

Panelists identified a number of potential long-term, recurring 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 for the research and evidence-synthesis communities.

Panelists also reviewed a list of priorities identified by them in the past two months which was compared to a developing [inventory of 'best' evidence syntheses](#) to identify gaps in existing evidence syntheses that need to be addressed in order to support decision-making. Since the inventory was not yet fully populated, the panel only discussed three of the four areas where key decisions need to be made: public-health measures, clinical management, and health-system arrangements. Economic and social responses will also be covered in future panel meetings.

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

Prioritized long-term, recurring and emergent issues

Public-health measures

New issues

- 1) *Exploring the role of enforcement (e.g., policing) in supporting adherence to public-health measures*
- 2) *Better linking the effects of public-health measures (e.g., mask use) with local incidence rates*
- 3) *Strengthening public-health surveillance and analytic capacity within government*

Elaborations on already identified issues

- 4) *Understanding and better communicating the trade-offs in benefits and harms of pandemic-response measures (e.g., masks) from the perspective of both decision-makers and citizens (e.g., having employees return to workplaces, sending children to school, and returning to public transit)*
- 5) *Leveraging insights from behavioural science to promote and address challenges with adherence to public-health measures, such as mask wearing (now) and vaccines for both seasons flu and COVID-19 (future), as well as to help target messages to particular groups (e.g., teens, older adults, new immigrants, etc.)*

Clinical management of COVID-19 and pandemic-related conditions

- 1) *No issues singled out for discussion*

Health-system arrangements

New issues

- 1) *Learning from the variation in health-system responses to local and regional outbreaks (as has been the case in China)*
- 2) *Examining strategies for sustaining healthcare worker motivation and wellbeing and for supporting needed culture changes in public-sector health organizations*
- 3) *Exploring governance arrangements that balance centralized and decentralized (local level) pandemic responses (e.g., based on local incidence rates and needs)*
- 4) *Designing public-procurement strategies that balance accountability 'up' (within government bureaucracies) and out horizontally (to citizens) for activities like the procurement of personal protective equipment*
- 5) *Examining strategies for implementing occupational health and safety protocols and services*
- 6) *Identifying priorities and strategies to develop or capitalize on existing 'slack' within health systems that can be harnessed during surges in COVID-19 cases*

Elaborations on already identified issues

- 7) Tailoring testing approaches in ways that optimize existing system capacity (e.g., who to test, when to test, and which test to use)
- 8) Being attentive to crafting health-system responses in ways that avoid the worsening of health inequalities

Economic and social responses

New issues

- 1) Exploring how to protect users of the judicial system (e.g., support for virtual vs. face-to-face court hearings and reduce spread within prisons)
- 2) Clarifying how regime type (e.g. democratic versus authoritarian) affects pandemic response and recovery
- 3) Understanding the options available to managing the risks related to tourism (e.g., requirements for recent negative test results and special zones for tourists)

Elaborations on already identified issues

- 4) Understanding the best ways to secure the economic and social future of citizens, particularly those already in distress, and the trade-offs between various approaches such as basic income grants, COVID-specific grants, and other mechanisms
- 5) Examining strategies for addressing food poverty, including both community-based and nationally led actions
- 6) Addressing the additional risks of gender-based and domestic violence arising from restrictions in social gathering, and finding ways to intervene that do not necessarily require people to leave their homes
- 7) Analyzing and responding to the impacts of lockdown measures on women's and children's health
- 8) Linking the level of community participation in the pandemic response with outcomes and capturing innovations in government approaches that enable community participation

Top priorities for 'living' evidence syntheses

Public-health measures

- 1) Priorities that were included in the briefing note and affirmed by at least one panelist
 - a. Supporting adoption and adherence to public-health measures, with particular focus during the deliberation being given to
 - b. communicating about public-health measures (including risks and uncertainties) and understanding whether the messages are understood and accepted by citizens (reinforcing the priority of 'leveraging insights from the behavioural sciences to support communication')
 - c. Balancing public-health considerations with economic and social costs
 - d. Optimizing COVID-19 testing policy
- 2) Examining the causes of variation in death rates across countries and identifying potential implications for future pandemic responses

Clinical management of COVID-19 and pandemic-related conditions

- 1) Priority that was included in the briefing note and affirmed by at least one panelist
 - a. Understanding and addressing the medium-to-long-term effects of COVID-19 (i.e., 'long' COVID)

Health-system arrangements

- 1) Priorities that were included in the briefing note and affirmed by at least one panelist
 - a. Managing vaccine distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
- 2) Strategic purchasing of supplies and equipment (e.g., personal protective equipment, liquid nitrogen for vaccine storage)

Economic and social responses (which were not covered in the briefing note but which panelists did speak to as critically important)

- 1) Formalizing policy learning related to the pandemic response and considering what changes should be sustained in the post-pandemic future (e.g., more hand-washing and less air travel)

Feedback about things to consider in research evidence synthesis work

General

- *Recognizing and addressing the loss of confidence and trust in both governments and science as a result of the actions of some leaders and groups*
- *Considering adding a fifth element to the COVID-END inventory of ‘best’ evidence syntheses to capture broader global governance and national political issues that can have impacts on the four other elements (public-health measures, clinical management, health-system arrangements, and economic and social responses)*
- *Considering using a scenarios approach to help distinguish short-lived but urgent issues from long-term or recurrent issues while recognizing that the pandemic is progressing differently around the world and priorities will likely differ at any point in time for different countries*

Evidence supply-side considerations

- *Prioritizing living evidence syntheses and regularly revisiting priorities for such syntheses (including in partnership with international consortia of experts in the topics under discussion)*
- *Being attentive to and addressing where possible the detrimental impact of the global focus on COVID-19 on non-COVID-19-related research and evidence syntheses*
- *Researching the research, including understanding quality, what disciplines were involved in producing it, and whether patients and citizens were engaged in the process*

Evidence demand-side considerations

- *Improving processes for identifying government priorities (and the role that COVID-END might play at a global level in capturing and identifying similarities and differences across countries)*
- *Being attentive to the need for timely and fit-for-purpose evidence products that meet the needs of decision-makers*

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