

*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*

*Citation: Bullock HL, Lavis JN, Sharma K, MacLean A & Al-Khateeb S. Insights from COVID-END's global horizon-scanning panel meeting on 30 September 2020. Hamilton, Canada: COVID-19 Evidence Network to support Decision-making about COVID-19 (COVID-END); 2 October 2020.*