



COVID-END global horizon-scanning panel Insights from panelists from the panel meeting on 25 November 2020 (Last updated on 27 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. Much of the panel discussion regarding emergent issues centred on forthcoming COVID-19 vaccines. The points raised for consideration spanned all four areas of the COVID-END taxonomy and are listed below.

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).

This summary of insights is divided into two 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 the comparative benefits and harms of, and distribution considerations (e.g., cold versus ultra-cold storage) of **vaccine candidates**

Clinical management of COVID-19 and pandemic-related conditions

- 1) Understanding the protective effects of antibodies (e.g., duration of protection) and the role of auto-antibodies in more severe illness

Health-system arrangements

- 1) Managing **vaccine allocation, communication, administration and reporting** [elaborations on vaccine considerations introduced in past meetings]
 - a) Developing **equitable vaccine-allocation plans** (i.e., prioritizing which groups in society will be prioritized in what sequence, ideally with the input of citizens themselves) and monitoring their implementation within and across countries (including whether private-sector providers find ways to work around vaccine-allocation plans being implemented by public-sector providers and whether migrant workers bear disproportionately heavy costs from not being prioritized)
 - b) Developing **vaccine-communication plans** to manage expectations about when the effects of a mass-vaccination campaign will be realized, to address vaccine hesitancy and combat mis-information, and to clarify safety and effectiveness considerations for particular population groups (e.g., patients experiencing 'long-COVID')
 - c) Developing **vaccine-administration plans** that leverage existing capacities (e.g., in existing vaccination systems and in primary care) and address the unique needs of COVID-19 vaccines (e.g., ultra-cold storage)
 - d) Developing a **reporting infrastructure** that leverages existing capacities (e.g., electronic health records, online vaccination registries, and COVID-19 apps), includes both the documentation of vaccination status (e.g., for use in cross-border travel and work-related migration), and the documentation and follow-up of adverse events

Economic and social responses

- 1) None identified

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 (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 panel	Identified available and planned syntheses (as of 18 November 2020)
Public health		
1	Supporting adherence to public-health measures , including better communicating the rationale and any trade-offs between benefits in terms of reduced transmission and potential harms in other domains (including in politicized contexts and for politicized issues and in the face of ‘pandemic fatigue’)	<ul style="list-style-type: none"> • One non-living ‘best evidence’ synthesis addresses behaviour change support for the public regarding facial touching • One non-living ‘best evidence’ synthesis addresses behaviour change support related to infection prevention and control guidelines, but only for health care workers • Nine other available syntheses and six planned syntheses addressing communication and adherence to a range of public health measures
2	Strategies for testing and test-track-trace approaches, and for the use of antigen testing (and alternatives like lateral flow testing) as a screening strategy , that optimize the use of existing capacity	<ul style="list-style-type: none"> • One living [synthesis 1] and one non-living [synthesis 2] ‘best evidence’ synthesis address reducing turn-around times via rapid point-of-care testing • One non-living ‘best evidence’ synthesis addresses digital contact tracing • Fifteen other available syntheses and seven planned syntheses address automation, partial automation, apps and other approaches to effective testing and contact tracing
3	Surveillance, analytic and synthesis capacity and linkages to other parts of the health system	<ul style="list-style-type: none"> • One living ‘best evidence’ synthesis addresses symptoms that could be used for screening in primary care and outpatient settings • Four other available syntheses and no planned syntheses address primary care and prioritizing particular groups for intervention
4	Understanding patterns in and consequences of the greater geographic dispersion of infections in the second wave of COVID-19	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses were identified • One other available synthesis and 10 planned syntheses address potential distributors to geographic dispersion and related consequences
5	Building rapid-response mechanisms to support interdisciplinary outbreak studies (e.g., examining the role of freight, including frozen foods, handling in transmission) and to support monitoring and evaluation more generally	<ul style="list-style-type: none"> • One living ‘best evidence’ synthesis addresses long-term care homes as an outbreak location • Ten other available syntheses and three planned syntheses address other outbreak contributors including physical environments (e.g., prisons, congregate settings), asymptomatic spread, air quality, among others)

Clinical management of COVID-19 and pandemic-related conditions		
1	Long-haul symptoms of COVID (also known as 'long COVID') among people without severe COVID and/or long-term sequelae of severe COVID	<ul style="list-style-type: none"> • Two living 'best evidence' syntheses address neurological events as common sequelae of COVID-19 [synthesis 1] [synthesis 2] • Seventeen other syntheses and eight planned syntheses address a range of sequelae related to COVID-19 (neurological, gastrointestinal, kidney, cardiac, stroke, Guillain-Barré syndrome, and more)
2	Understanding COVID-19 as a 'syndemic' that co-occurs with a range of other communicable and non-communicable diseases that differentially affect population groups, and adjusting supports accordingly	<ul style="list-style-type: none"> • No 'best evidence' syntheses identified • Fourteen other available syntheses and three planned syntheses address co- or multi-morbidities, including identification and management
3	Concurrent management of COVID-19 and other (seasonal) infections	<ul style="list-style-type: none"> • No 'best evidence' syntheses identified • Three other available syntheses and five planned syntheses address connections to, and management of other seasonal infections (mainly influenza)
4	Screening for and managing emergent mental health and substance use issues and understanding the links with between substance use and pandemic-related increases in domestic violence and suicide	<ul style="list-style-type: none"> • One living 'best evidence' synthesis [synthesis 1] and two non-living 'best evidence' syntheses address who is at risk for mental health issues and effective treatment and supports, but not how to screen them [synthesis 2] [synthesis 3] • Two non-living 'best evidence' syntheses address mental health concerns related to health-care workers specifically [synthesis 1] [synthesis 2] • Sixty-one other reviews and 26 planned syntheses address mental health and substance use screening and management
New	Understanding the protective effects of antibodies (e.g., duration of protection) and the role of auto-antibodies in more severe illness	
Health-system arrangements		
1	Managing vaccine allocation, communication, administration and reporting <i>*Note the details on page 1 of this report</i>	<ul style="list-style-type: none"> • No 'best evidence' syntheses identified • Four planned syntheses address vaccine hesitancy and uptake
2a	Strengthening health-system governance (including by addressing corruption and avoiding the politicization of decision-making processes) <i>*Note that 2a and 2b had been combined but will be separated in future briefing notes</i>	<ul style="list-style-type: none"> • No 'best evidence' syntheses identified
2b	Leveraging primary care as the foundation for the health-system response to COVID-19	<ul style="list-style-type: none"> • No 'best evidence' syntheses identified • Three other available syntheses and three planned syntheses address the role of primary care in response to the COVID-19 pandemic
3a	Responsive and agile efforts to address health human resource shortages, motivation and wellbeing	<ul style="list-style-type: none"> • One non-living 'best evidence' synthesis addresses health human resource training for medical students in disaster preparedness

	<i>*Note that 3a and 3b had been combined but will be separated in future briefing notes</i>	<ul style="list-style-type: none"> • Four other available syntheses and one planned synthesis address health human resource shortages
3b	Restoring non-COVID services after surges and addressing the effects of interrupted care (e.g., access to drugs, procedures, equipment and international travel for treatment) on people with chronic conditions, including those with rare diseases	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Four other available syntheses and two planned syntheses address restoration of non-COVID services
4	Approaches to strategic purchasing of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up and out	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Two planned syntheses address approaches to resource allocation
5	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)	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • One other available synthesis and one planned synthesis address packages of support
6	Consolidating and optimizing the value achieved through shifts in virtual care (including through the development or updating of legal frameworks and policies)	<ul style="list-style-type: none"> • One living ‘best evidence’ synthesis addresses virtual care for people with COVID-19 • Two non-living ‘best evidence’ syntheses address virtual care for other conditions, including urologic conditions and neurosurgical patients • One non-living ‘best evidence’ synthesis addresses virtual care to reduce loneliness in older adults • Eight other available syntheses and three planned syntheses address virtual care for a range of conditions and including apps as well as telemedicine interventions
Economic and social responses		
1	Financial protection – Enhancing financial security by adjusting ‘safety nets’ (and keeping in mind differential impacts on women and other vulnerable populations) and enhancing workforce training	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • One other available synthesis addresses social protection as a tool for crisis management
2	Community and social services - Differential impact of COVID-19 on vulnerable populations and increasing inequalities	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Six other available syntheses and eight planned syntheses address different populations, vulnerability and tailored responses to COVID-19
3	Education - Benefits and risks to students, educators and families arising from school closures , re-openings, operations and pedagogical innovations that can support ongoing education	<ul style="list-style-type: none"> • One ‘best evidence’ synthesis (protocol only) addresses changes to classrooms and schools more generally • Five other available syntheses and fourteen planned syntheses address school-related transmission and transmission-reduction measures but no syntheses address pedagogical innovations
4	Economic development and growth – Embracing new approaches to public financing that support fairness and equity (especially for women and other vulnerable populations), avoiding fiscal cliffs (expiring tax	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Three other available syntheses and six planned syntheses address social and economically disadvantaged groups as well as economic responses to COVID-19

	cuts and government spending cuts), and avoiding debt traps	
5	Food safety and security – Approaches to addressing food supply-chain challenges and food poverty , including both community-based or nationally-led actions	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • One other available synthesis and one planned synthesis address food security
6	Transportation - Safely re-opening the tourism and travel industry and managing the related risks (e.g., through testing protocols)	<ul style="list-style-type: none"> • One living ‘best evidence’ synthesis [synthesis 1] and one non-living ‘best evidence’ synthesis [synthesis 2] address travel-related measures including screening and quarantine • Two other available syntheses address transportation hubs and travel-related control measures
7	Culture and gender - Additional risks of gender-based and domestic violence arising from restrictions, and appropriate ways to address such violence	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Five other available syntheses and five planned syntheses address intimate-partner and domestic violence during COVID-19, including identification and interventions to address such violence
8	Citizenship - Linking citizen and community participation in pandemic planning, policymaking and response with outcomes and capturing innovations in government approaches	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • No other available or planned syntheses identified
9	Climate action – Additional risks of environmental crisis and maximizing the opportunity for synergies between the COVID-19 response and climate action	<ul style="list-style-type: none"> • No ‘best evidence’ syntheses identified • Three planned syntheses address the association of climate and environmental factors with COVID-19
New	Economic development and growth - Impacts of the abrupt shift toward nationalism as a governing strategy for the economy	
Cross-cutting		
New	Equity – Working with vulnerable groups in society to customize packages of public-health measures, clinical-management approaches, health-system arrangements, and economic and social responses that are sensitive to equity, diversity and inclusion considerations	
New	Governance - Strategies to support coordination across government sectors and across non-governmental organizations, citizen groups, academia, and others	

Tips for teams taking up priority topics for living evidence syntheses

The panel suggests that all synthesis activities should be undertaken with several key considerations in mind:

- 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;

- interdisciplinary teams (e.g., laboratory, infection prevention and control, engineering, data modeling, outbreak studies, behavioural and social sciences, equity, science communication, and 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).

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