What’s on our List of Priority Topics for Living Evidence Syntheses?

- **Public-health measures**
  - Supporting **adherence** to measures, including better communicating rationale including trade-offs (including in politicized contexts and for politicized issues)
  - **Strategies** for testing and for test-track-trace approaches that optimize the use of existing capacity
  - Outbreak **contributors** (from interdisciplinary outbreak studies)
  - Surveillance, analytic and synthesis **capacity and linkages** to other parts of the health system

- **Clinical management of COVID-19 and pandemic-related conditions**
  - **Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
  - Screening for and managing emergent **mental health** and substance use issues
  - **Concurrent management** of COVID-19 and other (seasonal) infections
What’s on our List of Priority Topics for Living Evidence Syntheses? (2)

- Health-system arrangements
  - Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
  - Approaches to strategic purchasing of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out
  - Responsive and agile
    - Restoration of non-COVID services when possible (by developing or capitalizing on ‘slack’ within health systems)
    - Efforts to address health human resource shortages (and motivation & wellbeing)
  - Consolidating and optimizing the value achieved through shifts in virtual care
  - Packages of responses (public-health / health-system) and combinations of centralized & decentralized approaches (from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)

- Economic and social responses (e.g., to address poverty and domestic violence)
Ideas for our Tips Sheet for Teams Taking Up Priority Topics for Living Evidence Syntheses?

- Consider **interdisciplinary teams** (e.g., laboratory, IPAC, engineering, data modeling, outbreak studies, behavioural and social sciences, science communication) alongside methodological experts?
- Consider committing to explicitly
  - Examine benefits and harms (health outcomes), citizen experiences, and costs (both for delivery and for the **economic and social consequences**)?
  - Foreground **equity** considerations?
- Consider committing to **explicit cycles or triggers for updating** living evidence syntheses (and/or at least to finding a home for an evidence synthesis when an emergent issue becomes long-tern or recurring and needs to become a living evidence synthesis)