### COVID-END Canadian horizon-scanning panel

#### Agenda

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Time allotted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome</td>
<td>To hear from panelists about emergent issues (or previously missed long-term and recurring issues) that may need to be prioritized</td>
<td>5 min</td>
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<td>2. Review of priorities</td>
<td>To provide an update about the Evidence Commission</td>
<td>35 min</td>
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<td>3. Updates on Evidence Commission</td>
<td>To provide an update about the Evidence Commission</td>
<td>10 min</td>
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<tr>
<td>4. Other business</td>
<td></td>
<td>5 min</td>
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</tbody>
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Documents from previous meetings can be found [here](#).

Upcoming panel meeting dates (all meetings to take place from 12-1 pm EDT):
- 22 June
- 28 September

**Meeting notes**

Highlighted in yellow are three sets of living evidence products and processes undertaken as a result of the panel’s input.

**Public health measures**
- Support for [re-framing from government mandates to personal responsibility](#), and why we need to keep helping others, including the immunocompromised, by taking precautions ourselves ➔ [New living behavioural-sciences document from Justin Presseau](#)
- Effects of removals of vaccine and other mandates, and prepare for if/when we have to re-introduce measures
- Be alert to emergence of variants in, and transfer from, animal populations

**Clinical management**
- Mental health for public and health workforce ➔ [New living citizen panels and stakeholder dialogues on the HHR crisis and on mental wellness among the public and among providers](#)
- Prescribing antivirals like Paxlovid (while supply constraints and given primary-care access challenges)

**Health-system arrangements**
- Health workforce crisis (50% with intention to leave) ➔ [New living citizens panels and stakeholder dialogues on the HHR1 crisis](#)
- No separation of COVID-19 patients from other patients, and sometimes placing immunocomprised alongside those with COVID-19 symptoms
- Seniors’ residences and other settings are easing off in how they support adherence to public-health measures
- Modes of clinical practice where large numbers of providers are off with COVID-19
- Surgical backlogs (funding but delivery)

**Economic and social responses**
- Public transportation for return to office