

COVID-19 Evidence Coordination Initiative

Proposed working groups, terms of reference and participants
(Last updated 9 April 2020)

Scoping

Proposed terms of reference

- 1) Developing a name for the initiative, with candidate names and considerations suggested to date including:
 - a. COVEND (but we'd need to come up with an N and D for the acronym: COVID-19 Evidence N? D?)
 - b. COVID Global Evidence Alliance
 - c. possibly something broader (like emerging infectious diseases or pandemic evidence) to support sustainability
 - d. something that lends itself to a URL that is available for purchase
- 2) Describing the focus of the initiative
 - a. Reviews, primary studies or both (and within reviews, all types of quantitative, qualitative and mixed-methods reviews, as well as evidence maps, rapid reviews, and scoping reviews)
 - b. Human studies, animal studies or both
 - c. Health, select other sectors, or all sectors?
 - i. Note that this has implications for PROSPERO given it includes reviews about health and social care, welfare, public health, education, crime, justice, and international development, where there is a health related outcome
 - d. COVID-only evidence, COVID-relevant evidence (e.g., evidence addressing a topic like task shifting that is highly relevant to COVID but where the studies were not conducted in the context of COVID), or both
- 3) Drafting principles that underpin the work of the initiative
 - a. Making it as easy as possible for decision-makers to find and use evidence in their decision-making and recommendations
 - b. 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 avoid unnecessary duplication
 - c. Seeking out quick wins and taking measured steps to longer-term solutions
 - d. Strengthening existing institutions (e.g., Campbell and Cochrane) and processes (e.g., protocol registration in PROSPERO) and contributing to their long-term sustainability
 - e. Committing to open access of all data, methods, processes, code, software, publications, education and peer review produced through the initiative (in keeping with 'open synthesis' principles)
 - f. 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)
- 4) Contributing to the topics part of the taxonomy of key meta-data that is being developed by the Digitizing working group to ensure it captures everything from diagnosis through managing surge to addressing delays in chronic-disease management
- 5) Confirming relationship between the initiative and other related initiatives, such as Evidence Synthesis International and Global Evidence Synthesis Initiative
- 6) Collaborating with other working groups to identify the human and financial needs to support the work, ways 're-program' existing budgets where possible, and contribute to collective efforts to pursue opportunities for additional funding where appropriate

Proposed participants

- 1) Anna Dion and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)
- 2) David Gough
- 3) Jeremy Grimshaw, Ottawa Hospital Research Institute | RISE, Canada (possible co-chair)
- 4) John Lavis, McMaster Health Forum | RISE, Canada
- 5) Ruth Stewart (possible co-chair)
- 6) Trish Greenhaugh

Engaging

Proposed terms of reference

- 1) Identifying evidence groups that are contributing to the COVID-19 response and should be included in our communications (building from the list of rapid review centres developed by Laurenz Langer, etc.)
 - a. Name
 - b. Focus
 - c. Taxonomy being used
 - d. URL
 - e. Email address
- 2) Developing and communicating messages to these evidence groups about how to leverage existing data (e.g., daily search data) and processes (e.g., PROSPERO registration)
 - a. e.g., register all titles and protocols with PROSPERO (and possibly select other sites that follow similar ‘open synthesis’ principles)
 - b. e.g., commit to a delivery date and update the date if conditions change
 - c. e.g., upload completed evidence products to any of a small group of select sites that follow principles around transparency, etc.
- 3) Canvassing input from these evidence groups for additional ideas for how to work more collaboratively as an evidence synthesis community, both within and across ‘divides’ (e.g., quantitative and qualitative synthesis, health and social sciences)
- 4) Developing approaches to manually capturing products that are not housed on portals being prioritized by the digitizing working group (e.g., biweekly website reviews)

Proposed participants

- 1) Laurenz Langer, African Centre for Evidence, South Africa (possible co-chair)
- 2) Lesley Stewart, Centre for Reviews and Dissemination (PROSPERO), UK
- 3) Maureen Dobbins, National Collaborating Centre for Methods and Tools, Canada (possible co-chair)
- 4) Susan Norris, WHO, Switzerland
- 5) Heather Bullock and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)

Digitizing

Proposed terms of reference

- 1) Developing and operationalizing an approach to optimizing and sharing searches, de-duplicated articles, and screen articles (e.g., stable ID for all studies)
- 2) Developing a taxonomy of key meta-data that all working groups can use
 - a. Topic – capturing everything from diagnosis through managing surge to addressing delays in chronic-disease management (and liaising with the Scoping working group on this part)
 - b. Review/study type
 - c. Status
 - d. Date – title registration, protocol registration, review target date, search completed date, review completed date
- 3) Rationalizing, linking and aggregating metadata across key portals to capture what is being done (as well as for when and how can it be accessed) in ways that following FAIR data principles (findable, accessible, interoperable, and re-usable)
 - a. Questions being asked (e.g., Cochrane question bank, Oxford CEBM questions)
 - b. Studies
 - c. Evidence syntheses
 - i. Registered titles
 - ii. Registered protocols (e.g., can PROSPERO’s scope be expanded beyond existing topics and review types, can its capacity be expanded to cope with the increased volume, can its data elements be expanded to include anticipated completion date, can follow-up be automated, can preprints be linked, can a results template be used)

- iii. Completed reviews, including rapid reviews
- iv. Data from completed reviews
- d. Derivative products
- 4) Identifying portals that can be strengthened, joined up or built to fill gaps in any of the above
- 5) Identifying, sharing and operationalizing ways to use machine learning to streamline processes

Proposed participants

- 1) Alfonso Iorio, McMaster PLUS, Canada
- 2) Chris Mavergames, Cochrane, Germany (possible co-chair)
- 3) Gunn Vist, Norwegian Institute of Public Health, Norway
- 4) James Thomas, EPPI Centre, UK (possibly co-chair)
- 5) Jon Brassey, TRIP database, UK
- 6) Julian Elliott, Cochrane Australia, Australia
- 7) Kaelan Moat and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)

Synthesizing

Proposed terms of reference

- 1) Contributing to maintaining the guide to COVID-19 evidence sources and encouraging its use to avoid unnecessary duplication and encourage updating or extending existing reviews (while digital solutions are being developed)
- 2) Creating and sharing evidence tables that can be used in local evidence-contextualization and guideline-development processes
- 3) Identifying and sharing guidance for conducting and reporting rapid reviews
- 4) Promoting the quality assurance, publishing, translation and other benefits that come from working with the Campbell Collaboration, Cochrane, etc.
- 5) Identifying and promoting living reviews and living guidelines as emerging standards of evidence synthesis
- 6) Identifying and sharing ways for individuals and groups to contribute to work that is already underway (e.g., Cochrane TaskExchange)

Proposed participants

- 1) Additional LMIC participants (possible co-chair)
- 2) Andrea Tricco, SPOR Evidence Alliance, Canada
- 3) Birte Snilsveit, 3IE, UK
- 4) Mike Wilson and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)
- 5) Per-Olav Vandvik, MAGIC, Norway
- 6) Simon Lewin, Norwegian Institute for Public Health, Norway
- 7) Sylvia de Haan, Cochrane, Netherlands
- 8) Vivian Welch, Campbell Collaboration, Canada (possible co-chair)

Packaging

Proposed terms of reference

- 1) Identifying intermediaries already providing evidence to key target audiences and in multiple languages, and encouraging and supporting them to draw on high-quality sources of synthesized research evidence and related derivative products for each target audience
 - a. Citizens
 - b. Providers
 - c. Policymakers and managers
 - d. Researchers, synthesizers and guideline developers

- 2) Identifying and promoting intermediaries already re-profiling high-quality synthesized research evidence that is relevant to COVID-19 but where the studies were not conducted in the context of COVID-19 (e.g., Evidence Aid)
- 3) Supporting the quality appraisal of evidence syntheses that could form the basis of derivative products
- 4) Supporting the translation into multiple languages of plain-language and other derivative products
- 5) Identifying the filters that key target audiences would want to use in searching and sharing these insights with the digitizing working group
- 6) Creating and sharing derivative products with portals that can link them back to the original record when possible
- 7) Connecting evidence-synthesis groups with organizations with experience in creating derivative products (e.g., Joanna Briggs Institute)

Proposed participants

- 1) Additional LMIC participants (possible co-chair that is consumer-focused)
- 2) Ben Heaven-Taylor, Evidence Aid, UK (possible co-chair)
- 3) Craig Lockwood, Joanna Briggs Institute, Australia
- 4) Jo Anthony, Cochrane, UK
- 5) Patrick Okwen Mbah, Effective Basic Services (eBASE) Africa, Cameroon
- 6) Sally Green, Cochrane Australia, Australia
- 7) John Lavis and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)

Sustaining

Proposed terms of reference

- 1) Retrospectively studying why the evidence synthesis community didn't have the mechanisms in place to respond efficiently
- 2) Prospectively studying how the evidence synthesis community's newly developed mechanisms are being put in place to optimize sustainability
- 3) Proposing ways to 'mainstream' emergent mechanisms within existing institutions and processes
- 4) Developing a theory of change to capture demand- and supply-side interventions and how they are expected to lead to impact
- 5) Liaise with donors about the importance of investing in existing institutions and processes

Proposed participants

- 1) David Gough, EPPI Centre, UK (possible co-chair)
- 2) Elie Akl, SPARK, Lebanon (possible co-chair)
- 3) Jeremy Grimshaw, OHRI | RISE
- 4) Heather Bullock and Safa Al-Khateeb, McMaster Health Forum | RISE, Canada (secretariat)