COVID-END horizon-scanning global panel
Insights from panelists from the panel meeting on 28 October 2020
(Last updated on 11 November 2020)

Panelists identified a number of emergent issues (or previously missed long-term and recurring issues and/or elaborations on these issues) related to COVID-19 for which evidence syntheses are or will be needed, which the COVID-END team then organized according to the COVID-END taxonomy.

Panelists also reviewed a list of priority topics for 'living' evidence syntheses that was developed by identifying when issues they had identified in past calls were not addressed by high quality, recently updated evidence syntheses included in the COVID-END inventory of 'best' evidence syntheses. They provided feedback about how these topics can be framed in ways that are optimal to support decision-making and completed an online poll that allowed them to re-order the topics to reflect their urgency or importance (within each of the four parts of the COVID-END taxonomy).

Finally, panelists reviewed a draft list of tips for teams willing to take on the responsibility for one or more living evidence syntheses that address these priority topics.

This summary of insights is divided into three sections to reflect these separate, but linked, discussions.

Emergent issues (and previously missed long-term and recurring issues and/or elaborations on these issues)

Public-health measures
1) Understanding patterns in and consequences of the greater **geographic dispersion** of infections in the second wave of COVID-19
2) Addressing **'pandemic fatigue'** and its impacts on adherence to public-health measures [an elaboration on the issue of supporting adherence to public-health measures]

Clinical management of COVID-19 and pandemic-related conditions
1) Understanding COVID-19 as a '**syndemic**' that is co-occurring with a range of other non-communicable diseases that differentially affect population groups, and adjusting supports accordingly

Health-system arrangements
1) Strengthening health-system governance (including by addressing corruption and avoiding the politicization of decision-making processes) and the role of primary care as the foundation for the health-system response to COVID-19
2) Considering the potential value of **vaccine passports** for COVID-19 (similar to those for yellow fever) [an elaboration on the issue of optimizing vaccine roll-outs]

Economic and social responses
1) Understanding and mitigating COVID-19 impacts on **labour-market entrants** (e.g., early career scientists who have been affected by shifts in available funding)

Cross-cutting perspectives
1) Learning from **comparisons of policies** that have been variably applied (e.g., benefits, harms and costs of different travel quarantine periods)
2) Understanding the impacts of seemingly conflicting scientific information (e.g., Remdesivir) on **public trust**
3) Recognizing and where possible addressing (e.g., through communication and dialogue) the **politicization** of many COVID-19 issues [an elaboration on the issue of supporting adherence to public-health measures but extending this to other parts of the COVID-END taxonomy as well]

Priority topics for living evidence syntheses

The following list reflects the re-ordering of topics by panelists, changes to the wording of topics by panelists (in blue font and highlighted in yellow), and the addition of new topics by panelists (with these new rows added to the bottom of each part of the list and with a different background colour). The list is complemented by a column that provides a summary of available and planned syntheses that address at least part of the topic. A full list of syntheses, including quality ratings, date of last search and declarative titles, is available upon request.

Rank	Prioritized topics from past panel meetings	Identified available and planned syntheses (as of 23 October)
Public health		
1	Supporting **adherence** to public-health measures, including better communicating the rationale including trade-offs (including in politicized contexts and for politicized issues and in the face of 'pandemic fatigue')	• **One** 'best evidence' synthesis addresses behaviour change support for the public to reduce facial touching • **One** 'best evidence' synthesis addresses behaviour change support related to infection prevention and control guidelines, but only for health care workers • **Seven** other syntheses and **five** planned syntheses address a range of topics related to adherence, including public-focused adherence and for health care/frontline workers specifically, adherence to specific measures (such as PPE or quarantine) and how to communicate measures effectively to support adoption and uptake
2	**Strategies** for testing and for test-track-trace approaches that optimize the use of existing capacity	• **Two** 'best evidence' syntheses address reducing turn-around times via rapid point-of-care testing (synthesis 1, synthesis 2) • **One** 'best evidence' synthesis addresses innovations in testing technologies • **One** 'best evidence' synthesis addresses digital contact tracing • **Ten** other syntheses and **seven** planned syntheses with a focus on timeliness and the use of apps and automation
3	Surveillance, analytic and synthesis **capacity** in public-health units **and linkages** to other parts of the health system	• **One** 'best evidence' synthesis addresses symptoms that could be used for screening in primary care and outpatient settings • **Four** other syntheses and **no** planned syntheses address the identification of vulnerable groups and settings that should be a priority for surveillance and screening
4	Outbreak **contributors** (from interdisciplinary outbreak studies)	• **One** 'best evidence' synthesis addresses outbreak locations (long-term care facilities) • **Nine** other syntheses and **four** planned syntheses address the spread of the outbreak across a range of settings (long-term care, schools, prisons, etc.), and the role of air quality
-	Understanding patterns in and consequences of the greater **geographic dispersion** of infections in the second wave of COVID-19	
Clinical management of COVID-19 and pandemic-related conditions		
1	**Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID	• **Three** 'best evidence' syntheses address the neurological impacts of COVID-19 (synthesis 1, synthesis 2, synthesis 3) • **Fifteen** other syntheses and **six** planned syntheses address a wide range of emerging and long-term sequelae of COVID-19, with most of the planned syntheses focussing on 'long COVID' specifically

2	Screening for and managing emergent **mental health** and substance use issues	• **Three** 'best evidence' syntheses address who is at risk for mental health issues and effective treatment and supports, but not how to screen them (synthesis 1, synthesis 2, synthesis 3) • **Two** 'best evidence' syntheses address mental health concerns related to health-care workers specifically (synthesis 1, synthesis 2) • **Sixty-four** other syntheses and **25** planned syntheses address the extent of mental health problems due to the pandemic including who is at risk as well as the effectiveness of digital and telehealth interventions, however, most focus on mental health and less on substance use or addictions
3	**Concurrent** management of COVID-19 and other (seasonal) infections	• **No** 'best evidence' syntheses were identified • **Two** other syntheses and **six** planned syntheses address the differential diagnosis and management of COVID-19 and influenza as well as managing co-infections
-	Understanding COVID-19 as a '**syndemic**' that co-occurs with a range of other non-communicable diseases that differentially affect population groups, and adjusting supports accordingly	
	Health-system arrangements	
1	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 and wellbeing)	• **Two** 'best evidence' syntheses address decisions related to restoration of emergency surgery and deferral of urologic oncology surgeries • **One** 'best evidence' synthesis addresses health human resource planning related to medical student disaster training • **Three** other syntheses and **one** planned synthesis address the restoration of non-COVID services, for hospital and surgery services in particular • **Three** other syntheses and **one** planned synthesis address health human resource planning, including workforce re-configuration and re-deployment
2	**Packages of responses** (public-health / health-system) **and combinations of centralized and decentralized approaches** (from studies of variations in response to local and regional outbreaks and/or changes in incidence rates)	• **No** 'best evidence' syntheses were identified • **One** available synthesis and **one** planned synthesis address packages of responses with one focusing on packages of public health measures and the other more broadly about transmission and economic impact mitigation strategies
3	Managing **vaccine** distribution and allocation under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, considering vaccine passports, and capturing lessons learned from roll-outs	• **No** 'best evidence' syntheses were identified • **No** other syntheses and **four** planned syntheses address vaccine hesitancy and acceptance as well as the economic benefits of vaccines in infectious disease outbreaks
4	Approaches to **strategic purchasing** of supplies and equipment (e.g., personal protective equipment and liquid nitrogen	• **No** best evidence syntheses were identified • **No** other syntheses and **two** planned reviews address communication consultation and ethical allocation of healthcare resources

	for vaccine storage) that balance accountabilities up & out	
5	Consolidating and optimizing the value achieved through shifts in **virtual care**	• **One** 'best evidence' synthesis addresses virtual care for people with COVID-19 • **Three** 'best evidence' syntheses address virtual care for specific clinical areas: urology, neurosurgery, and psychiatry(schizophrenia) • **One** 'best evidence' synthesis addresses virtual care to reduce loneliness in older adults • **Seven** available syntheses and **two** planned syntheses address virtual care for a variety of conditions, including those with COVID-19
-	Strengthening health-system governance (including by addressing corruption and avoiding the politicization of decision-making processes) and the role of primary care as the foundation for the health-system response to COVID-19	
	Economic and social responses	
1	Food safety and security – Approaches to addressing food supply-chain challenges and **food poverty**, including both community-based and nationally led actions	• **No** 'best evidence' syntheses were identified • **No** available syntheses and **one** planned synthesis addresses food security
2	Financial protection - Enhancing **financial security** by adjusting 'safety nets' and enhancing workforce training	• No 'best evidence' syntheses were identified • **Three** available syntheses and **six** planned syntheses address the economic impacts of the pandemic but very few focus on measures to address them
3	Education - Benefits and harms to students, educators and families arising from **school** closures, re-openings and **operations** as well as for pedagogical innovations that can support ongoing education	• **One** 'best evidence' synthesis (protocol only) addresses changes to classrooms and schools more generally • **One** available synthesis and **14** planned syntheses address the effects of school closures as well as measures to reduce transmission risk but only one addresses pedagogical innovations
4	Culture and gender - Additional risks of **gender-based and domestic violence** arising from restrictions and appropriate ways to address such violence	• **No** 'best evidence' syntheses were identified • **Two** available syntheses and **five** planned syntheses address gender-based and domestic violence, including prevalence and services to address it
5	Citizenship - Linking ==citizen and== **community participation** in pandemic planning, ==policymaking and== response with outcomes and capturing innovations in government approaches	• **No** 'best evidence' syntheses were identified No available or planned syntheses were identified
6	Transportation - Managing the risks related to **tourism** and **travel**	• **No** 'best evidence' syntheses were identified • **One** available synthesis and **no** planned syntheses address travel-related control measures
7	Climate action – Additional risks of **environmental crisis** and maximizing	• **No** 'best evidence' syntheses were identified

	the opportunity for synergies between the COVID-19 response and climate action	• **No** available syntheses and **three** planned syntheses address environmental factors, climate factors and rainfall on the transmission of COVID-19
-	Economic development and growth – Embracing **new approaches** to public financing that support fairness and equity (especially for women and other vulnerable populations)	

Tips for teams taking up priority topics for living evidence syntheses

The panel agreed that all synthesis activities should be undertaken with several key considerations in mind, including:
- an explicit commitment to:
  - foregrounding equity considerations,
  - examining benefits and harms (health outcomes but also economic and social outcomes), citizen experiences, and costs,
  - being attentive to variation in state capacity;
- itnterdisciplinary teams (e.g., laboratory, infection prevention and control, engineering, data modeling, outbreak studies, behavioural and social sciences, equity, science communication, citizens) alongside methodological experts; and
- 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-term or recurring and needs to become a living evidence synthesis).