

What's on our List of Priority Topics for Living Evidence Syntheses?

- Public-health measures
 - Supporting **adherence** to measures, including better communicating rationale including trade-offs (including in politicized contexts and for politicized issues)
 - **Strategies** for testing and for test-track-trace approaches that optimize the use of existing capacity
 - Outbreak **contributors** (from interdisciplinary outbreak studies)
 - Surveillance, analytic and synthesis **capacity and linkages** to other parts of the health system
- Clinical management of COVID-19 and pandemic-related conditions
 - **Long COVID** (among people without severe COVID) and/or long-term sequelae of severe COVID
 - Screening for and managing emergent **mental health** and substance use issues
 - **Concurrent management** of COVID-19 and other (seasonal) infections

What's on our List of Priority Topics for Living Evidence Syntheses? (2)

- Health-system arrangements
 - Managing **vaccine** distribution allocation and approaches under shortage conditions, leveraging vaccine trust and addressing vaccine hesitancy, and capturing lessons learned from roll-outs
 - Approaches to **strategic purchasing** of supplies and equipment (e.g., personal protective equipment and liquid nitrogen for vaccine storage) that balance accountabilities up & out
 - 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 & wellbeing)
 - Consolidating and optimizing the value achieved through shifts in **virtual care**
 - **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)
- Economic and social responses (e.g., to address poverty and domestic violence)

Ideas for our Tips Sheet for Teams Taking Up Priority Topics for Living Evidence Syntheses?

- Consider **interdisciplinary teams** (e.g., laboratory, IPAC, engineering, data modeling, outbreak studies, behavioural and social sciences, science communication) alongside methodological experts?
- Consider committing to explicitly
 - Examine benefits and harms (health outcomes), citizen experiences, and costs (both for delivery and for the **economic and social consequences**)?
 - Foreground **equity** considerations?
- Consider 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)