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- Making a "qualitative synthesis" of challenges in conducting research in

   resource-limited settings (capacities, new initiatives, big failures/successes).

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- Setting up a list of research priorities for resource limited settings.

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- Making a "qualitative synthesis" of challenges in conducting research in

  resource-limited settings (capacities, new initiatives, big failures/successes)

- Bringing new ideas – contacts for facilitating clinical research.

Working group members

Name	Country
Chirag Bavishi	USA
Anna Mia Ekström	Sweden
Shai Linn	Israel
Giordano Pérez-Gaxiola	México
Mario Tristan	Costa Rica
German Malaga	Peru
Paul Yonga	Kenya

Name	Country
Richard Ssekitoleko	Uganda
Jean-Francois Etard	Francia
Agustin Ciapponi	Argentina
Stellah Mpagama	Tanzania
Juan Carlos Villar (co –chair)	Colombia
Christopher Moore (co -chair)	USA
Luz Angela Torres (coordinator)	Colombia

Prioritizing research questions

- **General framework to phrase the questions** (research setting, problem, generic question).

- **Delphi-like method**

    - **Item generation:** 13-question input from committee leaders => open to editions/additions

    - **Survey 1ˢᵗ round:**

        13 questions under the proposed framework in different areas (primary prevention, diagnosis, prognosis) were scored by relevance for resource limited settings.

        6 questions discarded - 4 new questions proposed.

    - **Survey 2ⁿᵈ round**

        11 questions included, ranked again by relevance.

- **Selection of five "final" questions**

- **Presentation to the steering committee: inclusion of one more question.**

- **Final list of six research priorities.**

    - Transforming "narrative" questions into a PICO format.

Selected (narrative) questions

1. What clinical findings (signs, symptoms, biomarkers and imaging) are associated with a worse prognosis in COVID-19?

2. What signs and symptoms could confirm the clinical diagnosis of COVID-19?

3. What is the best strategy to achieve treatment goals in patients with NCDs during the pandemic?

4. What is the COVID-19 Infection Fatality Rate in low and middle countries +/- stratified by age?

5. What is the excess mortality non-COVID-19 in LMIC during the pandemic?

6. What are the short/mid and long term post-infectious sequelae in COVID-19?

Selected questions (PICO format)

«Narrative» question	Population/Patient /Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
1. What clinical findings (signs, symptoms, biomarkers and imaging) are associated with a worse prognosis in COVID-19?	Outpatients with clinical suspicion of COVID-19 Mild to moderate COVID-19	Clinical findings: e.g. fever, headache, cough, dyspnea, chest pain, abdominal pain, diarrhea, pulse oximetry. Vital signs: e.g. respiratory rate, heart rate, body temperature, blood pressure. Markers of comorbidities: e.g HT, DM, hyperglycemia. Biomarkers: e.g. white-cell count. Imaging findings (CT vs radiograph): ground-glass opacity (GGO), local patchy shadowing, bilateral patchy shadowing, interstitial abnormalities.	Absence of findings. Number/ combination of findings	Admission to hospital (and associated clinical events during hospitalization) Progression to severe COVID-19
	Patients admitted to the hospital with clinical suspicion of COVID-19	Clinical findings: e.g. fever, headache, cough, dyspnea, chest pain, abdominal pain, diarrhea. Biomarkers: e.g. albumin, ALT, AST, creatinine, white-cell count, consider: ferritin, troponin, BNP, procalcitonin,D-dimer Imaging findings (CT vs radiograph): ground-glass opacity (GGO), local patchy shadowing, bilateral patchy shadowing, interstitial abnormalities.	Absence of findings Number/ combination of findings	Any of the following: ICU admission Mechanical ventilation In-hospital death Re-admission to hospital Death (30/ 90 day) Quality of life (90 day)

Selected questions (PICO format)

«Narrative» question	Population/Patient/Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
2. What signs and symptoms could confirm the clinical diagnosis of COVID-19?	Outpatients with clinical suspicion of COVID-19	History of (home, social) contact with a confirmed/suspected case of SARS-CoV-2 infection. Vital signs: e.g. respiratory rate, heart rate, body temperature, blood pressure. Clinical findings: e.g. fever, headache, cough, dyspnea, chest pain, abdominal pain, diarrhea, pulse oximetry	Absence of findings Number/combination of findings Accepted gold standard (e.g. imaging findings + clinical diagnosis + RT-PCR)	Laboratory diagnosis of COVID-19 (sensitivity, specificity)

Selected questions (PICO format)

«Narrative» question	Population/Patient/ Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
3. What is the best strategy to achieve treatment goals in patients with NCDs during the pandemic?	Patients with NCDs *NCDs including hypertension, diabetes, hypercholesterolemia.	Educational strategies: printed materials, handouts, online campaigns, text messages. Health services interventions: follow up-appointments, telehealth, incentives for improving adherence/ achieving treatment goals. Patients with NCDs with multidisciplinary team approach to treatment and targeted treatment for comorbidities.	No interventions Combination of different interventions. Patients with NCDs receiving standard of care at a health facility	Achieving treatment goals in the included health conditions (e.g. use of clinically meaningful endpoints, blood pressure control, glycemic control)
	Patients with NCDs and probable/confirmed COVID-19 infection and admitted	Educational strategies: printed materials, handouts, online campaigns, text messages. Health services interventions: follow up-appointments, telehealth, incentives for improving adherence/ achieving treatment goals. Patients with COVID-19 and NCDs with multidisciplinary team approach to treatment and targeted treatment for comorbidities	No interventions Combination of different interventions. Patients with COVID-19 and NCDs receiving standard of care at a health facility.	Achieving treatment goals in the included health conditions (e.g. use of clinically meaningful endpoints, blood pressure control, glycemic control)

Selected questions (PICO format)

«Narrative» question	Population/Patient /Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
4. What is the COVID-19 Infection Fatality Rate in low and middle countries +/- stratified by age?	Reported or confirmed cases in the area under study. Patients with probable/ confirmed COVID-19 infection Population based cohort study of patients with the standardized definition of exposure	Age different categories and confounder variables such as sex, comorbidities, BMI, smoking, alcoholism, ICU admission.	Age different categories	Death: In hospital 30-day 90-day

Selected questions (PICO format)

«Narrative» question	Population/Patient/Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
5. What is the excess mortality non-COVID-19 in LMIC during the pandemic?	Global or regional population under study	Non-COVID deaths during the pandemic in LMIC countries Overall mortality during the pandemic	Non-COVID deaths during the pandemic in high-income countries Overall mortality during previous periods (historical comparator)	Excess of non-COVID deaths during the observation period

Selected questions (PICO format)

«Narrative» question	Population/Patient /Problem	Exposure(s) / Intervention(s)	Comparison(s)	Outcome(s)
6. **What are the short/mid and long term post-infectious sequelae in COVID-19?**	Pediatric and adult population	Confirmed SARS-CoV-2 infection Comorbidities Admitted to CTU Severe disease	Negative for SARS-CoV-2 infection No comorbidities Home based care Mild disease	Short / mid/ long term post-infectious sequelae (manifestations) at: · 30 days · 3 months · 6 months Including: Cardio- respiratory sequelae · 6-minute walk test (6MWT) · Left ventricular dysfunction Lung function, for adults Metabolic sequelae DM? Quality of life Absenteeism from school/work MIS-C