

1 APPENDIX

2 This paper is a version of a longer report prepared for the Social Science in Humanitarian Action
3 Platform (SSHAP), a project which aims to provide rapid evidence syntheses and analyses to
4 operational actors engaged in humanitarian response to help them respond more effectively. Given
5 urgency and the emergent nature of our topic, we engaged a 'rapid evidence assessment'
6 methodology to summarise and synthesise findings (Nobel and Smith 2018:
7 <https://ebn.bmj.com/content/21/2/39>).

8 We began our assessment by searching the academic database Web of Science using combinations
9 of the search terms: ("secondary" or "collateral" or "indirect") and "health" and "impacts" and
10 ("COVID-19" or "coronavirus" or "pandemic"). The search year was restricted to 2020, and we
11 conducted the search in August 2020. The search yielded very few relevant articles, likely reflecting
12 the limited peer reviewed literature available at that point, and due to our wide scope which
13 focused on broader health and health system impacts rather than on any particular health or health
14 system issue, context, pandemic response, or impact for which we could employ a more targeted
15 search.

16 We extended our search to more general Google and Google scholar searches, as well as invited
17 colleagues to share papers and reports that spoke to our query. In addition to academic material,
18 including published articles, pre-prints, reports and blogs, we drew extensively also on grey
19 literature identified through our searches. This included reporting from news media outlets, as well
20 as development, public health and humanitarian organisations, including material identified through
21 the humanitarian database ReliefWeb, and a resource inventory being maintained by the Center for
22 Global Development on the indirect health effects of the pandemic which included both academic
23 and grey sources (https://docs.google.com/spreadsheets/d/1_MBh3FmuSZK-9UQsrBYaYtIHdCqnez9oqJ8t216LkbE/edit#gid=484814669). We also engaged extensive snowballing
24 techniques and reference mining, and drew on the experience of author SC who is directly engaged
25 in pandemic response. This iterative strategy enabled us to include the most recent developments,
26 and capture data not represented in formal published research in a fast changing and emergent
27 situation.
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29 While we aimed to be as comprehensive as possible under the time constraints and circumstances of
30 a fast-changing situation, we are likely to have missed relevant studies and reporting. Furthermore,
31 as our scope was very broad, we were unable to cover every relevant issue and area.