To reduce the burden on hospitals, primary care should be strengthened to include testing, contact tracing, the monitoring of mild symptoms and vaccination.

The Medical Militia & Governance Accountability

REC2.12 – Grade A, a 85%	Medical Militia – Public health systems should prioritize the use of implementation science to determine which digital health solutions can and should be quickly scaled up globally.
REC2.13 – Grade A, a 86%	Medical Militia + Money for Nothing – Investments in digital health infrastructure, software and training should be made to institutionalize quality telehealth and telemedicine services.
REC2.18 – Grade B, a 68%	Medical Militia – In settings in which access to PCR or antigen tests may be limited, providers should consider adopting a syndromic approach to COVID-19 diagnosis for symptomatic individuals.
REC4.7 – Grade A, a 71%	Medical Militia – Governments should consider imposing broad restrictions on civil liberties only in the event of variants of concern presenting risk of high rates of transmission and severity, coupled with (1) waning immunity or (2) vaccine resistance.
REC6.5 – Grade A, a 90%	Medical Militia + COVID Kids – Pandemic preparedness, response planning and policy should be reviewed and updated to protect children, emphasizing the prevention of SARS-CoV-2 transmission while simultaneously addressing their physical, mental and social well-being.

Money for Nothing

STMT2.5 – Grade A, a 78%	Money for Nothing – Governments have not always addressed the high out-of-pocket expenditure to consumers for some pandemic control measures (for example, testing) and personal protective equipment (for example, facemasks).
REC4.1 – Grade A, a 86%,	Whole-of-Government + Money for Nothing – Governments should regulate and incentivize the development and deployment of structural prevention measures (for example, ventilation, air filtration) to mitigate airborne transmission of SARS-CoV-2, with an early emphasis on high-risk settings.
REC2.1 – Grade A, a 90%	Money for Nothing – Governments should remove economic barriers to SARS-CoV-2 tests, personal protective equipment, treatments and care.

Money for Nothing

REC4.5 – Grade A, a 82%	Money for Nothing + Vaccines-Plus – National and international travel restrictions should be based on current scientific knowledge and prevailing transmission rates of all variants that take into account relevant, health-based factors (for example, traveller's vaccination status, proof of recent recuperation from COVID-19 or a negative result of an antigen or PCR test).
REC5.3 – Grade A, a 93%	Money for Nothing + Medical Mafia – Clinical trials and longitudinal cohorts should include statistically sufficient samples from all age groups, genders and vulnerable populations.
REC5.6 – Grade A, a 85%	Money for Nothing – Prioritize research funding for long COVID to develop diagnostic tools, treatment and care, and knowledge about extrinsic factors (for example, stigma and discrimination).
REC6.10 – Grade A, a 86%	Money for Nothing + Inter-Country – High-income countries should refocus the distribution of vaccines to countries with low rates of vaccination and inadequate access to vaccines.

Whole-of-Government, Whole-of-Society & Hybridization

STMT2.1 – Grade A, a 73%	Whole-of-Government – The world has not implemented an evidence-based, globally agreed-upon set of minimum COVID-19 pandemic response standards addressing monitoring, prevention, treatment and care.
STMT3.6 – Grade A, a 83%	Whole-of-Government + Vaccines-Plus – Vaccination alone is insufficient to end the COVID-19 pandemic as a public health threat.
STMT6.1 – Grade A, a 92%	Whole-of-Society + Hybridization – The COVID-19 pandemic disproportionately impacts the most vulnerable populations within communities, countries and globally.
STMT6.2 – Grade A, a 83%	Whole-of-Society + Inter-country + Multistakeholder – The decision by most high-income countries to protect intellectual property rights for COVID-19 vaccines and treatments has contributed to limited options available to low- and middle-income countries for addressing the pandemic.
STMT6.7 – Grade A, a 78%	Whole-of-Society + Hybridization – Few governments have adequately engaged vulnerable populations to inform pandemic response priorities.

Whole-of-Government, Whole-of-Society & Hybridization

STMT6.8 – Grade A, a 88%	Hybridization – The incorporation of research paradigms from diverse disciplines has greater potential to end COVID-19 as a public health threat than reliance on a single research paradigm (for example, evidence-based medicine).
REC1.1 – Grade U	Whole-of-Society + Hybridization – Community leaders, scientific experts and public health authorities should collaborate to develop public health messages that build and enhance individual and community trust and use the preferred means of access and communication for different populations.
REC1.2 – Grade A, a 95%	Hybridization + Communicate Effectively – Public health authorities should partner with individuals and organizations that are trusted within their communities to provide accurate, accessible information about the pandemic and inform behaviour change.
REC1.5 – Grade A, a 93%	Hybridization + Monitor & Expose False Info – Multidisciplinary researchers should assess the impact of the ‘infodemic’ on health behaviours and outcomes in specific populations of all countries.
REC1.6 – Grade A, a 83%	Hybridization – Research funders should commission more scoping, narrative and systematic reviews to synthesize, evaluate and disseminate COVID-19-related evidence.
REC2.5 – Grade A, a 95%	Whole-of-Society + Hybridization – Pandemic preparedness and response planning should adopt a whole-of-society approach that includes multiple disciplines, sectors and actors (for example, business, civil society, engineering, faith communities, mathematical modelling, military, media and psychology).
REC2.6 – Grade A, a 94%	Whole-of-Government + Hybridization – Preparedness and response strategies should adopt whole-of-government approaches (for example, multiministry coordination) to identify, review and address resilience in health systems.
REC2.11 – Grade A, a 91%	Whole-of-Government + Hybridization + Intercountry – Governments and industry should engage continuous improvement disciplines for intercountry procurement, pooling and supply chain management to reduce cycle times and costs, as well as improve product quality and data to rapidly scale up the availability of medicines, protective equipment and vaccines.
REC2.14 – Grade A, a 70%	Whole-of-Society + Hybridization – To reduce the burden on health systems and healthcare workers, community-based organizations and students pursuing degrees in health-related fields should be engaged to educate, test and vaccinate the population.

Whole-of-Government, Whole-of-Society & Hybridization

REC2.17 – Grade A, a 73%	Whole-of-Society + Intercountry + Hybridization – In the absence of a new multilateral organization focused on pandemic control, Member States should authorize the WHO to lead a large, inclusive, multistakeholder, global effort to provide public health and clinical targets pertaining to the pandemic, with an emphasis on cases, vaccination, morbidity and mortality.
REC4.4 – Grade A, a 85%	Intercountry + Whole-of-Government – National and international travel restrictions should be based on current scientific knowledge and prevailing transmission rates of all variants that take into account relevant, health-based factors (for example, traveller's vaccination status, proof of recent recuperation from COVID-19 or a negative result of an antigen or PCR test).
REC5.1 – Grade U	Intercountry + Whole-of-Government – Global case definitions for SARS-CoV-2 and for COVID-19 morbidity and mortality should be standardized.
REC5.2 – Grade A, a 95%	Money for Nothing + Whole-of-Government – Promote multisectoral collaboration to accelerate the development of new therapies for all stages of COVID-19 (for example, outpatient, hospitalization and long COVID).
REC6.1 – Grade A, a 95%	Whole-of-Society + Hybridization – Recognizing 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.
REC6.2 – Grade A, a 93%	Intercountry + Hybridization – In addition to current vaccine equity efforts, governments and global health organizations should better coordinate to make COVID-19 tests and treatments affordable for all people in all countries.
REC6.3 – Grade A, a 93%	Intercountry + Whole-of-Society + Hybridization – Decision-making bodies (for example, governments, WHO committees) should meaningfully and transparently engage with a broad base of voices to inform their decisions.
REC6.4 – Grade A, a 93%	Intercountry + Hybridization – Governments, regional bodies, industry and health systems should anticipate the procurement and supply management needs for supplies, treatments and vaccines in low-resource settings (for example, transportation logistics, storage, refrigeration).

Whole-of-Government, Whole-of-Society & Hybridization

REC6.6 – Grade A, a 95%	Intercountry + Hybridization – Global trade and health organizations 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.
REC6.8 – Grade A, a 86%	Intercountry + Hybridization + Vaccine-Plus – Governments, industry and health systems should prioritize minimizing closed- and open-vial vaccine wastage, with an early emphasis on wastage resulting from unnecessarily short expiration dates, and by addressing regulatory barriers and procurement and supply management challenges for transferring or donating vaccine doses.
REC6.9 – Grade A, a 86%	Intercountry + Hybridization – Pandemic preparedness and response efforts should assess and mitigate the risks and effects of SARS-CoV-2 transmission among people within and emigrating from conflict zones.

Vaccines-Plus

STMT3.1 – Grade A, a 68%	Vaccines-Plus – When the risk of harm to others is sufficiently severe, governments may determine that the right of all individuals to good health overrides the autonomy of any one individual to choose not to be vaccinated.
STMT3.2 – Grade B, a 59%	Vaccines-Plus – Individual medical autonomy acknowledges that individuals who have decision-making capacity have the right to make decisions regarding vaccination, even when their decisions contradict their healthcare providers' recommendations.
STMT3.3 – Grade A, a 75%	Vaccines-Plus – Vaccine hesitancy, which ranges from delay to refusal despite the availability of vaccine services, remains a major challenge to ending the COVID-19 pandemic as a public health threat.
REC2.16 – Grade A, a 80%	Money for Nothing + Whole-of-Government – 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 (for example, nationalizing manufacturing capacity, negotiating global and regional trade agreements, adjusting intracountry intellectual property rights).

Vaccines-Plus

REC3.1 – Grade A, a 93%	Vaccines-Plus – 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.
REC3.3 – Grade A, a 93%	Vaccines-Plus – To combat vaccine hesitancy, tailored messages that address the underlying bases of an individual’s concerns should be used in targeted public health communications.
REC3.4 – Grade A, a 90%	Vaccines-Plus – Government, philanthropic and industry funding should include a focus on developing vaccines that provide long-lasting protection against multiple SARS-CoV-2 variants.
REC3.5 – Grade A, a 93%	Vaccines-Plus – Calculations for immunity should take into consideration the time following the date of vaccination and/or infection and be regularly updated with new scientific evidence.
REC3.6 – Grade B, a 57%	Money for Nothing + Vaccines-Plus – As the causes of vaccine hesitancy are not solely a function of information or worldview, economic incentives should be considered in parallel with information and access to increase vaccination rates.
REC4.5 – Grade A, a 82%	Money for Nothing + Vaccines-Plus – All countries should adopt a vaccines-plus approach that includes a combination of COVID-19 vaccination, prevention measures, treatment and financial incentives.
REC5.4 – Grade A, a 90%	Medical Militia – Expand the evidence base on the cumulative effect of COVID-19 reinfection to inform public health policy.