



## Combined list of networks for outreach and contacts

- i. 3IE – contact: Birte Snilsveit ([bsnilstveit@3ieimpact.org](mailto:bsnilstveit@3ieimpact.org))
- ii. Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers – contact: Stephanie Chang ([Stephanie.Chang@ahrq.hhs.gov](mailto:Stephanie.Chang@ahrq.hhs.gov)) (or via Jerry Osheroff [josheroff@tmitconsulting.com](mailto:josheroff@tmitconsulting.com))
- iii. Africa Evidence Network, which includes groups like Africa Centre for Evidence, University of Johannesburg and the Centre for Rapid Evidence Synthesis, Makerere University – contact: Ruth Stewart, Africa Centre for Evidence ([ruths@uj.ac.za](mailto:ruths@uj.ac.za))
- iv. Campbell Collaboration – contact: Vivian Welch ([vwelch@campbellcollaboration.org](mailto:vwelch@campbellcollaboration.org))
- v. Campbell UK and Ireland – contact: Declan Devane ([declan.devane@nuigalway.ie](mailto:declan.devane@nuigalway.ie))
- vi. Centre for Learning and Evaluation Results – contact: Laurenz Langer ([llanger@uj.ac.za](mailto:llanger@uj.ac.za))
- vii. Cochrane Geographic Groups, including Cochrane US Network (4 EPCs are members) – contact: Sylvia de Haan ([sdehaan@cochrane.org](mailto:sdehaan@cochrane.org))
- viii. Collaboration for Environmental Evidence – contact: Ruth Stewart, Africa Centre for Evidence ([ruths@uj.ac.za](mailto:ruths@uj.ac.za))
- ix. European Network for Health Technology Assessment (EUnetHTA) – contact: Claudia Wild, Austrian HTA agency ([claudia.wild@aihta.at](mailto:claudia.wild@aihta.at)), contact person: Ozren Sehic ([ozren.sehic@aihta.at](mailto:ozren.sehic@aihta.at))
- x. Evidence Aid – contact: Ben Heaven-Taylor ([bhtaylor@evidenceaid.org](mailto:bhtaylor@evidenceaid.org))
- xi. Evidence-Informed Policy Network (EVIPNet) – contacts: John Lavis and Ludovic Reveiz ([lavisj@mcmaster.ca](mailto:lavisj@mcmaster.ca)) and ([reveizl@paho.org](mailto:reveizl@paho.org))
- xii. Global Evidence Synthesis Initiative (GESI) – contacts: Tamara Loutfi and Elie Akl ([tamara\\_loutfi@hotmail.com](mailto:tamara_loutfi@hotmail.com)) and ([ea32@aub.edu.lb](mailto:ea32@aub.edu.lb))
- xiii. Guidelines International Network (GIN), including its regional sub-networks – contacts: Per-Olav Vandvik and Zachary Munn ([per@magicproject.org](mailto:per@magicproject.org)) and ([vice-chair@g-i-n.net](mailto:vice-chair@g-i-n.net))
- xiv. Health Information for All (HIFA) – contact: Sylvia de Haan (who is a member of the listserv) ([sdehaan@cochrane.org](mailto:sdehaan@cochrane.org))
- xv. Health Technology Assessment International (HTAi) – contact: Lucy Henry, HTAi ([lhenry@htai.org](mailto:lhenry@htai.org))
- xvi. International Network of Government Science Advisors – contact: Ruth Stewart or Laurenz Langer ([ruths@uj.ac.za](mailto:ruths@uj.ac.za)) or ([llanger@uj.ac.za](mailto:llanger@uj.ac.za))
- xvii. International Network of Health Technology Assessment Agencies – contact: Sophie Söderholm Werkö by INAHTA ([sophie.werko@sbu.se](mailto:sophie.werko@sbu.se))
- xviii. National Collaborating Centres (Canada) – contact: Maureen Dobbins ([dobbinsm@mcmaster.ca](mailto:dobbinsm@mcmaster.ca))
- xix. Red de Evaluación de Tecnologías en Salud de las Américas (RedETSA) – contact: Ludovic Reveiz ([reveizl@paho.org](mailto:reveizl@paho.org))
- xx. SPOR Support Units (Canada) – contact: Andrea Tricco ([andrea.tricco@unityhealth.to](mailto:andrea.tricco@unityhealth.to))
- xxi. University of Malaya – contact: Liew Su May ([su\\_mayliew@um.edu.my](mailto:su_mayliew@um.edu.my))

- xxii. What Works Centres (UK), which includes groups like Education Endowment Initiative – contacts: Ruth Stewart or Patrick Okwen (for EEI) (ruths@uj.ac.za) or (okwen@ebaseafrica.org)

## Final content for message to networks

Key message for communication to be adapted by colleagues reaching out the networks in the first instance.

### Why we are reaching out

- Due to the COVID-19 pandemic, evidence and evidence synthesis in particular have arguable never been needed more to support rapid decision-making in health and social systems.
- Given the unprecedented scale of decision-makers' evidence needs, large-scale collaboration and shared learning within the evidence community is required.
- The COVID-19 Evidence Network to support Decision-making ([COVID-END](#)) has come together to help those already supporting decision-making to find and use the best evidence that is already out there (i.e. to support the evidence-demand side) and to help reduce duplication in and better coordinate the evidence syntheses, technology assessment and guidelines being produced (i.e., to support the evidence supply side).
- COVID-END aims to support the evidence community in avoiding duplication and efforts and to strengthen collaboration and co-ordination between different organizations within the global evidence community.

### How COVID-END might be of support to your organization

- Rather than have teams supporting decision-making in dozens of countries scrambling to find existing research evidence on the same question or similar questions, COVID-END provides support to find what's already there and then whether to use it, adapt it or identify research partners to fill a gap in what's known.
- In more detail, COVID-END can support your organization by:
  - **Saving you time to find evidence** by accessing a detailed list of existing COVID-END evidence sources (see [here](#))
  - **Avoiding duplication** by ensuring that your evidence synthesis hasn't already been attempted by checking sites included in the COVID-END evidence sources (see above)
  - **Providing practical tips and tools** on how to rapidly produce and use evidence by accessing a list of tools tailored for either researchers (see [here](#)) or decision-makers (see [here](#)). This also includes an in-depth collection of resources and tools for COVID-19 evidence syntheses (see [here](#)), which might be of help in designing and producing your evidence synthesis.
  - **Providing a rapid-evidence model** to be used or adapted to facilitate a 3-hour rapid response to decision-makers (see [here](#))
  - **Connect you with a community** of researchers and decision-makers committed to support sharing and co-ordination in order to enhance an efficient and equitable COVID-19 evidence response (see more below)

## Connecting with the COVID-END community

COVID-END is a community of researchers and decision-makers committed to support sharing and co-ordination in order to enhance an efficient and equitable COVID-19 evidence response. If you are interested in being involved in this vibrant community, we will add you to a listserv for joint discussion and engagement on topics of interest related to evidence, evidence synthesis and COVID-19. To join the listserv, we just need you to confirm your opt-in in response to this email. Our aim is to commence with the listserv in mid-June.

In the listserv, we are planning to discuss a range of issues and considerations in producing evidence, evidence syntheses and guidelines for COVID-19. These will include shared experiences and learnings of COVID-END community members for example in relation to producing more rapid and responsive COVID-19 evidence services across contexts. It will also include the exploration of a few principles that might support the production of COVID-19 evidence syntheses and guidelines. Based on initial discussions some topics of interest include:

- Registration of synthesis titles and protocols (e.g. via [Prospero](#))
- Open-access principles for synthesis publications
- Priority setting for COVID-19 evidence syntheses
- Critical appraisal and strength of the evidence assessments in rapid COVID-19 reviews.

This is just an initial set of ideas and the listserv will be fully member-driven in identifying relevant topics for discussion.

## Process for outreach

1. Initial outreach to groups via email by trusted contact
2. Use of listserv thereafter to manage centralized communication (exact listserv tbc)