

Panelists identified a number of potential long-term and emergent issues related to COVID-19 that need to be prioritized for evidence syntheses (which the COVID-END team has organized according to the COVID-END taxonomy), as well as a number of additional considerations.

In future reports, the COVID-END team will note where the identified issues have been addressed by an existing evidence synthesis in COVID-END's soon-to-be released inventory of 'best evidence syntheses' or whether there is a gap that needs to be filled.

Prioritized issues

Public-health measures

- 1) *Using scenario-based planning may assist with future pandemic response. For example, considering alternate futures where there is:
 - a. *an effective and widely available vaccine soon*
 - b. *a somewhat effective and available vaccine*
 - c. *never an effective and widely available vaccine**
- 2) *Developing more nuanced and highly localized understandings of COVID-19 outbreaks in order to provide better policy direction and an appropriately tailored response (with the understandings informed by genomics and analyses of room dimensions and heating, ventilation and air conditioning systems, among other considerations, as was done with modelling studies from Singapore and South Korea)*
- 3) *Understanding and harnessing innovations in testing technology and developing a framework for their use*
- 4) *Gaining a better understanding of the benefits, harms and trade-offs of border closures and re-openings, especially those involving countries that share similar COVID risk profiles, both alone, and in comparison to other modes of virus transmission, such as on public transit*
- 5) *Leveraging the insights from the behavioural sciences to support communication to citizens about the powerful role they can play in reducing transmission and to address the increasing behavioural fatigue citizens have with current public-health measures (e.g., adhering to mask wearing, hand washing, physical distancing, and surface cleaning)*

Clinical management of COVID-19 and pandemic-related conditions

- 1) *Understanding the interplay among mental health, service delivery and COVID-19, especially as it relates to: 1) who is at risk for mental-health issues, 2) how to screen them, and 3) how to provide effective treatment and supports*
- 2) *Exploring the medium-to-long term effects of COVID-19 in children*
- 3) *Identifying the best approaches to restoring non-COVID services against the backdrop of reduced operational capacity and changes in healthcare-seeking behaviours*

Health-system arrangements

- 1) *Adjusting testing policies to address shifts from testing for purely clinical reasons to testing for a range of reasons (e.g., employment and travel), to accommodate the need for triaging testing, and to mitigate the impacts of the northern hemisphere's upcoming cold and flu season on testing capacity*
- 2) *Considering global strategies to manage the emergence of promising vaccines, including access, distribution, trust and implementability across different country contexts*
- 3) *Addressing the governance private sector service delivery to clarify the sector's obligations, particularly in low- and middle-income countries where the private sector can play such a large role that its discretionary withdrawal from service provision can have a devastating impact on access*
- 4) *Examining the effectiveness of virtual models of healthcare delivery that have been developed during the pandemic*

Economic and social responses

- 1) *Understanding how to manage the re-opening of schools effectively, especially as our understanding of the virus has evolved and given many transmission and modelling studies are flawed*
- 2) *Appreciating the heterogeneity of effects of the COVID-19 response and the further inequalities being created for citizens, and ensuring future policies are developed and implemented with specific consideration of vulnerable populations*
- 3) *Identifying the policies to maximize economic security and dignity and the complementarity of such policies that can address: 1) needed changes to social insurance (such as unemployment benefits); 2) the goal of universal opportunity and social inclusion, especially in regard to mental health and well-being; and 3) the need to re-skill and up-skill the workforce*
- 4) *Beginning to shift focus to the emerging environmental crisis in many countries and the lessons learned from the health sector's use of evidence to inform the pandemic response that can be adapted to develop a similar knowledge ecosystem and crisis response in the environmental sector*
- 5) *Addressing the lack of state capacity in many parts of the world to handle the pressures of the pandemic and better equipping state institutions to respond*
- 6) *Identifying frameworks for resource allocation that can assist governments to make cost-effective decisions related to 1) vaccines and treatments; 2) income supports and direct aid to citizens (e.g., food parcels); and 3) assistance for affected industries*
- 7) *Clarifying the most promising interventions to respond to the psychosocial impacts of the pandemic and the economic shock it triggered*

Additional considerations

Development and use of evidence and citizen engagement

- 1) *Ensuring that primary research and evidence syntheses explore the heterogeneity of effects of public health, clinical, health system and economic and social interventions on vulnerable populations*
- 2) *Transitioning to a research paradigm where it is possible to simultaneously respond to urgent challenges and needs while also producing knowledge that will be useful for the future of this pandemic as well as other challenges (e.g., new diseases, climate change, inequality, etc.)*
- 3) *Understanding how best to engage a wide range of diverse voices (e.g., governments, trade unions, citizens, patients, etc.) to inform the pandemic response and to foster adherence to public-health measures*

Resources shared by the panelists and secretariat

- 1) What evidence could support modeling scenarios related to the re-opening, operation and monitoring of schools? [Link](#) (18 Aug 2020) – a rapid evidence profile completed by the McMaster Health Forum.

Note: *This is a rapid evidence profile whereas what is really needed is one or more living evidence syntheses about all school-related decisions.*

- 2) What testing approaches are being used by other countries? Attached (25 Aug 2020) – a rapid query response completed by the McMaster Health Forum.

Note: *While we sometimes do jurisdiction scans like this without a simultaneous evidence review when government strongly argues for them, we don't post them online and just share them quietly behind-the-scenes (as we have done here).*

Citation: Bullock HL, Lavis JN, Al-Khateeb S, MacLean A, & Sharma K. Insights from COVID-END's global horizon-scanning panel meeting on 26 August 2020. Hamilton, Canada: COVID-19 Evidence Network to support Decision-making about COVID-19 (COVID-END); 28 August 2020.