

COVID-19 Rapid Evidence Profile #20 (9 October 2020)

Questions

What living, full or rapid reviews have been produced that provide evidence about economic and social responses to COVID-19?

What we found

Documents were organized using the [taxonomy of economic and social responses to COVID-19](#), which includes the following 18 broad categories of responses (each with sub-categories that are provided in Table 1):

- children and youth services;
- citizenship;
- climate action;
- community and social services;
- culture and gender;
- economic development and growth;
- education;
- employment;
- energy supply;
- environmental conservation;
- financial protection;
- food safety and security;
- government services;
- housing;
- infrastructure;
- natural resources;
- recreation; and
- transportation.

We identified five systematic reviews and 10 rapid reviews that were relevant, and these reviews addressing six of the 18 broad categories of economic and social responses in the COVID-END [inventory of best evidence syntheses, specifically the part addressing economic and social responses](#). No living systematic reviews were identified that were relevant to any of the categories of the taxonomy. We identified an additional six full systematic reviews and six rapid reviews that were relevant but were excluded because they were rated as low methodological quality (defined as an AMSTAR rating between 0 and 3). The hyperlinked titles to these reviews and their AMSTAR rating are provided in Appendix 2.

Box 1: Our approach

We identified synthesized research evidence addressing the question by searching the guide to COVID-19 evidence sources on 9 October 2020 (www.mcmasterforum.org/find-evidence/guide-to-covid-19-evidence-sources). We supplemented this with searches of 15 additional databases, and we provide more detail about these supplementary searches in Appendix 1.

In this rapid evidence profile, we only included living, full rapid reviews. We appraised the methodological quality of the identified full systematic reviews using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. We only included systematic reviews that were deemed to be of high (AMSTAR score of 8-11) or medium quality (AMSTAR score between 4-7). It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

This rapid evidence response was prepared in one day to identify potential new evidence syntheses that could be added to the COVID-END [inventory of best evidence syntheses, specifically the part addressing economic and social responses](#).

Table 1: Living, full and rapid reviews identified that focus on economic or social responses to COVID-19

Broad and specific decisions	Living or full reviews	Rapid reviews
Children and youth services	No living or full reviews identified	<p>There is a need for increased intersectoral partnerships between social services and public health throughout the duration of the pandemic to better support families and their children (AMSTAR rating 4/9; literature last searched 4 September 2020)</p> <p>Facilitators for remote leadership in the social-work sector include a flexible leadership style, regular communication, clearly set goals and provision of regular feedback to team members (AMSTAR rating 4/10; published June 2020)</p> <p>Evidence from previous pandemics found that social workers can expect COVID-19 to have an impact on children's level of anxiety, trauma and grief, as well as on the way that social workers practise, including being more physically separated from their colleagues and usual sources of support (AMSTAR rating 4/9; published August 2020)</p>
Citizenship	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Community engagement 	No living or full reviews identified	<p>Supports for migrant populations could be strengthened during the COVID-19 pandemic by developing targeted infection-prevention and control interventions; strengthening the community collaboration and mobilization; engaging migrant populations in the pandemic response and community governance; engaging social workers to provide professional support; preventing the stigma; providing psychological interventions; strengthening the management capacities and staff training; and leveraging the grid technology and artificial intelligence to refine the management services (AMSTAR rating 4/9; published 24 February 2020 - date literature searched not provided)</p>
<ul style="list-style-type: none"> Civil-rights violations 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Elections 	No living or full reviews identified	No rapid reviews identified
Climate action	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Climate-action focused economic stimulus 	No living or full reviews identified	No rapid reviews identified

Broad and specific decisions	Living or full reviews	Rapid reviews
Community and social services	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Shopping and other services for socially isolated individuals 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Supports for community resilience 	<p>Previous pandemics have been found to cause multiple losses both directly related to death and related to the loss of social norms, rituals and mourning practices that would typically follow death, which increases the risk of complicated grief (AMSTAR rating 4/9; last searched 7 April 2020)</p> <p>Effective systems-level bereavement supports following natural disasters were found to include widespread advertising and proactive outreach, central coordination of locally delivered support, training for providers relevant to the pandemic, structured individual and group psycho-education, and risk assessment and referral pathways for specialist mental health supports (AMSTAR rating 8/9; literature last searched 3 April 2020)</p>	<p>Supports for those with mobility limitations to access essential services during the COVID-19 pandemic include reserving opening hours for certain populations, offering drive-thru or delivery options and creating specific help lines (AMSTAR rating 4/9; literature last searched 11 September 2020)</p> <p>Protective factors for Indigenous people and communities in Canada during COVID-19 include, among others, self-determination and community autonomy, Indigenous knowledge and practices, caring for family and community members, and consistent, culturally relevant public-health measures (AMSTAR rating 8/10; literature last searched 8 October 2020)</p>
Culture and gender	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Stigma reduction 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Domestic and gender-based violence reduction 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Arts and cultural institutions 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Religious institutions and practices 	No living or full reviews identified	No rapid reviews identified
Economic development and growth	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Economic resilience 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Targeted support to most affected industries 	No living or full reviews identified	No rapid reviews identified

Broad and specific decisions	Living or full reviews	Rapid reviews
• Interest rate reductions	No living or full reviews identified	No rapid reviews identified
• Interest-free or reduced loans to businesses	No living or full reviews identified	No rapid reviews identified
• Resolving credit lines	No living or full reviews identified	No rapid reviews identified
• Corporate bond buying (by government)	No living or full reviews identified	No rapid reviews identified
• Government bond buying (by central banks)	No living or full reviews identified	No rapid reviews identified
• Rent relief for businesses (by government)	No living or full reviews identified	No rapid reviews identified
• Debt relief for businesses (by government)	No living or full reviews identified	No rapid reviews identified
• Debt relief for governments (e.g., by IMF)	No living or full reviews identified	No rapid reviews identified
• Tax deferral for businesses	No living or full reviews identified	No rapid reviews identified
Education	No living or full reviews identified	No rapid reviews identified
• Online instruction	Synchronous distance education had similar knowledge gains to traditional education and had higher satisfaction ratings among post-secondary health science students (AMSTAR rating 9/11; literature last searched March 2020)	No rapid reviews identified
• Student supports	No living or full reviews identified	No rapid reviews identified
• Instructor supports	No living or full reviews identified	No rapid reviews identified
• Classroom changes	No living or full reviews identified	No rapid reviews identified
• School changes	No living or full reviews identified	No evidence was identified about the impact of school closures on COVID-19 transmission control, but evidence from the SARS outbreak in mainland China, Hong Kong and Singapore suggests that school closures did not contribute to the control of the epidemic.

Broad and specific decisions	Living or full reviews	Rapid reviews
		<p>modelling studies of SARS produced conflicting results and recent modelling studies of COVID-19 predict that 2-4% of deaths could be prevented by closing schools (AMSTAR rating 5/9; literature last searched 6 April 2020)</p> <p>A guide to inform those involved in school reopening processes is provided, which outlines the conditions that must be met before considering school reopening, preparing for school reopening, initiation of school reopening, post-reopening phase, and roles of governments, stakeholders and parents/guardians in the process (AMSTAR rating 4/9; published 24 September 2020 – date literature searched not provided)</p> <p>When approaches to infection control are implemented, the overall risk of COVID-19 children-to-children and children-to-adult transmission appears to be low in primary-school and daycare settings, and in the context of COVID-19 clusters or outbreaks, adult-to-adult transmission seems to be more common than child-to-adult or adult-to-child transmission (AMSTAR rating 7/10; literature last searched 5 October 2020)</p>
• Skill re-development programs	No living or full reviews identified	No rapid reviews identified
Employment	No living or full reviews identified	No rapid reviews identified
• Worker supports	No living or full reviews identified	No rapid reviews identified
• Workplace changes	No living or full reviews identified	No rapid reviews identified
• Building changes	No living or full reviews identified	No rapid reviews identified
Energy supply	No living or full reviews identified	No rapid reviews identified
Environmental conservation	No living or full reviews identified	No rapid reviews identified
• Fire bans due to limitations in and risk for fire-fighting personnel	No living or full reviews identified	No rapid reviews identified
Financial protection	No living or full reviews identified	No rapid reviews identified
• Income replacement	Scaling up and diversifying the range of income-security interventions was deemed to be crucial for enhancing	No rapid reviews identified

Broad and specific decisions	Living or full reviews	Rapid reviews
	equitable income-security coverage in low- and middle-income countries given that coverage of contributory income-security schemes was found to be low (particularly for informal and low-income workers), and because non-contributory schemes for low-income groups were found to typically not be designed to provide income support in periods of ill health, be difficult to access and rarely provide sufficient income support to cover the needs of eligible recipients (AMSTAR rating 5/9; literature last searched in 2019)	
• Wage subsidies for essential workers	No living or full reviews identified	No rapid reviews identified
• Rent deferral for citizens	No living or full reviews identified	No rapid reviews identified
• Debt relief for citizens	No living or full reviews identified	No rapid reviews identified
• Tax deferral for citizens	No living or full reviews identified	No rapid reviews identified
• Financial-scam prevention	No living or full reviews identified	No rapid reviews identified
• Broad consumer protection	No living or full reviews identified	No rapid reviews identified
Food safety and security	No living or full reviews identified	No rapid reviews identified
• Agricultural processes	No living or full reviews identified	No rapid reviews identified
• Food processing-plant design	No living or full reviews identified	No rapid reviews identified
• Food transportation adjustments	No living or full reviews identified	No rapid reviews identified
• Food shopping changes	No living or full reviews identified	No rapid reviews identified
• Food handling practices	No living or full reviews identified	No rapid reviews identified
Government services	No living or full reviews identified	No rapid reviews identified

Broad and specific decisions	Living or full reviews	Rapid reviews
• Transitioning to e-services	No living or full reviews identified	No rapid reviews identified
Housing	No living or full reviews identified	No rapid reviews identified
• Homeless shelters	No living or full reviews identified	No rapid reviews identified
• Other congregate living environments	No living or full reviews identified	No rapid reviews identified
• House alternatives when quarantine or physical distancing is needed	No living or full reviews identified	No rapid reviews identified
Infrastructure	No living or full reviews identified	No rapid reviews identified
• Broadband internet access	No living or full reviews identified	No rapid reviews identified
• Cyber-security protocols for governments and businesses (see financial protection for protecting citizens from financial scams)	No living or full reviews identified	No rapid reviews identified
• Green-space re-allocations to accommodate physical distancing	No living or full reviews identified	No rapid reviews identified
• Road-space re-allocations to accommodate physical distancing	No living or full reviews identified	No rapid reviews identified
Natural resources	No living or full reviews identified	No rapid reviews identified
• Price collapses	No living or full reviews identified	No rapid reviews identified
• Distribution difficulties	No living or full reviews identified	No rapid reviews identified
Recreation	No living or full reviews identified	No rapid reviews identified

Broad and specific decisions	Living or full reviews	Rapid reviews
<ul style="list-style-type: none"> Public spaces like parks 	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Private spaces like gyms 	No living or full reviews identified	No rapid reviews identified
Transportation	No living or full reviews identified	No rapid reviews identified
<ul style="list-style-type: none"> Public transportation rules 	No evidence was identified that described severe acute respiratory syndrome coronavirus and Middle East respiratory syndrome coronavirus transmission events associated with transportation systems or hubs, but they were found to be important in accelerating and amplifying influenza transmission, and it was emphasized that control measures to prevent influenza transmission on cruise ships are needed to reduce morbidity and mortality (AMSTAR rating 9/10; literature last searched 18 April 2014)	No rapid reviews identified
<ul style="list-style-type: none"> Private transportation restrictions 	No living or full reviews identified	The certainty of the evidence for most travel-related control measures (travel restrictions to reduce cross-border travel, symptom screening and/or quarantine) is very low, but some travel-related control measures during the COVID-19 pandemic were found to possibly have a positive impact on infectious-disease outcomes, including travel restrictions to limit spread across borders, and combining symptom screening with quarantine, observation and PCR testing (AMSTAR rating 8/9; literature last searched 26 June 2020)

Wilson MG, Waddell K, Moat KA, Wang Q, Lavis JN. COVID-19 rapid evidence profile #20: What living, full or rapid reviews have been produced that provide evidence about economic and social responses to COVID-19? Hamilton: McMaster Health Forum, 9 October 2020.

The McMaster Health Forum is one of the three co-leads of RISE, which is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. To help Ontario Health Team partners and other health- and social-system leaders as they respond to unprecedented challenges related to the COVID-19 pandemic, the Forum is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the McMaster Health Forum and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.



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Appendix 1: Methodological details

We use a standard protocol for preparing each rapid evidence profile (REP) to ensure that our approach to identifying research evidence as well as experiences from other countries and from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For this REP, we searched our continually updated [guide to key COVID-19 evidence sources](#) for living, full or rapid reviews. We also conducted searches of the 15 additional sources listed below (and include the search strategy used in each).

- 3IE: Hand searched
- Africa Centre for Evidence: Hand searched
- EBSCO: (COVID-19 OR coronavirus OR SARS*CoV*2)[in title] AND review [anywhere]
- EconLit: (COVID-19 OR coronavirus OR SARS*CoV*2) AND (systematic review or meta-analysis)
- ERIC: COVID-19 OR coronavirus OR SARS*CoV*2) AND review
- EPPI Centre: Hand searched
- Collaboration for environmental evidence: Hand searched
- International Labour Organization: Hand searched
- National Bureau for Economic Research: Hand searched
- OECD: Hand searched
- PAIS Index: (COVID-19 OR coronavirus OR SARS*CoV*2)[in title] AND review [anywhere]
- Political Studies Abstracts: (COVID-19 OR coronavirus OR SARS*CoV*2) AND (systematic review or meta-analysis)
- Proquest: (COVID-19 OR coronavirus OR SARS*CoV*2) AND ("systematic review" OR "rapid review" OR "rapid evidence review") and filter for scholarly journals
- Sociological abstracts: (COVID-19 OR coronavirus OR SARS*CoV*2) AND (systematic review or meta-analysis)
- Web of Science: (COVID-19 OR coronavirus OR SARS*CoV*2) AND ("systematic review" OR rapid review OR meta-analysis - Refined by categories to include: social sciences biomedical; education scientific disciplines; sociology; substance use; computer science and information systems; engineering; social sciences interdisciplinary; telecommunications; art; ecology; education and educational research; green sustainable science technology; healthcare sciences services; health policy; and regional urban planning

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from

documents that are written in languages other than Chinese, English, French and Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

Assessing relevance and quality of evidence

We assessed the relevance of each included evidence document in relation to the organizing framework.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses to COVID-19. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare declarative headings that provide a brief summary of the key findings and act as the text in the hyperlink. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

Appendix 2: Documents excluded at the final stages of reviewing

Type of document	Hyperlinked titles (and AMSTAR rating)
Living reviews	Not applicable
Full systematic reviews	<p>Analysis of and potential policy responses to Wuhan "stigma" phenomenon during the COVID-19 pandemic (AMSTAR rating 1/9)</p> <p>Interventions to suppress the coronavirus pandemic will increase unemployment and lead to many premature deaths (AMSTAR rating 1/10)</p> <p>Social protection as a key tool in crisis management: Learnt lessons from the COVID-19 pandemic (AMSTAR rating 3/9)</p> <p>The psychological causes of panic buying following a health crisis (AMSTAR rating 3/9)</p> <p>Trial by Zoom? The response to COVID-19 by Canada's courts (AMSTAR rating 0/9)</p> <p>Resilient cities critical infrastructure interdependence: A meta-research (AMSTAR rating 1/9)</p>
Rapid reviews	<p>Rapid review on temporary shared accommodation (boarding houses, backpacker accommodation and hostels) (AMSTAR rating 3/9)</p> <p>COVID-19 and the social safety net around children and youth at risk of abuse and youth protection practices (AMSTAR rating 2/9)</p> <p>Safeguarding human rights during the COVID-19 pandemic (AMSTAR rating 3/9)</p> <p>Analysis of and potential policy responses to Wuhan "stigma" phenomenon during the COVID-19 pandemic (AMSTAR rating 1/9)</p> <p>Impact of school closures on the attainment gap: Rapid evidence assessment (AMSTAR rating 2/10)</p> <p>Workforce reconfiguration (AMSTAR rating 3/9)</p>