

COVID-END's 7 principles

1. Supporting (not competing with or replacing) well-positioned regional, national and sub-national organizations that are working in close partnership with key target audiences and already responding to their evidence needs
2. Supporting – with a common brand/identity, small agile secretariat, and simple working group structure – a distributed network of organizations and individuals to play to their comparative advantages and leverage one another's work
3. Seeking out quick wins for those supporting decision-makers and among those involved in preparing evidence syntheses, technology assessments and guidelines, and taking measured steps to longer-term solutions that can better support decision-makers
4. Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability
5. Addressing a diversity of regional and linguistic needs among decision-makers and those who support them
6. Ensuring diversity, equity and inclusion in the leadership of the initiative and its working groups (e.g., achieving a balance of co-chairs by gender and from high-income countries and from low- and middle-income countries)
7. Committing to related principles articulated by others
 - Principles of high quality evidence synthesis as articulated by Evidence Synthesis International
 - Principles of open access to of all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with 'open synthesis' principles)

Together we can make a big difference in minimizing the human suffering being caused by COVID-19. We can also position ourselves optimally for addressing the more everyday challenges that we will return to when the worst of COVID-19 is behind us.



COVID-END Logic Model

COVID-19 Evidence Network
to support Decision-making

2020-06-16

COVID-19 Evidence Demand Context

Unprecedented but uneven demand for evidence (incl. syntheses, guidance & HTAs) across sectors

Quality and currency of evidence & evidence products difficult to discern

COVID-19 Evidence Supply Challenges

Rapid upsurge in variable quality primary COVID-specific research, leading to rapidly evolving evidence base

Evidence ecosystem less coordinated than optimal

More duplication of synthesis activities than is constructive

New entrants not always aware of best approaches and tools

Evidence synthesis activities are of variable quality

Inputs

People

- I - Partners (supply & demand sides)
- II - Community
- III - Working groups
- IV - Secretariat
- V - MUN MPH students

Other resources

- Project funds (Ontario Ministry of Health)
- Donor funds

Work Streams

- Scoping
- Engaging
- Digitizing
- Synthesizing
- Recommending
- Packaging
- Sustaining

Mechanisms

- Convening partners
- Coordinating activities
- Sharing knowledge & expertise
- Collaborating with partners, community & stakeholders
- Curating useful & high-quality synthesis resources
- Producing products, tools & processes
- Responding to stakeholder needs
- Amplifying partner resources
- Advocating for a more effective evidence ecosystem

Outputs

- Tools & resources to support:
 - Decision makers
 - Researchers
 - Other target groups
- Opportunities & structures that enable relationship building & collaboration
- Awareness-building & communication activities

Inclusiveness

Diversity

Equity

COVID-END partner organizations

COVID-END community organizations

Target Groups

Primary

- Decision makers
- Evidence synthesizers
- Guideline developers
- HT Assessors
- Knowledge/evidence intermediaries

Secondary

- Citizens
- Patients
- Primary researchers
- Civil society organizations
- Funders
- Media

Short-term Outcomes

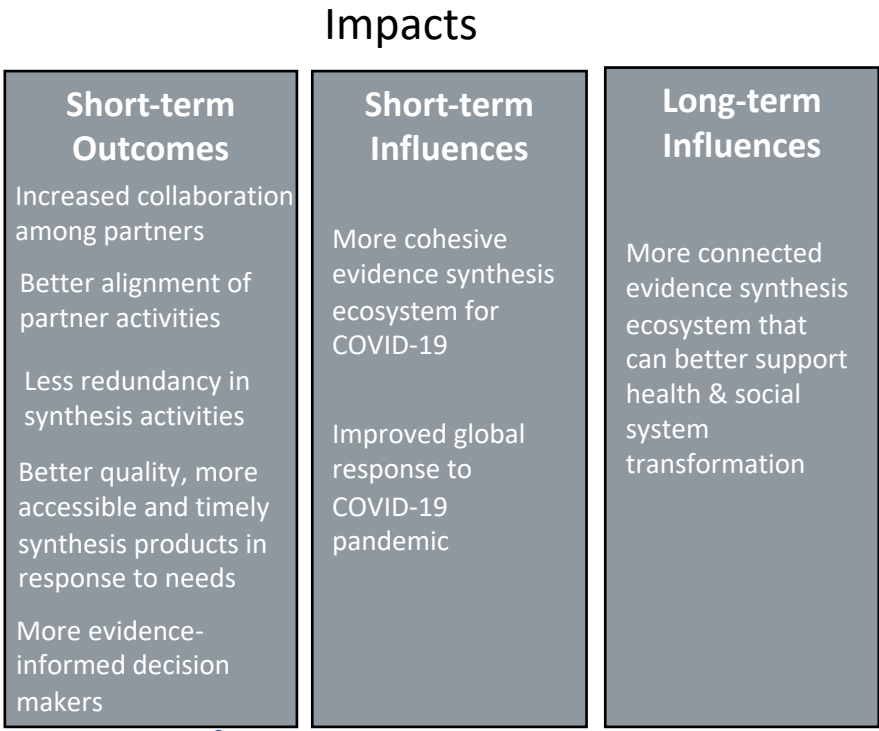
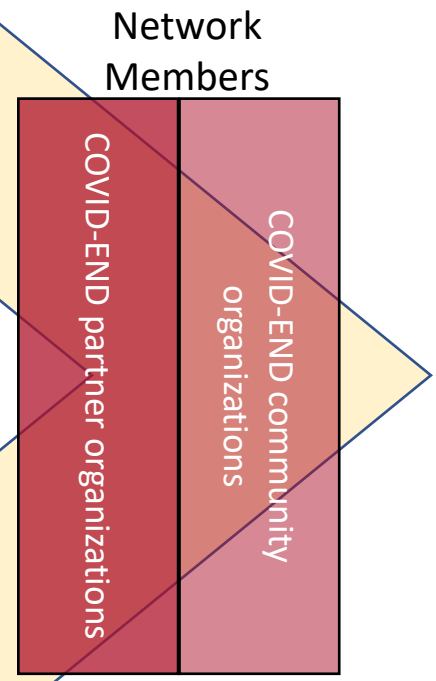
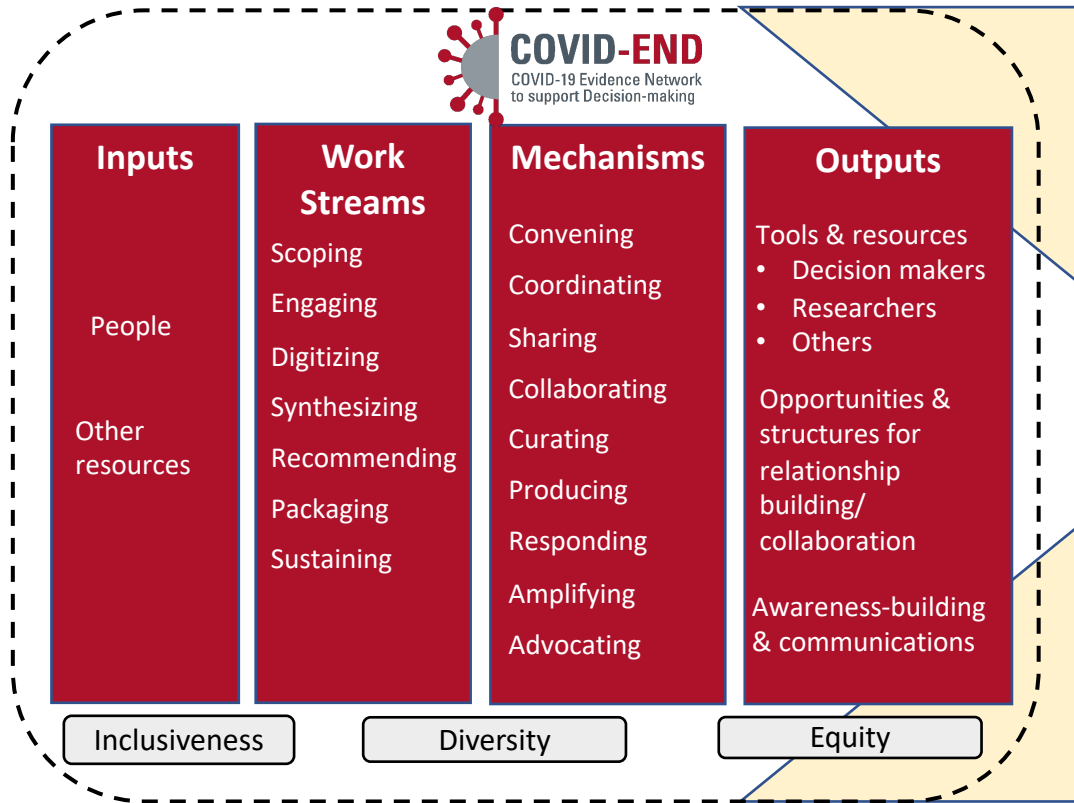
- Uptake & use of tools produced by COVID-END
- Increased collaboration among partners
- Better alignment of partner activities
- Less redundancy in synthesis activities
- Better quality, more accessible and timely synthesis products in response to needs
- More evidence-informed decision makers

Short-term Influences

- More cohesive evidence synthesis ecosystem for COVID-19
- Improved global response to COVID-19 pandemic

Long-term Influences

- More connected evidence synthesis ecosystem that can better support health & social system transformation



Partner Organizations

Africa Centre for Evidence, UNIVERSITY JOHANNESBURG, AFRICA EVIDENCE NETWORK, NSW GOVERNMENT, AGENCY FOR CLINICAL INNOVATION, AGREE, AUB, Campbell Collaboration, Centre for Evidence Based Health Care, Cochrane, Cochrane France, Cochrane Ireland, ebase, EPISTEMONIKOS FOUNDATION, ePPI CENTRE, evidence aid, Evidence Synthesis International, EVIDENCE SYNTHESIS IRELAND, Guidelines International Network, HTA HEALTH TECHNOLOGY ASSESSMENT INTERNATIONAL, JBI, MAGeC Methods and Applications Group for Indirect Comparisons, Evidence Ecosystem Foundation, McMaster University, HEALTH FORUM, McMaster PLUS, National Collaborating Centre for Methods and Tools, Centre de collaboration nationale des méthodes et outils, NIPH Norwegian Institute of Public Health, The Ottawa Hospital Centre for Implementation Research, saMRC advancing life, SPOR EVIDENCE ALLIANCE, SFOR, Université de Paris, UNIVERSITY of York

A

COVID-END partner organizations



B

Impacts

Short-term Outcomes

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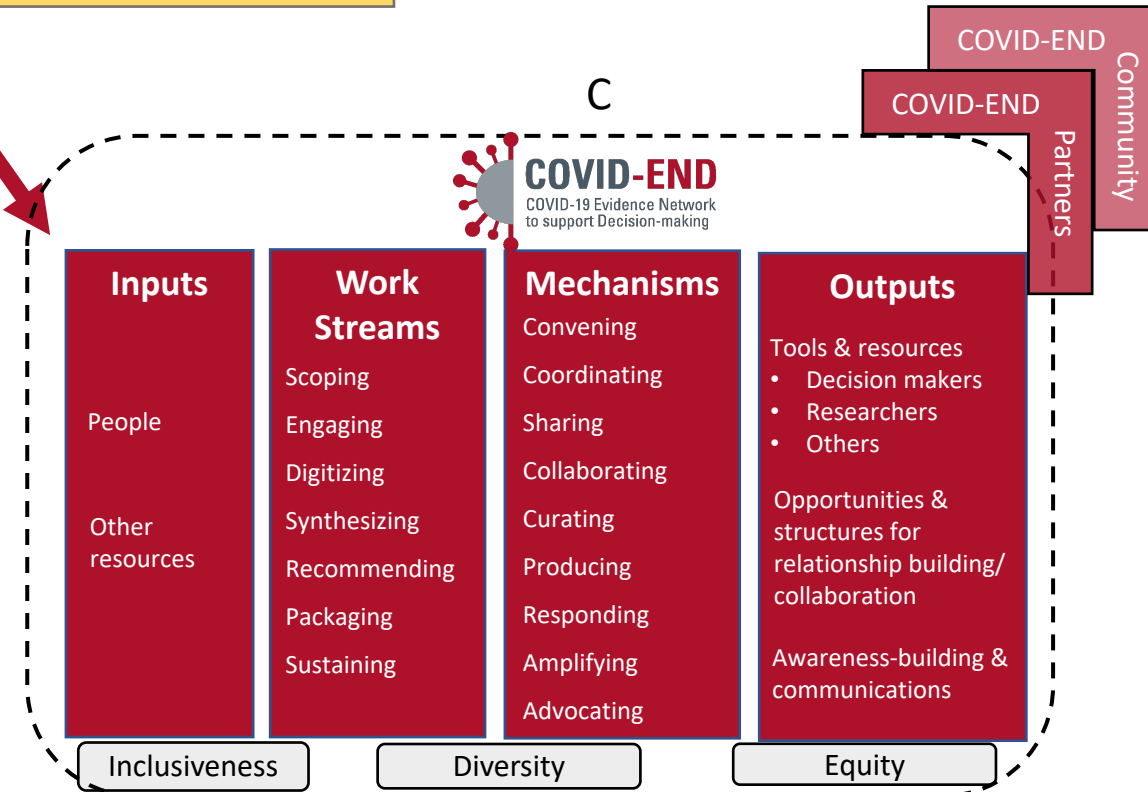
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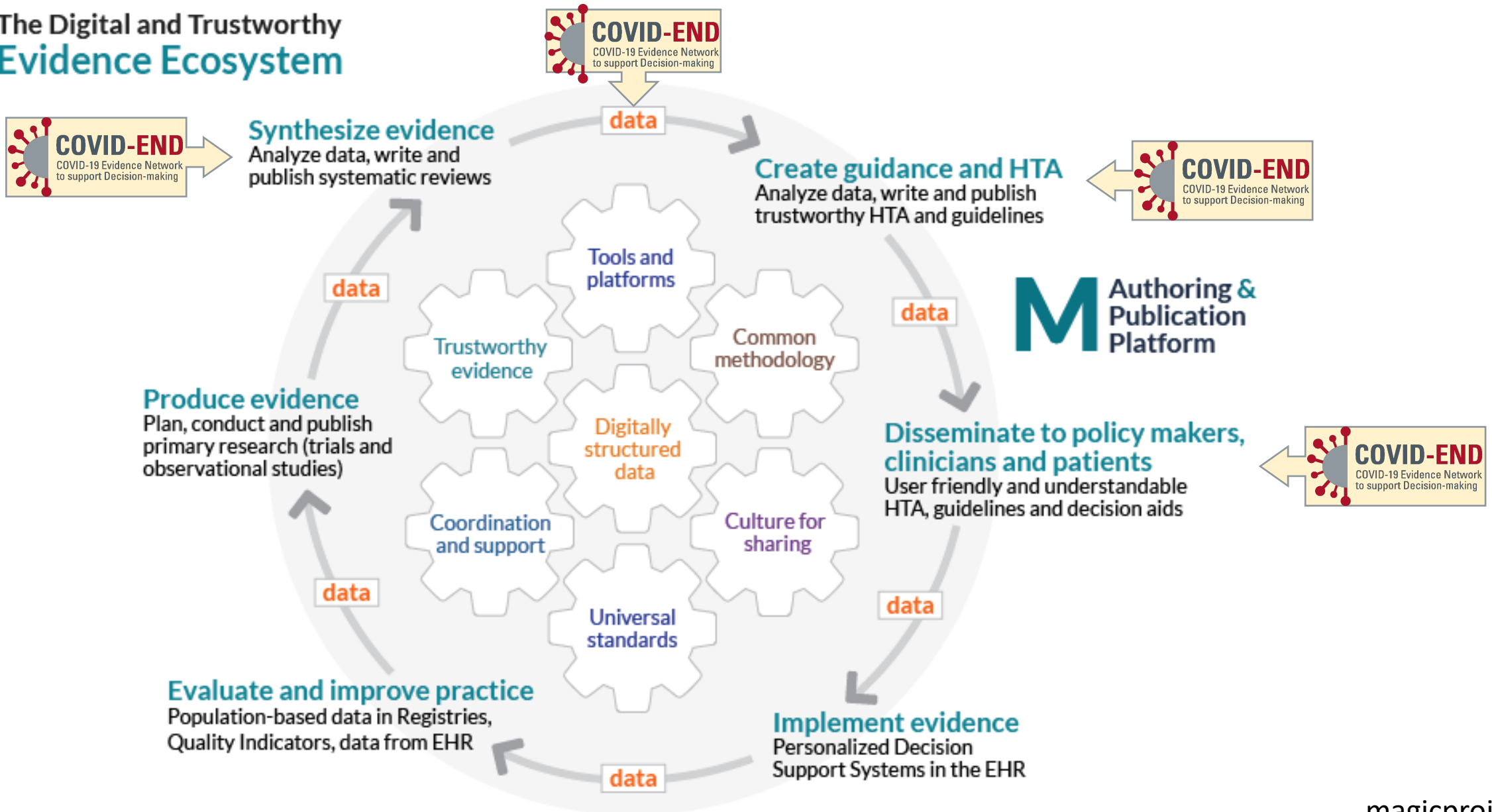
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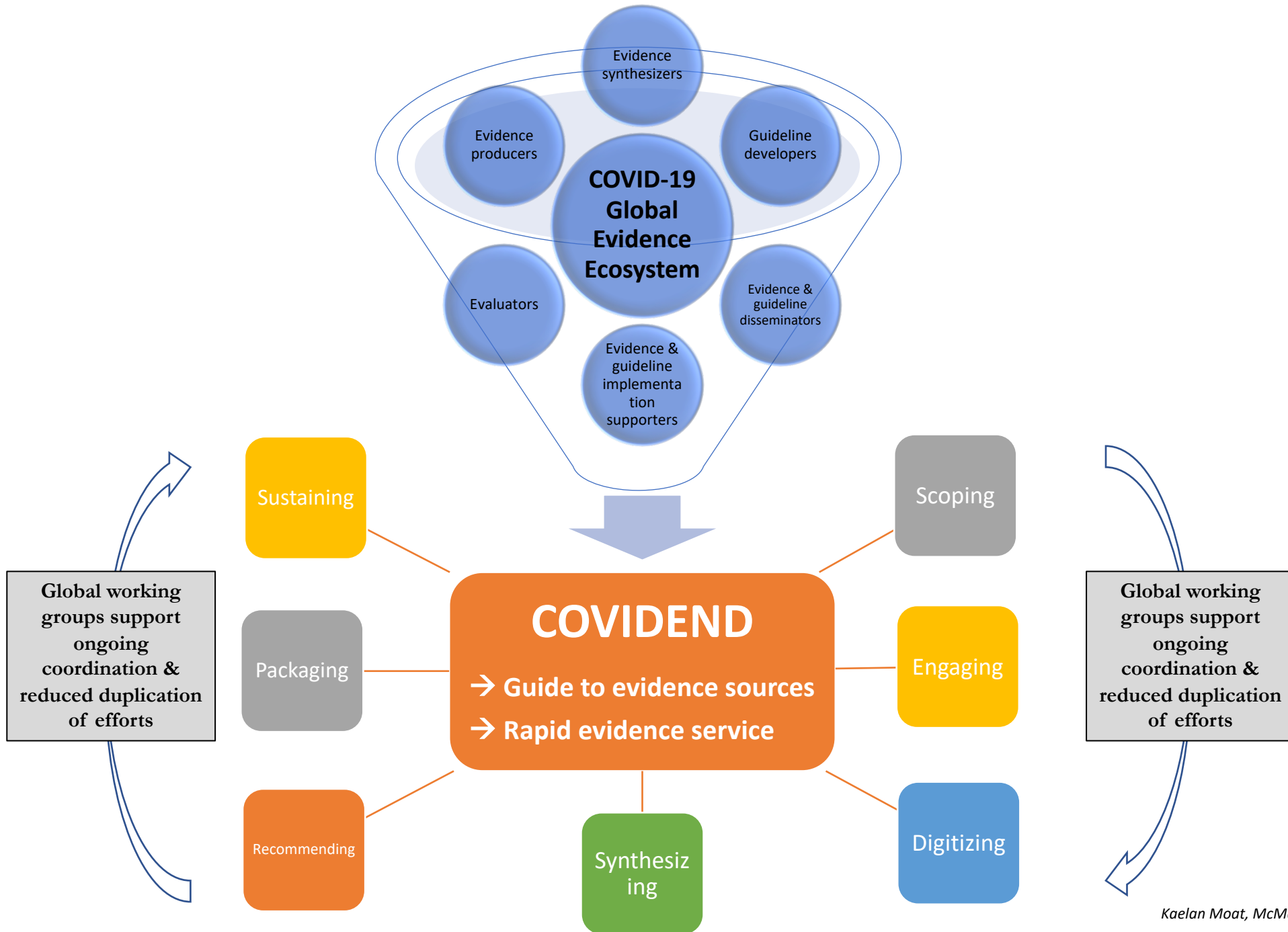
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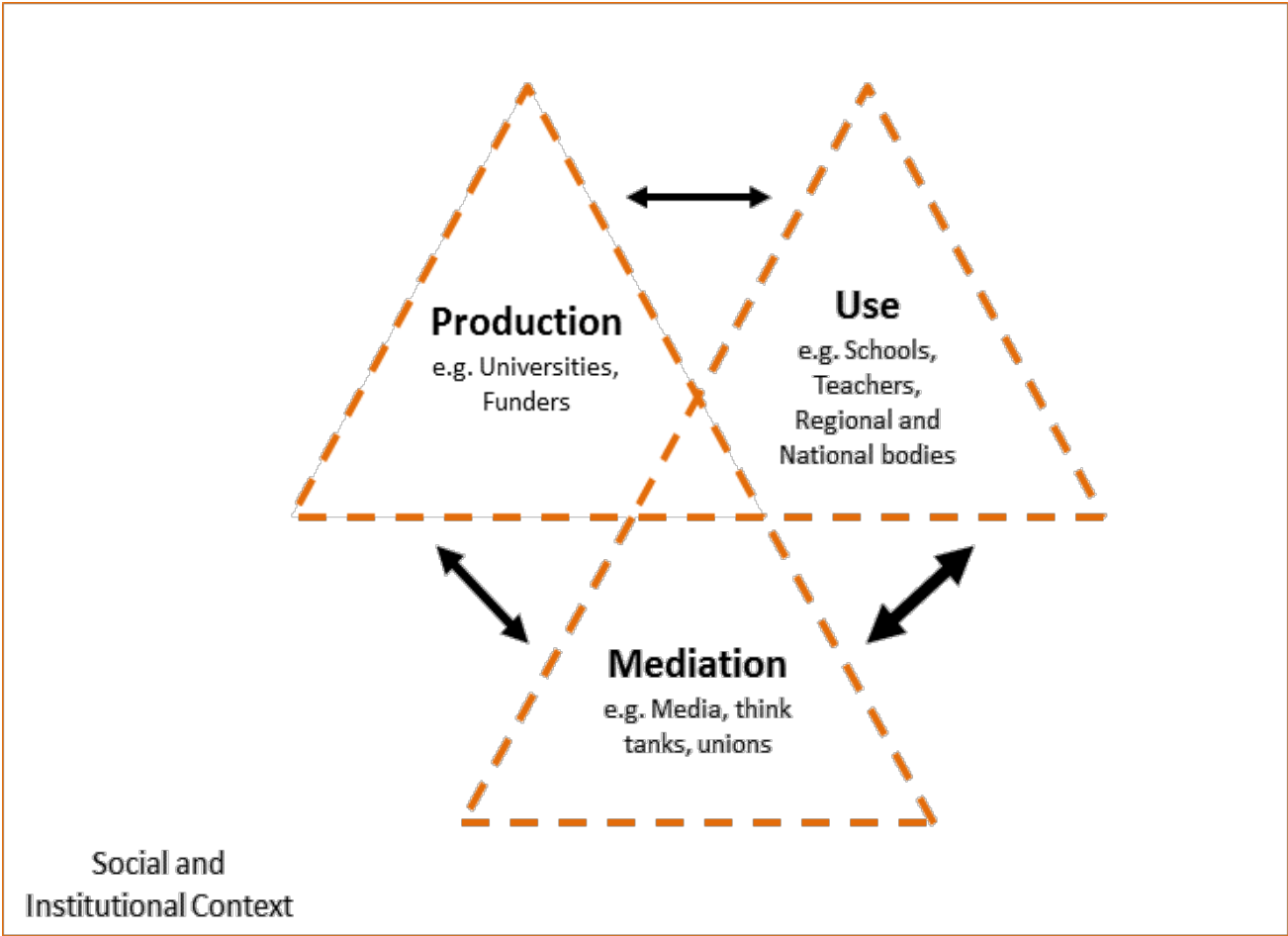


COVID-END Expected Areas of Influence in Context of the Broader Evidence Ecosystem

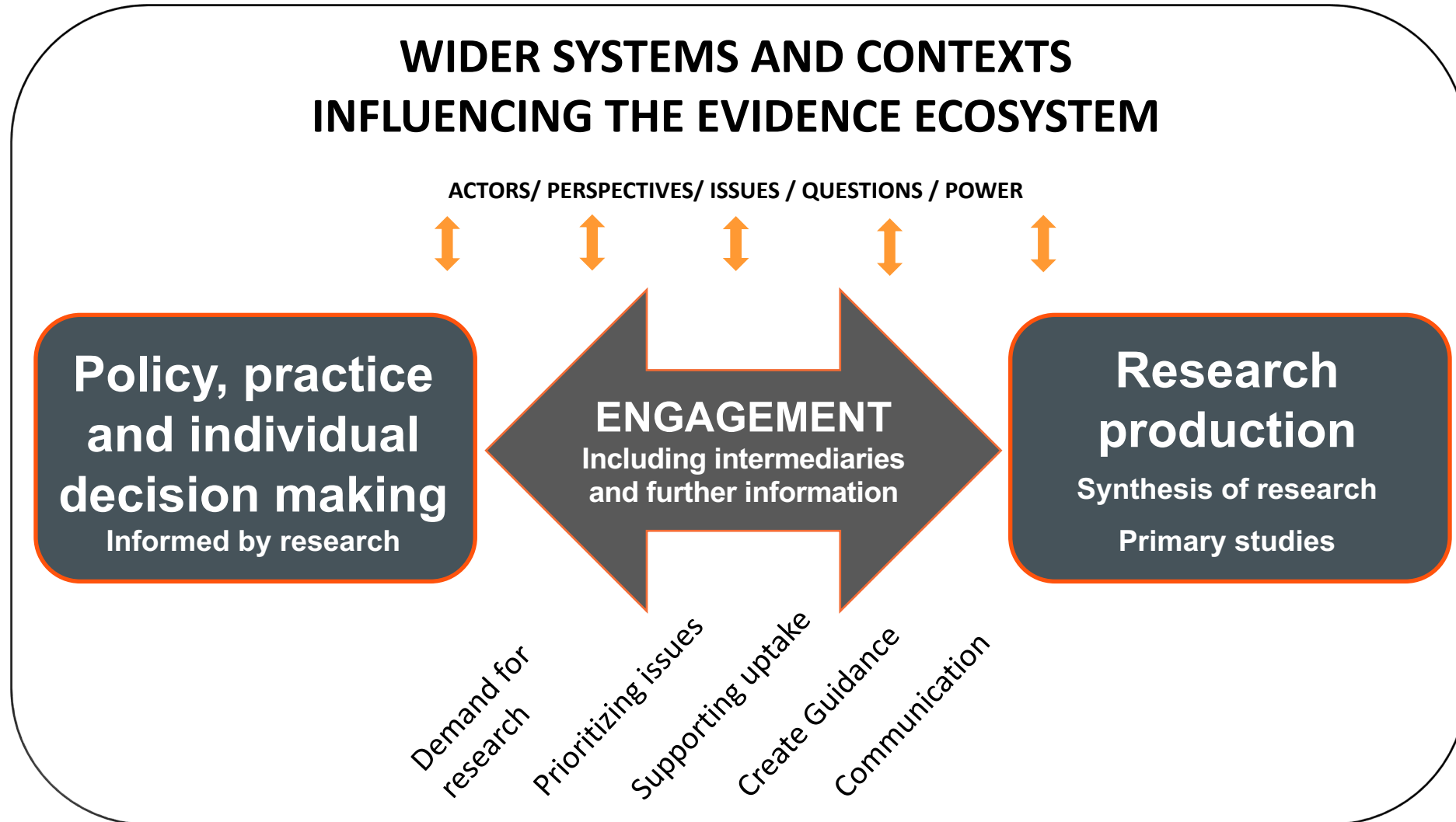
The Digital and Trustworthy Evidence Ecosystem







EVIDENCE ECOSYSTEMS



EVIDENCE ECOSYSTEMS

