



Call for Proposals: Unintended consequences of public health and social measures (PHSMs) implemented in the setting of reception and collective accommodation centres for refugees to prevent SARS-CoV-2 infection and its consequences.

1. About the „Public Health Impact Analysis (HIA) Working Group“:

The working group "Public Health Impact Analysis (HIA)" at the RKI generates evidence concerning urgent and relevant public health challenges. This is done through a range of activities, including program evaluation, evidence synthesis, and statistical modeling techniques. The HIA Working Group is opening a call for a scoping review to investigate the unintended consequences of public health and social measures (PHSMs) that have been implemented to prevent SARS-CoV-2 infection and its consequences in reception and collective housing for refugees. In the past, the unintended consequences of PHSMs in this setting have not been adequately addressed. Reception and collective housing centres for refugees will continue to be relevant settings with regard to infectious disease control going forward. The evidence created with this scoping review will contribute to the future planning and implementation of informed outbreak and infection prevention measures. In addition, this review will help to plan and conduct structured outbreak investigations that focus beyond transmission measures or primary outcomes (e.g. mortality, case numbers) and thus contribute to a holistic assessment of PHSMs, so that unintended effects can also be considered.

2. Idea, Background and Rationale of the Project:

Since the onset of the COVID 19 pandemic, countless studies have been published examining and evaluating the effectiveness of pharmacological (e.g. vaccination) and non-pharmacological interventions (PHSMs) in different settings and populations. Nevertheless, the (health) needs of marginalised and vulnerable populations (e.g. refugees) and the consequences of the above-mentioned measures for these populations have been largely neglected so far. Only a few studies have attempted to fill these research gaps. Previous research has shown that PHSMs have unintended consequences among the general population [1, 2] or specific settings / context (e.g. travel [3], schools [4]).

PHSMs are widely accepted to be effective infection prevention and outbreak control measures in many settings, including reception and collective accommodation centres for refugees. Nevertheless, the unintended consequences of PHSMs in this setting are still unclear and not systematically described. Especially given the unfavourable circumstances [5] that often prevail in these centres, it is very likely that PHSMs will trigger unintended consequences in this environment.



All PHSMs have effects beyond those that are anticipated or expected. Studying the unintended effects, including unintended and adverse consequences of PHSMs, is essential to evaluating the impact of these measures and informing stakeholder whether, when and how these measures should be implemented [6, 7]. Unintended consequences are not necessarily harmful. They can be beneficial, harmful or neutral.

Populations that are designated as marginalised or vulnerable are highly affected by the COVID 19 pandemic [5, 8-10] and probably also by the PHSMs that have been implemented in relevant settings. While studies have focused on refugee health and the intended effects of PHSMs in many ways, the unintended, potentially adverse effects of PHSMs used in reception and collective accommodation centres to prevent SARS-CoV-2 infections and their consequences have not been systematically assessed yet. As refugees often seek protection and safety and are considered a vulnerable group, it is the obligation of public health stakeholders to do everything in their power to protect the health and well-being of this population.

3. Objectives of the Project:

The objective of this project is to identify the unintended effects of PHSMs implemented in the setting of reception and collective accommodation centres for refugees to prevent or reduce the transmission of SARS-CoV-2 and its consequences.

The project should include a systematic search of published literature to identify studies that report unintended consequences as well as a systematic synthesis of the identified evidence. While it is likely that only a few studies report unintended consequences, this synthesis can identify relevant evidence and highlight research gaps so that these can be addressed in future research.

4. Core Tasks and Scope of Work:

The contractor will work closely with the HIA scientists for the duration of the project. Joint activities of the contractor and the RKI will include (not necessarily in the order listed):

- Development of a protocol for the scoping review.
- Finalization of inclusion and exclusion criteria.
- Development of a search strategy.
- Agreement of an appropriate data extraction tool.
- Agreement of an appropriate data synthesis procedure.
- Agreement on the outline of the report.
- Joint working meetings.

The contractor will take the lead for the activities listed below:



- Conducting the search strategy: searching relevant bibliographic databases and gray literature, and identifying all documents that meet the inclusion criteria.
- Presentation of search results in a PRISMA flowchart.
- Title/abstract screening.
- Locating and obtaining full-text documents for possible inclusion.
- Full-text screening.
- Extraction of relevant information and data from included studies.
- Risk-of-bias assessments using appropriate tools.
- Conducting data synthesis, including meta-analysis (if data are suitable).
- Creation of an electronic library of documents included in the review (including full texts).
- Creation of a report.

5. Deliverables:

- Study protocol.
- One final summary report highlighting the main findings, sent to Dr. Maria an der Heiden, in PDF-format.
- One final report, sent to the project lead, in PDF-format.
- A digital copy of all documents, including analysis code, created in fulfillment of this contract will be required by Dr. Maria an der Heiden at the end of the work.

6. Lines of Communication:

- The contractor will report to Dr. Maria an der Heiden and designated scientists from RKI.
- The contractor will engage closely with designated scientists from RKI.

7. Quality improvement measures:

- The contractor shall adhere to good practice guidelines, in particular regarding good research practice, as well as to guidelines appropriate to the type of review conducted.
- The contractor must inform RKI staff responsible for this project about risks to deadlines as soon as those risks are identified.
- Payments will be contingent upon the quality of deliverables assessed by RKI staff according to the requirements listed under “Key tasks and scope of work”.



8. Time Frame:

- Start date: Date of contract placement.
- End date: Four months after the date of contract placement. All deliverables must be completed by this date, including the draft of the manuscript for peer-reviewed publication.
- Approval Process: All deliverables must go through the RKI approval procedures before final approval and publication. As this process can take at least two weeks, we expect the contractor to consider the RKI internal clearance in their schedule and propose measures to mitigate the risk of not meeting the final deadline.

9. Essential and desirable Experience / Qualifications:

Essential:

- Proven expertise in conducting health-related systematic reviews.
- Demonstrated experience in critical assessment of evidence (e. g., risk of bias, GRADE).

Desirable:

- Previous national and international work or research experience on: SARS-CoV-2, unintended consequences, public health.

Language requirement:

- Expert knowledge in English (written and oral communication).
- Ability to analyze literature in English, and at least one other WHO official language.

10. Evaluations of the Applications:

Two aspects of the applications will be evaluated:

- 1) The budget and its justifications will be evaluated with 40% of the grade.
 - (a) Budgets exceeding 55,000 euros will not be accepted.
- 2) The remaining 60% of the total grade will be evaluated based on the following criteria: Methodology, timeline, previous experience and review team, as described in the application.



11. Applications:

Applications will be submitted as two PDF documents and should include the following elements:

The first document, which should be no more than five pages, includes:

- The study project including a title, an outline of the study protocol, a proposed methodology, a time frame, and deliverables.
- A cover letter justifying the suitability of the applicant's profile for this specific call.
- A budget (in Euros) presenting a breakdown of expenses and a payment plan.

The second document includes:

- The individual CVs of the research group with a list of relevant publications.
- An example of previous work relevant to this call/topic.

The complete application, including the title / acronym of the scoping review should be sent to Benjamin Barnes and Roxana Müller-Eberstein by July 29, 2022 Berlin local time.

Important Notes:

- This is a fee-for-service contract. Contractors must agree to the Contract Terms of the RKI (https://www.rki.de/DE/Content/Service/Ausschreibung/vertragsbedingungen.pdf?__blob=publicationFile).
- RKI staff shall be involved as authors in the process of drafting the final project report.
- All applicants will be informed about the outcome of the selection process, but no individual feedback will be provided regarding unsuccessful applications.



Bibliography

- [1] Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020;395(10227):912-20.
- [2] Wee LEI, Conceicao EP, Tan JY, Magesparan KD, Amin IBM, Ismail BBS, et al. Unintended consequences of infection prevention and control measures during COVID-19 pandemic. *American Journal of Infection Control*. 2021;49(4):469-77.
- [3] Klinger C, Burns J, Movsisyan A, Biallas R, Norris SL, Rabe JE, et al. Unintended health and societal consequences of international travel measures during the COVID-19 pandemic: a scoping review. *Journal of Travel Medicine*. 2021;28(7):taab123.
- [4] Kratzer S, Verboom B, Biallas R, Featherstone R, Klinger C, Movsisyan A, et al. Unintended Consequences of Measures Implemented in the School Setting to Contain the COVID-19 Pandemic: A Scoping Review Protocol. OSF 2021 2021.
- [5] Bozorgmehr K, Hintermeier M, Razum O, Mohsenpour A, Biddle L, Oertelt-Prigione S, et al. SARS-CoV-2 in Aufnahmeeinrichtungen und Gemeinschaftsunterkünften für Geflüchtete: Epidemiologische und normativ-rechtliche Aspekte. 2020.
- [6] Bonell C, Jamal F, Melendez-Torres GJ, Cummins S. 'Dark logic': theorising the harmful consequences of public health interventions. *Journal of Epidemiology and Community Health*. 2015;69(1):95.
- [7] Rehfuss EA, Stratil JM, Scheel IB, Portela A, Norris SL, Baltussen R. The WHO- INTEGRATE evidence to decision framework version 1.0: integrating WHO norms and values and a complexity perspective. *BMJ Global Health*. 2019;4(Suppl 1):e000844.
- [8] Biddle L, Jahn R, Perplies C, Gold AW, Rast E, Spura A, et al. COVID-19 in Sammelunterkünften für Geflüchtete: Analyse von Pandemiemaßnahmen und prioritäre Bedarfe aus behördlicher Sicht. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*. 2021;64(3):342-52.
- [9] Razum O, Penning V, Mohsenpour A, Bozorgmehr K. Covid-19 in Flüchtlingsunterkünften: ÖGD jetzt weiter stärken. *Gesundheitswesen*. 2020;82(05):392-6.
- [10] Tallarek M, Bozorgmehr K, Spallek J. Towards inclusionary and diversity-sensitive public health: the consequences of exclusionary othering in public health using the example of COVID-19 management in German reception centres and asylum camps. *BMJ Global Health*. 2020;5(12):e003789.
- [11] Oliver K, Lorenc T, Tinkler J. Evaluating unintended consequences: New insights into solving practical, ethical and political challenges of evaluation. *Evaluation*. 2019;26(1):61-75.
- [12] Oliver K, Lorenc T, Tinkler J, Bonell C. Understanding the unintended consequences of public health policies: the views of policymakers and evaluators. *BMC Public Health*. 2019;19(1):1057.
- [13] Merton RK. The Unanticipated Consequences of Purposive Social Action. *American Sociological Review*. 1936;1(6):894-904.
- [14] Morell JA. Why Are There Unintended Consequences of Program Action, and What Are the Implications for Doing Evaluation? *American Journal of Evaluation*. 2005;26(4):444-63.
- [15] Morell JA. Systematic iteration between model and methodology: A proposed approach to evaluating unintended consequences. *Evaluation and Program Planning*. 2018;68:243-52.
- [16] Jabeen S. Unintended outcomes evaluation approach: A plausible way to evaluate unintended outcomes of social development programmes. *Evaluation and Program Planning*. 2018;68:262-74.
- [17] Heleno B, Thomsen MF, Rodrigues DS, Jørgensen KJ, Brodersen J. Quantification of harms in cancer screening trials: literature review. *BMJ : British Medical Journal*. 2013;347:f5334.
- [18] Longshore D, Reuter P, Derks J, Grapendaal M, Ebener P. Drug Policies and Harms: A Conceptual Framework. *European Addiction Research*. 1998;4(4):172-82.

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